



Intercultural generic repossession in medical TV drama

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Abstract

This study presents intercultural generic repossession occurring in the translation of medical TV dramas through the popularization of medical knowledge, and resulting in a creation of specific transgenres via pathways of autological accretion and allogenic transfer. Intercultural generic repossession is not considered successful unless the parallactic effect, i.e., a combination of structural unity, communicative function and fluency (or 'elegance') of rendering biomedical concepts is achieved. The aim is to describe the salient aspects of intercultural generic repossession in medical TV dramas; define strategies and tactics promoting intercultural generic repossession in translation. With this aim in mind the following methods are used: the principal instrument of stereoscopic reading; ancillary instruments of contrastive component analysis, contextual analysis, extrapolation from the original and translated textual structures, transformational analysis, lexico-syntactic descriptive analysis, semantic field analysis, and semantic substitution method. Materials of the study comprise a sample of 'House, M.D.' and 'Gray's Anatomy' original and translated (Russian, Ukrainian) transcripts. Our findings demonstrate that the parallactic translation effect (generic integrity) of the medical TV dramas relies, contradictorily, on its patchwork essence of embedded patterns, which penetrated the generic landscape of a target culture at their different stages of adaptation, getting acculturated in various modes etc. At the same time, due to the translator's (sub) conscious aspiration towards homogenized vs diversified transgenre, a further range of generic shifts is instituted, this time based on recontextualization or reconceptualization of biomedical concepts, i.e., allogenic transfer.

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1. Introduction

The practice of medicine has long been considered a sacred world of its own due to the following constituent features: its esotericism (mystical character of medical practices), a great divide between the conceptual realms of physicians and laymen, immediate causation of the central concept of health for both patients and healthcare providers. This combination of mystique and urgency accounts for an ever-burning craving of viewers for the realistic portrayal of medical practices provided by the high-

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quality medical dramas, where a combination of professional skills (*know-what*) and their implementation (*know-how*) gives rise to a 'hybridization' described by N. Fairclough (1993) as a type of mixed genre formed as a result of the blurred boundaries between different types of genres. This generic interference may occur at the local level of lexico-grammatical units, or the global level of discursive units constituting the discursive entity. However, in the translation of medical TV dramas, we observe the following phenomenon described, among others, by A.J. Devitt (2015): "Uniqueness of each translator's performance also affects the assessment of genre knowledge and transfer, complicating the ability to assess genre competence through genre performance".

Taking into consideration the object of our present study, we have formulated the following study hypothesis: hybridization takes place when medicine as a science and practice is recontextualized in the fictional context of translated medical drama. In this regard, we need to refer, first and foremost, to N. Fairclough (1992; 1995) who proclaimed the genre hybridity consistent with discursive 'commercialization'. However, this 'commercialization' or popularization of medical discourse is never possible without genre embedding (Bhatia, 1997). The medical dramas contain embeddings of a fair number of templates, representing specific forms of medical practice (examination, diagnosing, counseling, etc.), and give expression to other conventionally distinct generic forms (Bhatia, 1997) of serials (exemplified, among others, by 'Everwood', 'Dr. Quinn', 'The Good Doctor'), series (exemplified by 'M.A.S.H.', 'Scrubs') and serialized series (exemplified by 'Gray's anatomy', 'House, M.D.' etc.) (Bernardelli, 2012). Within each episode, there may be a further clash of embedded generic forms portraying episodes from the principal protagonists' personal and professional lives, unusual cases etc. Translation of the medical drama casts the issue of intercultural generic reappropriation in a completely different light. Due to varying healthcare provision customs and practices, divergences of the source and target biomedical cultures, the translated version of medical TV drama is a perfect example of a 'transgenre', i.e., a genre realized only in translation, possessing a number of discursive, cultural, cognitive features, homogeneous within this genre, though different from the assumed counterparts in the source and target language (Monzó, 2001).

T. Shiryayeva et al. (2019) suggest that the values dominating the popularized media texts reveal themselves through language means, determining the strategies that allow addressers to manage the communication and its outcome, establishing whether the combination of certain communicative behavior and language structures of the authors has the potential to shape the addressees' opinions and expectations. In terms of their underlying adaptive strategies, medical TV drama transgenres revolve around two principal functional axes: instruction and popularization. While in the instructional framework the translator is supposed to create a 'secondary (derivative) culture' (Widdowson, 1979), i.e., conceptual and terminological instrumentarium required for mastery and embracing the new field of knowledge, the resulting transgenres are characterized by a systemic narrative, regularity of terminological use, linear information progressing (from the older to the newer meaningful units, from the simpler to the more complicated facts, etc.) and abundance of explicative constructions. By contrast, the popularized transgenres are based on various systemic and structural violations of the original narrative, mainly concerned with a consistent ousting of technical descriptions by the easily processed images (illustrations). The popularized transgenres do not reappropriate the original terminology; they'd rather invent their own concepts and nominations, taking into account the communicative and intellectual demands of the immediate consumers, the present state of terminological acculturation, etc.

