

# TRANSLATION AND GENDER-BASED ANALYSIS IN HEALTH RESEARCH – INSTRUMENTS FOR CLINICAL EVALUATION

## *Traducción y análisis de género en la investigación en salud: instrumentos para la evaluación clínica*

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**ABSTRACT:** The aim of this paper is to present the LSP translating traditions in the field of psychiatry in Serbia. Addressing gender sensitivity in the context of language for a special purpose (LSP), we reviewed the psychiatric instruments and their instructions in terms of gender-fairness when the target language is Serbian. The scales that are included in our investigation are: Clinical Global Impression Scale (CGI), Brief Psychiatric Rating Scale (BPRS), Scaling of life Events (Paykel), Positive and Negative Syndrome Scale for Schizophrenia (PANSS), Abnormal Involuntary Movement Scale (AIMS), Newcastle Rating Scale (NERS) Hamilton Depression Rating Scale (HAMD), Beck Depression Inventory (BDI), Self-Rating Depression Scale (ZUNG), Mania Scale (MAS) and Hamilton Anxiety Rating Scale (HAMA). In all of these instruments, we found the majority of words (nouns and adjectives) translated as describing a male person (masculine generic), concluding that generalization and masculinity are the norm in psychiatric translations when the target language is Serbian.

*Keywords:* translation; psychiatry; scale; gender; Serbia

## 1. INTRODUCTION

Discussion about gender sensitivity in the context of language for a special purpose (LSP) in the field of medicine is rapidly growing in respect to knowledge and importance. It is truly important to address the issues related to gender translation of different types of medical documents as communication between the patients, doctors and other medical staff is of utmost importance for successful treatments. Gender bias medical translations may influence the reader's perception and may lead to more or less serious misinterpretations. Research tends to prove that people think, act and perceive the world variously due to the influence of their native language. Scientific attention to the array of sex and gender differences impacting medicine dates back to the 1960s (Miller *et al.* 2013). Andone (2002) argues that masculine identity in some cultures is the norm to which both sexes are compared. Leonardi (2017) describes language as a powerful and highly manipulative tool for communication, stating that the language in science is still characterized as masculine bias.

Numerous scientific documents are translated from one language to another taking gender into consideration as the common controversy in the translation process. To establish a proper diagnosis of many diseases, one of the main steps is taking the patient's perspective of his/her own illness into

account. Many physicians use questionnaires as instruments for the diagnostics and monitoring of a patient's health status. This approach is commonly used in psychiatry, where the establishment of communication is an imperative (Howes & McCabe 2016, Hoffman & Wisner 2017). Our intention, in this paper, is to present the translation patterns regarding gender-fair language in the field of psychiatry in Serbia. In addition to precise classification criteria, instruments called scales may provide further insight during the investigation of the patient's subgroups in relation to the primary psychiatric disorder. The material obtained by filling the scale allows further clinical phenomenology differentiation and deeper understanding of the current state of each patient.

The aim of this paper is to present the LSP translating traditions in the field of psychiatry when the target language is Serbian and the source language is English. Our intention is to determine whether or not the LSP translating traditions in the field of psychiatry are gender-fair in Serbia, and to which degree. It is believed that gender-fair language can help promote gender equality in today's societies (Hellinger and Bußmann 2002, Ridgeway and Correl 2004, Formanowicz *et al.* 2015). Furthermore, a gender-fair language would foster better communication between the physicians and patients, allowing the patients to fully identify with the answers in the scales.

In recent years it has been noticed that the Serbian contemporary society may, at times, appear patriarchal and conservative when it comes to certain topics (Đurić 2017). To the author's knowledge, there has not been much research conducted in connection to LSP translation in Serbia and no such investigations have been carried out in connection to gender-fair language in psychiatry when the source language is English and the target language is Serbian. Therefore, our study is revolutionary due to the fact that it explores, up till now, unexplored areas of linguistic and translational studies. Furthermore, it is important as it aims at promoting greater understanding of the patients and better communication with them, as well as gender equality in LSP translations in the Serbian contemporary society.

