

# ASPECTS OF TRANSLATION IN PSYCHOLOGICAL AND PSYCHIATRIC CROSS-CULTURAL RESEARCH

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Pious platitudes invariably surface in discussions of translation, not just because the subject is so complex, but also because it is potentially disturbing: it keeps questioning expertise and it is always potentially subversive of authority. This does not make it exactly a popular topic for research, but it does make it a potentially very rewarding one.

*Lefevere, 1990, p.26.*

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**ABSTRACT**

This study investigates the process of translating English-language questionnaires and interview formats into Black African languages. The details of translation are invariably glossed in reports and publications on the use of translated psychological and psychiatric instruments. This results in a lack of clarity on how these translated instruments are produced and what difficulties are encountered in their development and use, suggesting the need for a detailed examination of the translation process. Researchers working in South Africa were interviewed with a semi-structured format in 1989. Extracts of the data gathered in eleven interviews is presented here with a focus on two aspects of the translation process. Firstly, problems in the evaluation of translation quality and the interpretation of the successful use of a translation are identified. It appears that theoretical confusion results in the under-utilisation of the opportunity for translation quality evaluation presented by translation strategies. An additional exploration of discourses tacit in the use of translated instruments with interpreters, and a consideration of the role of power and resistance in these contexts is undertaken. Secondly, a rationale for researchers' use of different types of translators is presented. Unexamined assumptions about cultural expertise implicit in the decision-making process associated with translation are identified. Recommendations are made as to areas that require further research and clarification.

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## **BACKGROUND TO THE STUDY AND OVERVIEW**

The origins of this study lie in the experience of attempting to obtain a translation of the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) in a post-graduate research project in 1988. I prepared for the project by reading the available literature on translation methods and problems and then set about employing translators. My experience of the project was different to that which had been anticipated. This is recorded in Drennan, Levett & Swartz (1991). The experiential gap between what I had understood about the process of producing a translation on the basis of the literature and what I actually encountered raised the question of how other researchers in psychology and psychiatry experience their use of the methodology of translation.

This dissertation undertakes to document some of the procedures and processes involved in the development and use of translated psychological and psychiatric assessment instruments. It is particularly concerned with the translation of instruments from English to Black African languages, and does not concern itself with translations into Afrikaans. While it will predominantly draw on instruments developed for clinical use, some social psychological instruments will also be included. Given the limited scope of the thesis, translations of intelligence and achievement measures were not investigated. The Human Science Research Council policy of not developing instruments in Black African languages (Olivier, personal communication, 1989) should be noted.

### **OVERVIEW OF CHAPTERS**

After an introductory literature review of the salient aspects of translation theory in the international and local literature, features of the role of interpreters are presented. This raises the questions of power and discourse, and the model to be adopted in the thesis is outlined. Aspects of translation in cross-cultural psychiatric research are reviewed and two contending theories of meaning are broached to inform subsequent discussion. The data of the study is presented first under the rubric of translation quality evaluation, in which difficulties in the evaluation of self-report questionnaires and interview formats is presented separately. A second component involves highlighting aspects of the process of translation development in order to address problematic assumptions about language and cultural expertise. A summary of the main areas of difficulty identified by the study and recommendations for further research are presented by way of conclusion.

## CHAPTER ONE

### CENTRAL CONCEPTS AND ISSUES IN PSYCHOLOGICAL TRANSLATION

Translation will have been a part of the practice of cross-cultural psychology, by virtue of the nature of the discipline, since its inception. The first published study using a method of translation called back-translation appeared in 1948 (Brislin, Lonner & Thorndike, 1973) and the methodology grew in popularity in cross-cultural studies in the 1950's and 1960's (see Brislin (1970) and Brislin, Lonner & Thorndike (1973) for reviews). However, it was Richard Brislin's 1969 study (Brislin, 1970) that was seminal in establishing a rigorous approach to translation. Three other papers dealing with translation (Campbell, Brislin, Stewart & Werner, 1970; Sechrest, Fay & Zaidi, 1972; Werner & Campbell, 1970) appeared at about the same time, underscoring the impetus of the back-translation technique as a breakthrough in obtaining good quality translations in a reliable way. An important feature of the Brislin paper is that it details a large study undertaken to investigate the empirical features of translation procedures. As such it provided "hard" evidence for the utility of employing combinations of translation techniques to ensure translation quality, with back-translation forming the cornerstone of this process.

In this chapter I will review three key aspects of the development of translated instruments and questionnaires.