Intercultural generic reappropriation is effected via reformulation and recontextualization; however, at the practical level, these vectors are inversely targeted towards one another. As far as reformulation is concerned, translation involves local procedures affecting predominantly lexical and grammatical units through periphrasis. Unlike reformulation, recontextualization is a global-rank strategy, affecting

all communicative and structural levels of the text (and implicitly invoking register and background knowledge). The translator creates a ‘script’, or a presumably feasible environment resonating with the existing (and accustomed) reality of the recipients (Moirand, 2003). It is achieved through analogy, specification of abstract concepts, domestication (or cultural filter, according to A. Chesterman), etc. These procedures are of a more complex nature than those mentioned under the ‘reformulation’ label, i.e., they are pragmatic rather than lexico-grammatical ones.

In order for a certain medical transgenre to become accessible to the recipient audience, the generic-stylistic interference, the adaptation of the previously unfamiliar or an insufficiently assimilated genre to expectations of the target culture representatives, should take place. Generic-stylistic interference includes a stage of the genre's adaptation to the ruling norms of the target biomedical lingua-culture, its extreme points being either assimilation, or total subsuming of generic and stylistic features to the extant expectations of the target audience, or generic transplantation, i.e., transfer of certain generic norms from the source language (SL) to target language (TL) culture.

The aim of the present study is to describe the salient aspects of intercultural generic repossession in medical television (TV) dramas resulting in a popularization of medical knowledge; define strategies and tactics promoting intercultural generic repossession in translation.

2. Method

F. Daniele (2019) rightfully suggests that an effective translation in the field of medicine is not a matter only of finding a correspondence between words in the source language and the target language, many other aspects are just as important. In light of the fact that due to a number of linguistic, stylistic and sociocultural discrepancies, there is no likelihood of obtaining an absolutely equivalent translation of any medical text (medical TV series included), it is important to select a complex approach toward determining a generic and stylistic dominant, or invariant, of the medical translation. This invariant would, in turn, depend on discursive typologies and generic-functional classifications of the texts, along with the paradigms and theoretical models of medical translation.

The medical TV series’ generic polysystem is drawn to the opposite poles of homogenization, i.e., orienting medical scripts towards an “idealized” receiver with an intended level of health literacy, and diversification, i.e., orienting medical scripts towards various groups of receivers (expert (physician)-oriented and layman (patient)-oriented texts). If the recipient groups in SL and TL cultures differ in terms of their health literacy’s degree, a generic deformation occurs, namely a breach of generic and stylistic dominant in the target texts, followed by the development of transgenres, i.e., genres functioning exclusively in translation and possessing cultural, discursive and cognitive characteristics divergent from the SL and TL analogues present in the respective biomedical viewing cultures.

Awareness of the universal and ethnospecific features of medical drama promotes a successful application of reproductive, adaptive and reproductive-adaptive strategies of rendering. Tactics of medical drama translation make up a complex of systematized translational operations used for the realization of a translation strategy and achieving the medical drama translation's aim. They include using direct full correspondences (equivalents) of the original biomedical concepts, calques, and translation transformations (substitutions, omissions, additions).

The material of our study is made by a sample of ‘House, M.D.’ and ‘Gray’s Anatomy’ transcripts found in the Open Subtitles (2020). This collection of large parallel corpora enables access to the subtitle scripts in 62 languages, promoting the so-called ‘stereoscopic reading’, i.e., reading a text alongside its translations, first suggested by translator-educator Joanne Englebert in 1989, but later popularized by Marilyn Gaddis Rose (Neubert & Shreve, 1992). The reader uses the translator as a proxy, and is therefore forced to read critically and articulate their own reading. This reading supplies

information that exists among multiple languages (hence the “stereo” effect). To substantiate our findings, we also took advantage of the following ancillary tools: contrastive component analysis, contextual analysis, extrapolation from the original and translated textual structures, transformational analysis, lexico-syntactic descriptive analysis, semantic field analysis, and semantic substitution method.