## 2. THEORETICAL BACKGROUND

During the last decades, the term gender has been used for biological, socio-cultural and linguistic definitions. The translation of all topics in connection to gender remains a rather complicated process. Translators frequently encounter more problems in the case of grammatically gender sensitive languages (e.g. Spanish, Serbian) than in the case of grammatically gender insensitive languages (e.g. English). In addition, the question of translating gender is further complicated due to a huge variability in social expectations and/or grammatical terms of gender in different cultures, especially when the target culture and the source culture differ to a great degree. Seemingly corresponding words can possess opposite gender and, therefore, reflect a totally different reality in the reader's mind.

When it comes to translating from English into Serbian and the other way around, many problems tied to grammatical gender become instantly evident as English is mostly grammatically gender insensitive when compared to highly grammatically gender sensitive Serbian. Namely, nouns like 'patient', 'doctor', 'pharmacist' and adjectives such as 'careful', 'talented', 'important' in English do not convey the gender of the person that may be described. Serbian, on the other hand, makes a difference between three possible grammatical genders (masculine, feminine and neutral). Hence the nouns and adjectives from above convey gender immediately (e.g. *pacijent* – male patient, *pacijentkinja* – female patient; *doktor* – male doctor, *doktorica* – female doctor; *farmaceut* – male pharmacist, *farmaceutkinja* – female pharmacist; *oprežan* – male person, *oprežna* – female person ('careful'); *važan* – male person, *važna* – female person ('important'); *talentovan* – male person, *talentovana* – female person ('talented')). Matters are further complicated with tenses and conditionals in Serbian as they are also gender sensitive. Markers for grammatical gender allow the speakers to differentiate between a discourse directed at / or produced by a male or female speaker (e.g. 'I was ill'. – *Bila sam bolesna.* (female speaker); 'I was ill'. – *Bio sam*

*bolestan*. (male speaker); ‘Would you like?’ – *Da li bi volela?* (directed at a female speaker); ‘Would you like?’ – *Da li bi voleo?* (directed at a male speaker).

Formanowicz *et al.* (2015) argues that gender-fair language is based on symmetric and equal linguistic treatment of women and men. The symmetry is established when masculine generic forms are not used for referring to both men and women. Many authors believe that gender-fair language promotes gender equality (Hellinger and Bußmann 2002, Ridgeway and Correl 2004). Therefore, gender-fair language should be favored over masculine generic use of language. In languages in which masculine generic forms are employed, these forms refer both to men, women and the humankind, while feminine forms refer to women exclusively (Hellinger and Bußmann 2001). According to Ridgeway and Correl (2004), when masculine generic forms are preferred they create a gender hierarchy in which men are given more importance, power and a higher social status than women. Kutateladze (2015) believes that the careless use of masculine words, when they are gender dependent words, to refer both to men and women mirrors our unconscious understanding of gender roles. A gender-unfair language use affects the reader’s unconsciousness shaping further thoughts and beliefs about gender roles. In psychiatry, gender-unfair language could create confusion and misunderstanding, stressing the importance of using both masculine and feminine forms.

Scientific language is shown to be far from neutral and objective and is still characterized as masculine bias. Authors argue whether this implies that there is a feminist science or that the women would do science differently from men (Leonardi 2016). In the context of language for special purposes (LSP) – the discipline concerned with the collection, description, processing, and presentation of terms belonging to special fields, we can encounter the ‘male-as-norm’ principle with more than 100 occurrences for man for each woman in business communication, for example (Fuentes-Olivera 2007). A similar tendency was shown in translation of medical textbooks when the target language is Italian (Leonardi 2016). The authors tried to show if gender stereotypes and biases can be detected through the analysis of graphic illustrations in medical textbooks. Their results showed that females were represented on average in 21,2% of the medical text illustrations and males on average in 44,3% (Mendelsohn *et al.* 1994). The rest (34,4%) were neutral. However, they discovered dramatic changes in this ratio in non-reproductive chapters showing women in only 11,1% and men in 43,1% with 45,8% of neutral illustrations. It was also interesting to reveal the tendency of displaying a male body or the image of the man on the anatomy textbook covers, undermining the role of a female. However, other authors revealed a different type of gender imbalance where women were represented in 77% of the images in medical textbooks (Becker, Wilson & Gehweiler 1971).