1. Types of translation and equivalence.
2. Methods of translation.
3. Back-translation and decentering.

Problems in the use and understanding of these elements will be selectively raised, but problems with how translation quality may be assessed will be emphasised.

#### **TYPES OF TRANSLATION AND EQUIVALENCE**

##### **Types of translation**

Translation is characterised by Brislin (1976) as a general term referring to the transfer of thoughts and ideas in oral or written form from one language to another. Interpretation is seen as one form of translation, but refers particularly to situations of oral communication.

Brislin (1976, 1980, 1986), Brislin, Lonner & Thorndike (1973) and Retief (1988) all draw on Casagrande's (1954 in Brislin, 1976) four "ends" of translation to characterise the types of translation as they apply to cross-cultural research. The first, pragmatic translation, is focussed on conveying information accurately, as in technical documents. Aesthetic-poetic translation is overtly focussed on conveying the affective or emotional shades of meaning in a translation. A third type, ethnographic translation, attempts to delineate and explain the cultural context of source material and the second language version, thereby setting itself the difficult task of drawing out connotative meanings. This type is thus particularly concerned with the cultural context of a document in its source and target languages (Brislin, 1980). Lastly, linguistic translation is intended to focus on the grammatical form as such and requires a linguistic analysis of the source and target documents' constituent morphemes. It is not clear how translation for the purposes of psychological research fit into this typology.

Hulin (1987) has suggested that psychological translation involves all four types of translation outlined above. Even more pertinent is Hulin's observation that complete realisation of only one type precludes complete realisation of any of the other three. Retief (1988) comments that psychological translation would most probably fall into the categories of pragmatic and ethnographic. This differs from Brislin et al. (1973), who write that psychological translation implies either pragmatic translation, as equivalence ideally should be demonstrated by empirical means, or linguistic translation, as the researcher must ensure that a scale produces equivalent stimuli. However, the requirement of equivalent stimuli in the cross-cultural setting is more appropriately met by ethnographic translation, which militates against the attainment of linguistic equivalence. Thus it seems that there is a confusing array of translation goals and that these are often at variance with one another.

### **Types of equivalence**

An alternative approach to characterising the objectives of translation has been from the perspective of equivalence. There appears to be agreement on five main types of equivalence. The first three, vocabulary, idiographic and syntactical-grammatical, are more specifically linguistic. The latter two, experiential and conceptual, purport to address general cultural factors that impact on a translation. In an astute description of these types of equivalence, Sechrest, Fay & Zaidi (1972) identify the key difficulties associated with them. Vocabulary equivalence may be superficially seen as the most straight-forward of the types because it basically involves a dictionary translation. However, these authors point out that educated translators do not necessarily translate into the language as used by prospective research respondents. The translator's education may affect the choice made when

confronted with a range of possible translations. On the question of idiomatic equivalence, recommendations on the construction of assessment instruments for translation (Werner & Campbell, 1970; Brislin et al., 1973) emphasise the importance of avoiding metaphor and idiom. Sechrest et al. (1972) recognise that idiom is ubiquitous and often tacit in language (Lakoff & Johnson, 1980) and therefore suggest that the meaning of an idiom be maintained in an appropriate, idiomatic if necessary, form in the translated target version. Syntactical-grammatical equivalence is problematic in so far as there are differences in the function and even existence of certain parts of speech in different languages. This often renders syntactical-grammatical equivalence an unrealistic goal.

At a different level of abstraction to the first three, experiential equivalence relates to objective phenomenal differences in experience in any given culture and differences in the nature of social arrangements. For example, questions regarding exposure to mass media may need to take different forms in one country or district as opposed to another. Conceptual equivalence problems can take two forms following Sechrest et al. (1972). Firstly, a particular word may appear to translate adequately but the underlying concepts entailed by a translation equivalent may differ from one culture to the other. Secondly, a more extreme form of a conceptual problem arises when the absence of a translation equivalent indicates that the concept implied is completely foreign to the target population.

These types of equivalence are explicitly referred to by Retief (1988) but are implicit in most discussions of translation quality. Butcher (1982) and Butcher and Clark (1979 in Brislin, 1986) recommend a detailed reporting of the types of problems experienced and the solutions arrived at in obtaining a translation. The types of equivalence outlined above are what is expected of a translation and thus serve to highlight points for such discussions. I am aware of few such discussions in the psychological literature (Drennan, 1988; Msengana, 1983). Although a number of psychiatric studies (Bunting & Wessels, 1991; Gillis, Teggin & Ben-Arie, 1982; de Jong, 1987; Orley & Wing, 1979) address themselves to an item-by-item discussion of troublesome or interesting issues in translation.