As we were also interested in the quality of translated texts and its evaluation, we searched for a parallactic effect, i.e., a combination of structural unity, communicative function and fluency (or 'elegance') of rendering terminological units. If the rhetorical-stylistic execution and terminological content of the adapted medical texts relied on the native linguistic material in translation, it led to an autological accretion. By contrast, lack of the corresponding structures in the native linguistic material caused by the structural differences between the languages or by the influence of a more prestigious biomedical culture promoting interference resulted in an allogenic transfer of generic and stylistic invariants of the medical drama onto the national ground. In our estimation, autological accretion and allogenic transfer are two competing approaches to interpreting generic and stylistic invariants of the medical TV drama, which create the interpretative dialectics of their translation.

3. Results

Vijay K. Bhatia suggests that any genre analysis should be built around the text-internal and text-external factors (Bhatia, 2004). Their distinction is viewed as a function of interdiscursivity, which, by itself, constitutes the “appropriation of resources” across genres, professional practices, and professional cultures (Bhatia et al., 2012). This concept of interdiscursivity is especially relevant when applied to the medical drama series describing the professional lives of healthcare providers. The hospital personnel use their shared language, the so-called “med-speak”, which is mentioned by Dr. House himself in Episode 8 of Season 8: “*Yeah. It's med-speak for she's an idiot*” (S8.E8). – “*Так, медично кажучи, вона дурена*” (back translation: “*Yes, medically speaking, she's a dummy*”).

K. Hyland and F. Jiang (2017) remarked that informality has become something of a contemporary mantra as, “from the denim-clad offices of internet startups to the pages of business reports, [translators] are encouraged to shed old constraints and relax conventions”. Besides being irreverent and totally devoid of subordination (Dr. House' is a perfect example of such), “med-speak” is also supposed to serve a number of purposes: to be concise (in case of the emergencies: “*Ortho needed more space*” (S8.E2). – “*Ортопедам потрібно було більше місця*” (back translation: “*Orthopedists needed more space*”); “*Hemothorax. We need to bronch her now*” (S7.E2). – “*Гемоторакс. Потрібна термінова бронхоскопія*” (back translation: “*Hemothorax. Urgent bronchoscopy is required*”), to be impartial (for the hospital personnel not to succumb to the emotional stress or vicarious trauma: “*What's the matter, Parks? You got a boo boo?*” (S7.E10) – “*У чому річ, Паркс? Голівонька бо-бо?*” (back translation: “*What's the matter, Parks? Your head is boo boo?*”), and to be brutally honest (for the patients and their families to be able to make life and death decisions: “*Patient's brother has severe, congenital muscular dystrophy. Life expectancy of about 25*” (S7.E2). – “*У брата пацієнтки складна вроджена м'язова дистрофія. Середня тривалість життя – 25 років*” (back translation: “*The female patient's brother has a severe congenital muscular dystrophy. Average life expectancy – 25 years*”).

The asymmetry of physician and patient's conceptual and referential scopes determines specific features of medical communication and roles of participants therein. In the widely-accepted model of biomedical knowledge's popularization, the sender (addressor), i.e., physician, or any healthcare provider, is viewed as an authority figure, invested with a profound scientific knowledge in the field this person considers their profession or trade (Myers, 2003). At the same time, the wider audience

(receivers), i.e., patients, are imagined “as large, diffuse, undifferentiated and passive” (Whitley, 1985) or “[a] blank slate of ignorance on which scientists write knowledge” (Myers, 2003). It is thus very pertinent of M. Bucchi (1996; 1998) to suggest extrapolating translation strategies on the popularization of knowledge, where the highly-specialized concepts are interpreted using simple words. While eventually becoming something owned, language is not inherently individualistic; rather, it is social and belongs in a public space, where it is accessible to all. The process of language appropriation – of words becoming one's own and assimilating into one's discourse, proves to be challenging (Mori, 2018; Solhi & Eginli, 2020).

Considering the material of our study, a translator creates his/her transgeneric ‘script’, prompted by a lack of corresponding institutional units in the Ukrainian healthcare management system (for instance, in ‘House, M.D.’ Princeton-Plainsboro is a “*Teaching Hospital*”, an institutional body which has no analogues in Ukraine, which is why the suggested rendering “*науково-дослідницький центр*” (back translation: “*scientific research center*”) may be referred to only as an approximation), titles and positions of healthcare providers and their hierarchy, namely in “Gray’s Anatomy”, i.e. absence of direct correspondences for ‘*residents*’ and ‘*attendings*’, suggests either a procedure of rendering via transcoding «*резиденту*» (back translation: “*residents*”) or loan translation “*куратори; старші*” (back translation: “*mentors, tutors; superiors*”), and approximation “*ординатори*” (back translation: “*ordinators*”).