### 3. MATERIALS AND METHODS

We examined the translations of the scales as psychiatric instruments and their instructions in terms of gender-fair language when the target language is Serbian and the source language English. There were 11 scales included in our investigation: Clinical Global Impression Scale (CGI), Brief Psychiatric Rating Scale (BPRS), Scaling of life Events (Paykel), Positive and Negative Syndrome Scale for Schizophrenia (PANSS), Abnormal Involuntary Movement Scale (AIMS), Newcastle Rating Scale (NERS), Hamilton Depression Rating Scale (HAMD), Beck Depression Inventory (BDI), Self-Rating Depression Scale (ZUNG), Mania Scale (MAS) and Hamilton Anxiety Rating Scale (HAMA). Paying close attention to each and every noun and adjective in the translations, we compared them to their equivalents in the source texts. Tables were used in order to organize and compare the findings.

#### 4. RESULTS

In the current paper our intention is to present the gender translation pattern in the scales commonly used in the area of psychiatry. We reviewed 11 scales and their instructions in search of nouns and adjectives translated from English into Serbian, having in mind that they are gender sensitive and that masculine forms denote either only men or both sexes, while feminine forms denote only women.

The first scale is the four item Clinical Global Impression Scale (CGI), an instrument used by physicians to gain a general clinical impression. We found no female nouns in the translation of this instrument, neither in the scale itself nor in the instructions. Results are shown in Table 1.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	2	/		patient/ <i>bolesnik</i>	2	/	
patient/ <i>bolesnik</i>	6	/		ill person/ <i>bolestan</i>	7	/	
ill peson/ <i>bolestan</i>	2	/					

Table 1: Clinical Global Impression Scale (CGI).

The Brief Psychiatric Rating Scale (BPRS) is a scale used for short and quick assessment of psychiatric disorders and the screening of dominant psychopathological symptoms. It has 19 items in a questionnaire form and it contains detailed instructions for interview conducting and the scale. Interestingly, there are no male or female nouns in the scale itself (Table 2). However, we found only male nouns in both the scale and interview instructions with the examples of questions stated in a formal tone leaving no possibility of determining the gender.

INSTRUCTIONS				INTERVIEW INSTRUCTIONS			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	4	/		examiner/ <i>ispitivač</i>	9	/	
patient/ <i>bolesnik</i>	6	/		patient/ <i>bolesnik</i>	2	/	
psychiatrists/ <i>psihijatar</i>	1	/		focuesd/ <i>koncentrisan</i>	2	/	
				reserved/ <i>rezervisan</i>	2	/	
				indifferent/ <i>nezainteresovan</i>	1	/	
				careful/ <i>opresan</i>	2	/	
				superior/ <i>superioran</i>	1	/	
				important/ <i>važan</i>	1	/	
				talented/ <i>talentovan</i>	1	/	
				convinced/ <i>uveren</i>	1	/	
				happy/ <i>srećan</i>	4	/	
				talkative/ <i>pričljiv</i>	1	/	
				tireless/ <i>neumoran</i>	1	/	
				confused/ <i>konfuzan</i>	3	/	

Table 2: Brief Psychiatric Rating Scale (BPRS).

Scaling of life Events (Paykel) is a scale with 61 items assessing stress induced psychiatric disorders. This scale is particularly interesting as we encountered, for the first time, one female noun in the scale. The translational pattern is shown in Table 3.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	3	/		convicted/ <i>osuden</i>	1	woman/ <i>žena</i>	1
patient/ <i>bolesnik</i>	3	/		dismissed from work/ <i>otpušten sa posla</i>	1	/	
				boss/ <i>šef</i>	1	/	
				colleague/ <i>kolega</i>	1	/	

Table 3: Scaling of life Events (Paykel).

The Positive and Negative Syndrome Scale for Schizophrenia (PANSS) assesses negative and positive symptoms in schizophrenia. It actually consists of two scales, both of which contain 14 items (7 each) (Table 4). There were no words of interest for this paper in this scale. Nevertheless, the instructions contained solely masculine nouns.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	3	/					
patient/ <i>bolesnik</i>	8	/					
upset/ <i>uznemiren</i>	1	/					
indifferent/ <i>ravnodušan</i>	1	/					
isolated, lonely/ <i>izolovan</i>	1	/					

Table 4: Positive and Negative Syndrome Scale for Schizophrenia (PANSS).