### **Types of instrument equivalence**

Flaherty, Gaviria, Pathak, Mitchell, Wintrob, Richman & Birz (1988) have proposed an alternative approach to the problem of equivalence. They delineate five major dimensions of cross-cultural equivalence which imply a stepwise process by which an instrument may be validated.

1. Content equivalence: The content of each item of the instrument is relevant to the phenomena of each culture being studied.
2. Semantic equivalence: The meaning of each item is the same in each culture after translation into the language and idiom (written or oral) of each culture.
3. Technical equivalence: The method of assessment (e.g., pencil and paper, interview) is comparable in each culture with respect to the data that it yields.
4. Criterion equivalence: The interpretation of the measurement of the variable remains the same when compared with the norm for each culture studied.
5. Conceptual equivalence: The instrument is measuring the same theoretical construct in each culture.

This is a comprehensive and conceptually sophisticated listing of a translation's features. It has been put to good use in a Puerto Rican study (Bravo, Canino, Rubio-Stipec & Woodbury-Farina, 1991). This approach to translation will be examined more closely below. I wish to highlight one aspect of the method proposed by Flaherty et al. (1988). Almost all their equivalence criteria rely heavily on the use of bilingual experts:

A team of content experts evaluates the content equivalence of each item; this team should include social scientists and psychiatrists from each culture (*ibid.*, p.259).

Such expertise is a scarce resource in South Africa and the impact this has on translation procedures will be examined later.

## **METHODS OF TRANSLATION**

Most of the above mentioned review articles on questionnaire wording and instrument construction in cross-cultural research set out a list of "methods" or "techniques" for producing a translation. However, it seems that what Hui & Triandis (1985) call "crude translation" is the basic building block or prototype of translation methods. This statement may seem trivial, but it means that all other "techniques" are actually procedures for evaluating the success or accuracy of this basic translation activity.

From one point of view the success of a translation is the degree of invisibility it achieves in the research as a whole. Whether it be research investigating the relationship between two variables or a clinical assessment of the presence of illness, the investigator seeks to avoid a spurious finding or making an inappropriate diagnosis as a result of linguistic

misunderstanding. The differences between languages and the conceptual systems they represent can thus be seen as a confounding variable of any research or clinical investigation (Irvine & Carroll, 1980; Retief, 1988; Sechrest, 1987). Translation is an attempt to control for this difference in order to highlight the specific differences or similarities of interest.

### **Back-translation**

Back-translation is a process where the basic translation sequence is reversed and a target version is rendered into the source language by a translator who is "blind" to the contents of the source version. This second source version then serves as a check on the basic translation product. As a result of this check on source to target translation, changes may or may not be made to the source or the target version in order for the second or third crude translation to have a better result. Brislin et al. (1973) and Brislin (1976, 1986) indicate that changes to the target are primarily indicated. Change to the source is considered to be a sophistication of the process and is often referred to as decentering (Brislin, 1980, 1986; Brislin et al., 1973). I consider decentering to be a special case of instrument development and the relationship between back-translation and decentering will be addressed more fully later.

Comparing a source version and a back-translated source language version gives a researcher some measure of insight into the contents of the target version. However, Brislin et al. (1973) give three possible sources of difficulty in evaluating the two source language versions:

- a) translators may use tacitly agreed upon principles for translating essentially non-equivalent words.
- b) a translator may make sense of a poorly translated target version.
- c) the grammar of the source version may have been retained, facilitating a smooth back-translated version but at the expense of creating a "worthless" (ibid., p.41) target version.

This final point indicates that the suggestion of "syntactical-grammatical equivalence" raised earlier may not have much utility in practice. All three of these "sources of confound" suggest that a researcher's scrutiny of a source and back-translated version is not enough. It seems necessary to undertake a more thorough scrutiny not only of the source and the target version, but also the relationship between them. It further suggests that this scrutiny requires an examination of the semantic relationship between source and target items. Both these activities require the ongoing involvement of translators in a cooperative examination of the various products. Undoubtedly, the form this ongoing process would take would vary from

study to study, as would the issues requiring attention. Brislin, Lonner & Thorndike (1973) quote from letters written to the authors providing anecdotal accounts of translation efforts in the 1960's that are informative but unsystematised. Nevertheless, this decision-making process appears never to have been documented as a matter of course in any published psychological study using translation.