In ‘House, M.D.’ (Season 8, Episode 2) we encounter the following example: “*Some VIP visitor. Dean of Medicine from your old hospital*” (S8.E2). In translation, the authors resorted to a functional equivalent: “*Дуже важливий відвідувач. Головний лікар із колишньої лікарні*” (back translation: “*A very important visitor. Chief physician from your previous hospital*”). The divergence may also be observed at the level of structural units of medical institutions, resulting in a complete change of functional representation: “*cath lab*” – “*рентген-операційна*” (back translation: “*X-ray operating room*”), “*PACU (post-anesthesia care unit)*” – “*післяопераційна*” (back translation: “*postoperative room*”), etc.

Popularization of a specialized knowledge shares a set of strategies translators have on their disposal: 1) recontextualization, i.e., relocation of concepts (in our case, biomedical ones) to other contexts where they gain new meanings (“*Increase peer*” (S8.E2). – “*Підвищить вентиляцію*” (back translation: “*Increase ventilation*”); 2) reconceptualization, i.e. redefining the universally known biomedical concepts due to the modified circumstances (context) (“*Screwed-up blood cells screwed-up the blood vessels, which gave us a screwed-up positive for LAM*” (S7.E2). – “*Спочатку зіпсувалися еритроцити, потім кровеносні судини. І ми отримали хибно позитивний тест на LAM*” (back translation: “*First, the erythrocytes broke down, then the blood vessels. And we received a false positive test for LAM*”). The set of preceding examples proves E. Zenner’s premise on the use of loanwords and abbreviations in medical discourse (either original or translated) which is not merely a lexical act (filling a lexical gap in a given language, or using a shorter word in place of a longer expression) but also a socially meaningful one – a contextual expression of self, social identity and language regard (Zenner et al., 2019). If those tools are used in translation in an appropriate manner, as a result, the target text amounts to: 3) a co-construction of new knowledge (Calsamiglia & van Dijk, 2004): “*Racing heart: Medical condition. Bleeding heart: Stupid condition*” (S8.E3). – “*Прискорене серце – медичний симптом. Співчутливе – дурості*” (back translation: “*Accelerated heart (sic) – medical symptom. Sympathetic one – of foolishness*”).

Within Vijay K. Bhatia’s (2004) paradigm of genre analysis, popularization is a sum of ‘text-internal’ factors, among which he distinguishes:

1) textual factors, represented by the description of significant lexical and grammatical aspects, e.g., the occurrence of technical terms associated with definitions and reformulations;

2) contextual factors, represented by the expert-lay relationship between the speakers, mediation of specialized contents for a non-expert audience;

3) intertextual factors, represented by the explicit reference to other medical texts (for instance, “*Gray’s Anatomy*” – “*Анатомія Грей*” (a play on the chief protagonist’s last name and a reference to an English textbook of human anatomy originally written by Henry Gray) or, alternatively, “*Анатомія пристрасті*” (back translation: “*Anatomy of passion*”).

When the biomedical concepts are scrutinized against a wider ethno-cultural background, the translation scholar observes transplantation of a foreign culture-bound concept into a target language and a new national context (Anesa & Fage-Butler, 2015). In order to achieve it, translators of medical drama avail of: 1) indigenization, i.e., the invention of new cultural biomedical concepts based on the native word-stock (“*Code grey!*” (S8.E11) – “*Надзвичайна ситуація!*” (back translation: “emergency”), Code grey is announced in response to: (1) A combative person with no obvious weapon. (2) Real or perceived act of terrorism from conventional, nuclear, biological or chemical agents, or other security emergency; 2) authentization, i.e., borrowing the foreign biomedical concepts and turning them into the national ones by loan translation or using extant native units (“*Their son has CMD. As it is, he’s gonna die of respiratory failure by 25*” (S7.E2). – “*В їх сина вроджена м’язова дистрофія. Він і так помре від задухи до 25 років*” (back translation: “*Their son has a congenital muscular dystrophy. In any case, he will die from zadukha (archaic Ukrainian biomedical concept, loosely corresponding to *respiratory failure*) by 25 years”); 3) radicalization (from Latin *radix*, *radic-* ‘root’), i.e., adapting the extant native biomedical concepts by changing their function or intentions (“*Clear*” (S8.E9) – “*Розряд*” (back translation: “*Discharge*”). Commenting on the last example, J. Miller (2020) observes that a deliberate exclusion of idioms from the medical TV drama’s translation may therefore signal a lack of phraseological competency, which marks a translator out as uninformed of the conventions of a discourse community.*