The Abnormal Involuntary Movement Scale (AIMS) is a scale for monitoring the localization and intensity of involuntary movements during extrapyramidal disorders (morbus Parkinson). The noun ‘woman’ – *žena* was found once in the instruction part, explaining to the investigator how to proceed with the procedure if the patient is a female person.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	2	woman/ <i>žena</i>	1	patient/ <i>bolesnik</i>	1	/	/
movable/ <i>pokretan</i>	1	/	/	Excited/ <i>uzbuđen</i>	2	/	/
patient/ <i>bolesnik</i>	7	/	/				

Table 5: Abnormal Involuntary Movement Scale (AIMS)

The Newcastle Rating Scale (NERS) is a scale of 10 items for assessment and differentiation between neurotic and endogenous depression. In the scale itself, there are no male or female nouns. However, the instructions feature four times the same masculine noun, ‘patient’ – *bolesnik*.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
patient/ <i>bolesnik</i>	4	/		/		/	/

Table 6: Newcastle Rating Scale (NERS).

The Hamilton Depression Rating Scale (HAMD) is used for the evaluation of the level of depression severity and it has 21 items. The interview instructions for this scale are similar to the BPRS instructions and contain examples of questions stated in a formal tone leaving no possibility of determining the gender. Nonetheless, two female denominating nouns were found.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	3	woman/ <i>žena</i>	8	ill person/ <i>bolestan</i>	1	/	/
psychiatrists/ <i>psihijatar</i>	1	housewife/ <i>domaćica</i>	1	depressed/ <i>depresivan</i>	2	/	/
patient/ <i>bolesnik</i>	23						
tired/ <i>umoran</i>	1						
dead/ <i>mrtav</i>	2						
indifferent/ <i>ravnodušan</i>	1						
confused/ <i>konfuzan</i>	1						
depressed/ <i>depresivan</i>	2						
nervous/ <i>nervozan</i>	1						

Table 7: Hamilton Depression Rating Scale (HAMD).

The Beck Depression Inventory (BDI) is a scale for the rapid assessment of depression. It contains 21 items. This scale, unlike some of the above mentioned, yielded more results than its instructions.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	1	/	/	sad/ <i>tužan</i>	4	/	/
patient/ <i>bolesnik</i>	3	/	/	discouraged/ <i>obeshrabren</i>	2	/	/
				unhappy/ <i>nesrećan</i>	1		
				missed/ <i>promašio</i>	2		
				guilty/ <i>kriv</i>	1		
				punished/ <i>kažnjen</i>	4		
				dissapointed/ <i>razočaran</i>	2		
				disgusted/ <i>zgađen</i>	1		
				worse/ <i>gori</i>	1		
				done/ <i>učinio</i>	2		
				loved/ <i>voleo</i>	1		
				killed/ <i>ubio</i>	1		
				irritable/ <i>razdražljiv</i>	3		
				lost/ <i>izgubio</i>	8		
				worried/ <i>zabrinut</i>	1		
				ugly/ <i>ružan</i>	1		
				started/ <i>započeo</i>	1		
				tired/ <i>umoran</i>	1		
				interested/ <i>zainteresovan</i>	1		

Table 8: Beck Depression Inventory (BDI).

The Self-Rating Depression Scale (ZUNG) is a well-known and commonly used scale for quantitative self-evaluation of depression. It is filled by the patient and it contains 10 items.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
patient/ <i>bolesnik</i>	4	/	/	nervous/ <i>nervozan</i>	4	/	/
		/	/	sad/ <i>tužan</i>	2	/	/
				sharp minded/ <i>bistar</i>	2		
				restless/ <i>nemiran</i>	2		
				useful/ <i>koristan</i>	2		
				needed/ <i>potreban</i>	2		

Table 9: Self-Rating Depression Scale (ZUNG).