### **The question of empirical evidence**

In the seminal study referred to earlier, Brislin (1970) addressed the question of criteria by which the quality of a translation may be assessed, or how the translation process may be evaluated. Two important limitations of the study will be addressed here.

In order to evaluate translated essays on three topics, Brislin devised three criteria by which to rate the success of the translation procedure. The first criterion was "monolingual meaning errors", which required a rater to evaluate and identify differences in meaning between an original essay and its back-translated English form. The errors identified by two raters on the three essay topics with two levels of difficulty were reported to overlap in a range between 64% and as low as 51%. This indicates that for one essay only half of the "errors" were consistently identified by both raters, and the best result identified less than two-thirds of the "errors". Brislin remarks that this finding is difficult to interpret as there are no existing standards, but considered them high enough to indicate "a fair amount of agreement" (p.201). However, disagreement over what constitutes a difference in meaning of this proportion has far reaching implications for the process of producing a standardised translation and, ultimately, for interpreting the results it generates in a reliable way. The question of how to evaluate the success of the back-translation process, clearly, must involve an assessment of semantic equivalence. Russell (1991) has observed that researchers lack any precise criteria on what constitutes equivalence or non-equivalence between words or phrases, and so the standards to apply in the use of this criterion remain a vexed question.

The second of Brislin's criteria for evaluating translations was "bilingual meaning errors", by which is meant that bilingual raters, when comparing a source language version (English) and a target language version (Chamorro and Palauan), could identify "errors that lead to differences of meaning". The implication here is that differences in meaning are necessarily ascribable to translation "errors". The author points out in a preceding section that this criterion was "very time-consuming" to employ, and also "very difficult", as raters "reported difficulties in setting criteria for themselves as to when a meaning error was made" (p.198). Brislin attributes this to the vast differences to the two languages being rated, which seems to

suggest that it was formal structural differences that separated the languages. He also presents the situation as something of an exception and not a cause for concern in those seeking to employ the procedure. However, the fact that bilinguals had great difficulty identifying "meaning errors" is a cause for even greater concern than the difficulty monolingual raters had in identifying errors.

Back-translation does not work magically to purify a translation of linguistic mismatch. It creates another translation that is an opportunity to evaluate the success of the first. However, the very procedures of evaluation are difficult and time-consuming to employ. Furthermore, efforts to use back-translation as a check on translation quality are dogged with a lack of clarity on actual evaluation criteria. Russell's (1991) pithy statement summarises the difficulty: "The back-translation criterion of success is insufficient because it can only achieve the best translation, which might not be an exact equivalent" (p.433). Attempts to clarify the disjunction between a translation and an "equivalent" appear beset with difficulty. Efforts to clarify the semantic relationship between a source and a target version may be further hampered by bilinguals being influenced by their first language in assigning meaning to a second language. Russell (1991) considers this to be another unexplicated source of bias in the translation / back-translation procedure, but this will not be addressed here.

#### **Other techniques for evaluating translation quality**

Three other strategies are available to supplement the back-translation process. These are referred to as the committee approach, pretest techniques, and the testing of bilinguals.

#### **The committee approach**

This is an extension of the basic back-translation procedure, in which a number of people translate. These translations can be either from the source or the target language. Results are then compared or adjudicated by a third party. The translators may also pool their efforts. A cross-section of views can be extremely helpful in clarifying the semantic import of idiom and the pragmatics of language. This forum for discussion or review of another translator's work is also not without its pitfalls. Brislin et al. (1973) and Werner & Campbell (1970) refer to the problem of shared misconceptions, and a reluctance to transgress professional or cultural boundaries in the form of criticism. Both groups of authors add that "local loyalty in exploiting a rich outsider" may also confound the efforts of a committee, but they do not explore this provocative idea further. Brislin (1980) further indicates that committee members may unify against the researcher. The question of loyalties and exploitation will be taken up later.

### Pretesting

All structured questionnaires and schedules, translated or otherwise, should be piloted before the main study. Brislin et al. (1973) observe that nonsensical answers can occur even after carefully constructing the instrument. In this way identified problem items can be weeded out. Brislin (1980) considers there to be no problems *per se* with this strategy. Pretesting may, in addition, involve administering the instrument to a small group of people. Alternatives, more closely related to "meaning criteria", may also be employed. This may be done by asking subjects to rate the clarity of a question or by checking on the coherence of subjects' responses to questions. Both these approaches suffer through being at a double remove from the actual instrument. In the first instance, there are no guidelines as to how to interpret ratings and what ratings would indicate that a translation was acceptable. Secondly, a response from a subject that is not "bizarre" (Brislin et al. 1973, p.47) is an extremely coarse measure that a question means what it should.