Popularization of biomedical information suggests bringing the implicit meanings of the concept into the open. This aim may be achieved by various translational procedures: 1) accompanying definitions, related to a biomedical concept by hypero/hyponymical ties (generalization/specification: “*Acute etoh ingestion*” (S8.E2) – “*Гостре алкогольне отруєння*” (back translation: “*Acute alcohol poisoning*”), EtOH being ethyl alcohol, or ethanol (chemical formula: C₂H₅OH); 2) approximated rendering of the original biomedical concept with a target one (“*Turns out your blood was getting thick and syropy. Now, usually with hyperviscosity syndrome, it’s caused by an elevated blood count or protein count. Yours eluded us ‘cause it was caused by antibodies from your rheumatoid arthritis. Now that they’re being filtered out, the blood would be... a little less duck sauce and a little more soy sauce*” (S8.E4). – “*Виявляється, ваша кров ставала густою й тягучою. Зазвичай синдром гіперв’язкості спричинений підвищеною кількістю клітин крові чи протеїнів. Ви надурили нас. Бо у вас він спричинений антитілами від ревматоїдного артрити. Тепер, коли вони відфільтровані, ваша кров буде менш схожа на кетчуп і більше – на соевий соус” (back translation: “*It turns out that your blood got thick and viscous. As usual, the syndrome of hyperviscosity is caused by an elevated amount of blood cells or proteins. You fooled us. For in your case, it is caused by antibodies from rheumatoid arthritis. Now, when they are filtered, your blood would be less like ketchup and more like soy sauce*”).*

In translation, we observe avoidance of the introductory clue that heralds the later occurring extended metaphor (‘*syropy*’). The Ukrainian translator jumps right into the clinical lingo used for the description of diagnostic signs (‘*viscous*’). Although relevant and quite close to the original, the

translation robs the target text of its expressive potential and neutralizes popularization. In the description of blood, Dr. House uses exemplification, “explaining one concept’s sense through another, which functions as its illustration or example” (Hyland, 2007). Here, also, the culture specifics come to the fore: instead of employing a direct equivalent of the original concept “*duck sauce*”, “*кисло-солодкий (сливовий) соус*” (back translation: “*sour-sweet (plum) sauce*”), the translator chooses approximation *кетчуп* (ketchup), as it is more familiar, and thus easily recognized by the target viewers. Thus, we presume that although a translated utterance is not fully equivalent to the original one, it represents the sense of biomedical concept in an appropriately popularized manner.

Popularization may be conceived of as a pragmatic adaptation tool that brings the target text closer to the communicative expectations of the receivers (predominantly lay audience) and arises out of the background knowledge. For instance, M. Gotti (2014) considers popularization of knowledge to be a result of the original text’s reformulation or redrafting, while preserving the referential meaning intact, as the latter is subject to the communicative interaction. Following this logic, popularization may also be a form of intralingual translation, where the sense is relayed, though the lexico-grammatical form of the original message is altered.

“The kidney’s like a chandelier. It’s attached to a ceiling of intestines and blood vessels. But your contractor – think you know who he is - he hung it with a cheap chain. It’s been hanging sloppy” (S4.E12) – “Нирка – мов люстра. Кріпиться до стелі кишками і кровоносними судинами. Підрядник, ну ви розумієте, про кого я, підвісив вам люстру на дешевий ланцюг. І висіла вона на чесному слові” (back translation: “Kidney is like a chandelier. It is attached to a ceiling by intestines and blood vessels. Contractor, well you know who I mean, hung your chandelier with a cheap chain. It has been hanging on an honest word”). In the example, presented above, we observe not only an instance of a metaphoric translation: “hanging sloppy – висіла вона на чесному слові” (back translation: “hanging on an honest word”), but also a change of perspective which may reflect on an anatomical precision of description: “It’s attached to a ceiling of intestines and blood vessels” – “Кріпиться до стелі кишками і кровоносними судинами” (back translation: “It is attached to a ceiling by intestines and blood vessels”). We may presume that the recipients of the original and translated texts experience different discrete emotions with varying object foci, valence, and activation, and these emotions fluctuate with the description (Han & Hyland, 2019; Kaya, & Yağız, 2020).

Despite the physicians’ and laymen’s divergence of preferences as to the accuracy of diagnostic formulations and descriptions, popularized translation of medical drama is typically supported by the following pillars of translation procedures: modulation (change of perspective), generalization/specification of meaning, paraphrase (reformulation) and approximation. We second P.N. Larsson’s (2018) opinion that knowledge and semiotic resources are intertwined, and the building of disciplinary discourse and literacy rely heavily upon exploring complex meaning relations and moving between levels of concretization, specification, generalization, and abstraction.