The Mania Scale (MAS) is important because there are not so many scales for the assessment of the actual clinical presentation of mania. One of the most commonly used is MAS, which consists of 11 items. Once again, the scale itself did not give insight on gender-fair language as it is written in a formal tone and gender cannot be determined.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	5	/	/	/	/	/	/
patient/ <i>bolesnik</i>	24	/	/	/	/	/	/
restless/ <i>nemiran</i>	1			/			
impatient/ <i>nestrpljiv</i>	2						
violent/ <i>nasilan</i>	1						
irritable/ <i>razdražljiv</i>	2						
intrusive/ <i>nametljiv</i>	2						
boring/ <i>dosadan</i>	1						
capable/ <i>sposoban</i>	2						
incapable/ <i>nesposoban</i>	2						

Table 10: Mania Scale (MAS).

The Hamilton Anxiety Rating Scale (HAMA) is designed from Hamilton Depression Rating Scale (HAMD) for anxiety evaluation and it consists of 14 items. The instructions yielded more results than the scale itself.

INSTRUCTIONS				SCALE			
Male nouns		Female nouns		Male nouns		Female nouns	
examiner/ <i>ispitivač</i>	2	/	/	patient/ <i>bolesnik</i>	1	/	/
patient/ <i>bolesnik</i>	54	/	/	/		/	/
insecure/ <i>nesiguran</i>	2						
irritable/ <i>razdražljiv</i>	4						
worried/ <i>zabrinut</i>	1						
sad/ <i>tužan</i>	1						
upset/ <i>uznemiren</i>	1						
tense/ <i>napet</i>	6						

Table 11: Hamilton Anxiety Rating Scale (HAMA).

## 5. DISCUSSION

In our paper we present the outcomes of the analysis of the translational pattern regarding gender in medical instruments for the diagnostic and monitoring of a patient's health status in the area of psychiatry. We provide the results of translated masculine and feminine nouns, adjectives and tenses in 11 scales used for different psychiatric assessments and indications.

As it may be noticed from the tables, most of the masculine nouns and adjectives in Serbian end with a consonant (*R, K, N, P, T, V*), of which the most common is *N*. Feminine nouns and adjectives end with a vocal, and most commonly it is *A*. Past tenses end with an *O* for masculine verbs or *A* for feminine verbs.

Similar to the findings in other, above mentioned studies, we discovered a strong tendency in the translation of medical terms in favor of male nouns when the target language is Serbian and the source language is English. In the 11 scales with 175 items we came upon only 2 different feminine nouns 'woman' – *žena* and 'housewife' – *domaćica* repeated 11 times. This finding belongs to 3 scales – Scaling of life Events (Paykel) (one instance of 'woman' – *žena*), Abnormal Involuntary Movement Scale (AIMS) (one instance of 'woman' – *žena*), and Hamilton Depression Rating Scale (HAMD) (one instance of 'housewife' – *domaćica*; eight instances of 'woman' – *žena*). All of the rest of the found nouns, adjectives and tenses which are not presented in the tables are in a formal tone or neutral, while the ones that are featured in the tables are exclusively male denominating nouns, adjectives and tenses. In total there were 416 male nouns, 274 in the instruction section and 142 in the scale section.

## 6. CONCLUSION

To our knowledge, there is an evident lack of research in the field of LSP translation in Serbia, especially regarding gender translation. We can conclude that translating traditions, within the context of language for special purposes (LSP) in psychiatry when the target language is Serbian and the source language is English, have a strong tendency towards masculine generic language. There may be a number of explanations for our findings and for the reinforcing of gender stereotypes. The use of words describing a male person and thus diminishing the importance of words describing a female person is more than evident in the scales and their instructions. The findings undoubtedly confirm the gender imbalance in translational patterns, suggesting the existence of a notable gap between the gender neutral language in science as a goal and the reality. The reason may be the resistance towards language changes and the implementation of the recommendation to diminish the difference or simply. The explanation may also lay in the structures of a society responsible for establishing the language imbalance. English being a grammatically gender insensitive language and Serbian being a grammatically gender sensitive language may also contribute to the problem of gender-fair language when translating from one to another.

No matter the reason for gender imbalanced LSP translations altogether and in this case in psychiatry especially, it should be stressed that further studies in the field are required in order to promote gender-fair translations in Serbian language. As it may be noticed there is a lot more room for research in this field. Similar studies could be carried out in Bosnian, Croatian and Montenegrin, while a study comparing the results from all of these countries would give additionally insight.



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