4. Discussion

Intercultural generic appropriation (built on the text-internal or text-external factors) penetrates medical drama either via ‘transportation’ or ‘importation’ (Iliescu, 2017). If the paradigm of ‘transportation’ prevails, the original biomedical concepts, and culture in general, are readily adopted by the target recipients due to the presumed prestige and authoritativeness of the source biomedical context. In this case, the stage of adaptation (or processing of the new) is omitted altogether, and interference is observed throughout the end-product version of translated medical drama. By contrast, the ‘importation’ paradigm does not rule out adaptation *per se*; however, the alterations are of a

restricted nature, as the authors of the target version (translators or transcreators, depending on the extent of their creative liberty) are concerned about the damaging character of the target biomedical culture-induced alterations. Under the 'importation' terms, as N.M. Abdelaal (2019) observes, the translator is found to be in a perplexing situation, viz., whether to sacrifice naturalness and faithfulness (which exceptionally don't contradict) to reach a larger audience or sacrifice the large audience for naturalness and faithfulness. Regardless of the paradigm opted for, the process of intercultural generic appropriation and, by extension, the process of disseminating biomedical/bio(medico)cultural knowledge is unidirectional (Figure 1), with the arrow reaching out from the experts to the lay viewers, and thus, may be referred to as 'devoid of significant social outcomes' (Whitley, 1985).

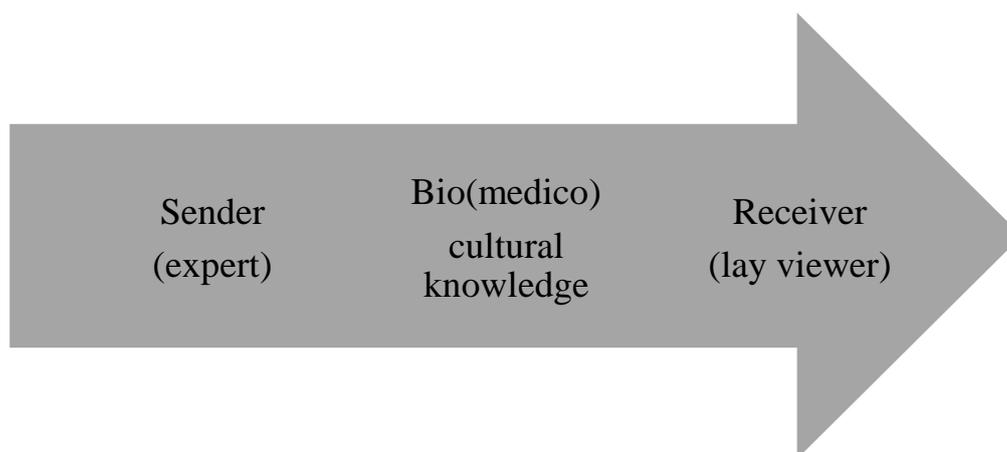


Figure 1. Model of unidirectional generic appropriation in the translated medical drama

Within the entity of medical drama, there is a present dichotomy of 'etic' and 'emic' components, although a lot of scholars consider this division too radical and provocative. Despite this controversy of views, etic concepts are still considered universal and culture-neutral (more impartial and, thus, reliable in terms of their scientific validity), whilst emic are viewed as ethnodeviant, culture-bound, and resulting in the un-equivalent (invalid) translation (Almanna & Farghal, 2015). Although the transgenre at the focus of our analysis is made of etic and emic components, and their rendering inevitably veers towards either neutralization (generalization) or alienation (specification), the translated medical drama is also drawn to the opposite poles of *homogenization*, i.e. orienting medical texts towards an "idealized" receiver with an intended level of health literacy, and *diversification*, i.e. orienting medical texts towards various groups of receivers (expert (physician)-oriented and layman (patient)-oriented texts). This dichotomy is described by M. Bucchi (1998) by means of a metaphoric funnel, whose wider opening is reserved for the expert knowledge while a narrow one – for the extant conceptual grasp of the recipients. The more homogenized the transgenre of the medical drama becomes, the narrower and more rigid gets the recipients' portal (Figure 2).

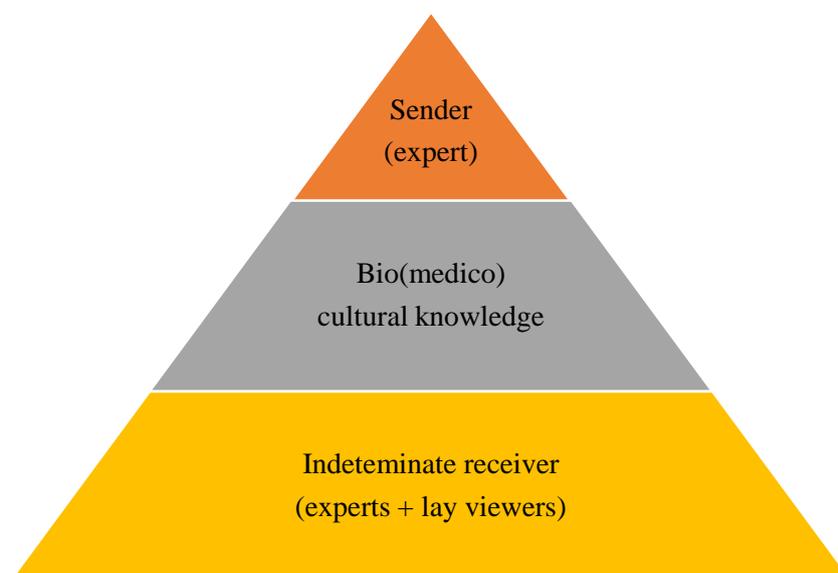


Figure 2. The model of homogenized transgenre

If, by contrast, a translator is not sure about the ratio of experts and laymen within the audience (indeterminate receiver), the transgenre by extension becomes diversified, i.e., presenting features of amalgamated instructional and popularized function (Figure 3).

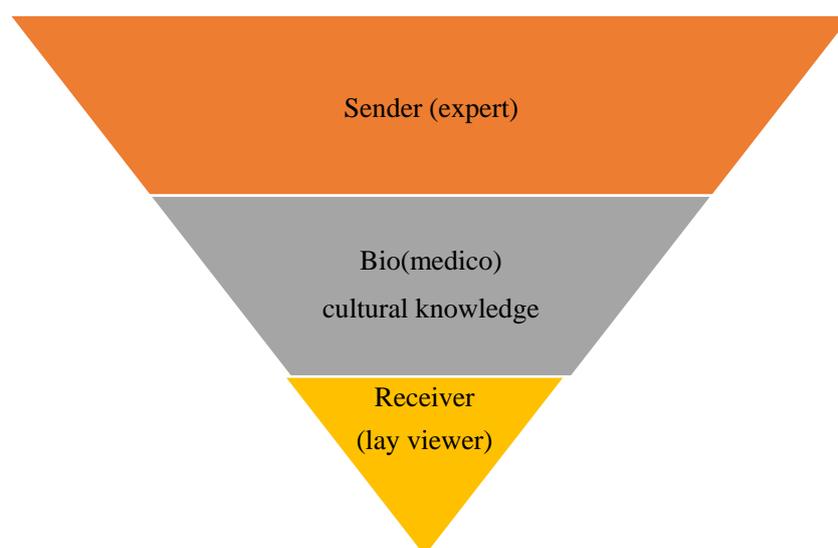


Figure 3. The model of diversified transgenre

A.T. Church (2001) presumes that translation passes through several stages on its way from a homogenized to a diversified transgenre, calling those stages ‘the steps of indigenization’. Indigenization is a natural response of an individual culture to the imported, alien values. ‘Indigenization’ requires sensitivity to local cultures and contexts (Gray and Hetherington, 2013) and practically asserts itself in the act of translation involving adaptation rather than a word-for-word rendering. However, within the indigenization paradigm there is actually a place for a loan translation, conceptually defined as “making something foreign more meaningful to the local context”. ‘Indigenization-from-without’ exists only through the process of modifying or reformulating that which is imported (Adair, 1999).

By contrast, ‘indigenization-from-within’, i.e., cultural revalidation (Enriquez, 1992), presupposes finding important concepts, relevant for analysis, in the host culture, their semantic elaboration or recontextualization of the imported concepts. Both types of indigenization arise out of an ‘imposed-etic’ approach, i.e., literal rendering, making barely any allowance for the cultural specifics (Church, 2001). After this primitive stage of a culture-neutral *skopos*, there is a bifurcation associated with an assumed primacy of content or format. If the transgenre is considered inaccessible due to its content (terminology, conceptual apparatus etc.), it seems to require an ‘indigenization-from-without’, a metaphoric dressing of alien concepts in the new national garb. Discrepancies of format (absence or dramatic difference of native genres) impose ‘indigenization-from-within’, basically being an attempt of transcreation opposed to the translation methodology *per se*. A case of ‘indigenization-from-within’, brought to its extreme manifestations, is an ‘assembly’, a completely distorted transgenre, built anew from the elements of the host culture. However, this case is more a travesty than a valid transfer.

5. Conclusions

In the modern globalized world, nothing is created pure, of its innate characteristics. All the newly-fledged generic forms are products of hybridization, i.e., a clever mixture of previously existing (native) features modified (sometimes to an extent of unrecognizability) by the borrowed innovations. At the same time, the concept of ‘empowerment’, equally prevalent in the today’s world, requires no discrimination of the end recipients based on their lack of training, or background knowledge. Arising out of interest towards the previously impenetrable realm of medicine, the medicofiction and medical TV dramas with their various generic embeddings constitute a specific case of appropriation, or generic liminality, where a translator becomes a go-between, bringing worlds of erudite discourse and mundane parlay into contact and building a metaphorical bridge between conceptual entities, exemplified by the transgenres.

The choice of a transgenre's type (homogenized or diversified) is still a result of the translator's deliberate (or misguided) strategy, and the success (or failure) of this choice is very difficult to predict at the outset. It is safe to assume, though, that this process has nothing to do with an accurate representation of diagnostic concepts' meanings in the target language but everything – with a skillful adaptation, or, at its extreme end, transcreation. Very often, the target version of a medical TV drama passes through several stages of indigenization, either in various languages of production (where the later versions borrow the most pertinent rendering insights from their predecessors) or in one and the same language but at different time periods, colored by the changing trends of terminological usage, discursive patterns or, quite simply, preferences of TV-channel executives (editorial policy).

It is, thus, obvious that the parallax translation effect (generic integrity) of the medical TV dramas comprises, contradictorily, its patchwork essence of embedded patterns, which penetrate the generic landscape of a target culture at their different stages of adaptation, getting acculturated in various modes, etc. At the same time, due to the translator's (sub)conscious aspiration towards homogenized vs diversified transgenre, a further volley of generic shifts is discharged, this time based on recontextualization or reconceptualization of biomedical concepts, i.e., allogenic transfer. Reformulation (or redrafting) of the target texts appears to be more derivative than the two previous methods, and usually results from the editing attempts, i.e., autological accretion.

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Tıbbi TV dramasında kültürlerarası adaptasyon

Özet

Bu araştırma, tıbbi bilginin popülerleştirilmesi yoluyla tıbbi televizyon dizilerinin çevirmesinde ortaya çıkan, otolog birikim ve allojenik iletim yollarıyla belirli türlerin yaratılmasına yol açan kültürlerarası adaptasyonu incelemektedir. Eğer paralaks etkisi elde edilmezse, yani, biyomedikal kavramların aktarımında yapısal birliğin birleşimi, iletişim işlevi ve akıcılığı (veya "zarafeti") bir kombinasyonu, kültürlerarası adaptasyon başarılı olarak kabul edilmez. Araştırmanın amacı, tıbbi televizyon dizilerinde kültürlerarası adaptasyonun temel yönlerini tanımlamaktır; çeviri sırasında kültürlerarası uyumun korunmasına katkıda bulunan strateji ve taktikleri belirlemek. Bu amaçla, aşağıdaki yöntemler kullanıldı: stereoskopik okumanın ana aracı; yardımcı araçlar: kontrast bileşen analizi, bağlam analizi, orijinal ve çevrilmiş metin yapılarının ekstrapolasyonu, dönüşüm analizi, sözlük-sözdizimsel tanımlayıcı analiz, anlamsal alan analizi ve anlamsal ikame yöntemi. Araştırma materyalleri, orijinal ve tercüme edilmiş (Rusça, Ukraynaca) «House, M. D.» ve «Gray's Anatomy» senaryolar örneklerini içermektedir. Sonuçlarımız, tıbbi televizyon dizilerinin paralaks çevirisinin (genel bütünlük) etkisi çelişkili bir şekilde, çeşitli şekillerde anlayış kazanırken, adaptasyonlarının farklı aşamalarında hedef kültürün genel manzarasına nüfuz ederek, kendi satır içi modellerin patchwork özüne dayandığını göstermektedir. Sonuçlarımız, tıbbi televizyon dizilerinin paralaks çevirisinin (genel bütünlük) etkisi çelişkili bir şekilde, çeşitli şekillerde anlayış kazanırken, adaptasyonlarının farklı aşamalarında hedef kültürün genel manzarasına nüfuz ederek, kendi satır içi modellerin patchwork özüne dayandığını göstermektedir. Aynı zamanda, çevirmenin (bilinçaltı) homojenleştirilmiş ve çeşitlendirilmiş türler arzusundan dolayı, bu kez biyomedikal kavramların yeniden bağlamsallaştırılmasına veya yeniden kavramsallaştırılmasına, yani allojenik aktarıma dayanan başka bir genel değişimler dizisi tanıtıldı. Hedef metinlerin yeniden formüle edilmesi (veya yeniden işlenmesi), önceki iki yöntemden daha türevsel görünmektedir ve genellikle düzenleme girişimlerinin, yani otolojik birikimin sonucudur.

Anahtar sözcükler: otolog birikim; allojenik iletim; paralaks etkisi; yöntemler; tıbbi uygulamalar.

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