### Bilinguals

Bilinguals may be used to evaluate a translation in a number of ways. Firstly, a group of bilinguals may take a test in both the target and source language forms and their responses may be compared. Secondly, groups of bilinguals may be randomly assigned to different treatment conditions, e.g. Brislin (1970), in which they answer either the source or target versions, or versions written half in the target language and half in the source. Correlation coefficients are then generated. Brislin's study yielded correlations of between 0.83 and 0.90. Brislin (1980) recommends the procedure as precise and enabling the researcher to use sophisticated statistical techniques.

A commonly acknowledged difficulty with using bilinguals to validate a translation is that of sampling an atypical group, who may intuitively compensate for translation discrepancies (Retief, 1988). Less commonly acknowledged is that correlations indicate the degree to which scales may be measuring the same underlying hypothetical entity. This approach does not address the semantic relationships between individual items. Nor are there clear standards available to interpret the significance of any given correlation. There are a number of statistical techniques aimed at reliably identifying items on questionnaires that may be culturally inappropriate (Poortinga, 1989), but these psychometric approaches are invariably handicapped by requiring alternative precise measures of underlying traits in order to compute statistics.

Item Response Theory (IRT) (Hulin, 1987) is an example of a statistical approach that investigates the psychometric properties of translated items. However, IRT requires the independent measurement of an underlying trait, i.e. intelligence (Ellis, 1989), and can only be applied to dichotomous variables (El-Zahhar & Hocevar, 1991). Due to these limitations it is not deemed appropriate to the types of translations presented in this study, and will not be reviewed here. The interested reader is referred to Candell & Hulin (1987); Ellis (1989); Ellis, Minsel & Becker (1989); Engelsman, (1988); Hulin (1987) and Poortinga (1989).

## **BACK-TRANSLATION AND DECENTERING**

Werner & Campbell (1970) originally represent the ideal of decentering as being an attempt to achieve symmetrical translation. It is intended to prevent the source language from dominating or dictating to the target language. Not only is it hoped that there will be loyalty of meaning in each language but also that "the system of symbols [will supercede] a single culture" (p.399). Sechrest et al. (1972) interpret this to mean that "items or other materials should be generated jointly in the two cultures" (p.53) and hence refer to decentering as the "process of obviating cultural and linguistic biases by the initial and joint use of two languages" (ibid.).

As observed elsewhere (Drennan, Levett & Swartz, 1991), the distinction between back-translation and decentering has become blurred over time. In a review of studies that used back-translation to improve translation quality, Brislin et al. (1973) attempt to identify the reasons for the successful use of the technique. They suggest that if the target language is Indo-European and the English version is open to revision there is a greater likelihood that translation will be successful. However, they conclude that "the willingness to revise was most likely the more potent reason for back-translation success" (ibid., p.43). However, as all back-translations that result in changes to the source language version have come to be considered "decentered", it seems that there is little difference between the two.

Brislin (1976) observes that the decentering procedure is part of research strategy in cross-cultural investigations that involve the emic-etic distinction. Referring to decentering in terms of linguistic change to the source language version, Brislin writes that "[u]sing the decentering approach, etic concepts would be those that 'survive' the translation - back-translation procedure because terms would have to be readily available in both languages if the concepts are to survive" (1976, p.25). This positions the decentering process at the nub of an extremely important cross-cultural debate (Berry, 1969, 1989; Retief, 1988). It also shifts

concern over how the concept is understood from a purely methodological issue to an ideological one (Littlewood, 1990; Rogler, 1989).

Brislin's (1970) study provides an example of decentering used in the way he described. In order to investigate Criterion Five, bilingual performance on the scale in difference language forms, a Social Desirability Scale of 33 items was translated. Approximately 30 of the items were considered "applicable to behaviour in Guam just as they are in the U.S.A." (p.199). Brislin does not refer to how the three inappropriate items were dealt with, nor does he specify how they may have affected the overall questionnaire. However, considerable effort was expended in producing back-translated versions (over 200 hours). In the course of this translation process changes were made to the English questions to facilitate translation. For example, "gossip" was changed to "sometimes I like to talk about other people's business". In subsequent publications, this has consistently been referred to as a "decentered" questionnaire. This process clearly did not involve generating new items from Philipino notions of social desirability. There was also no examination of the conceptual equivalence of a social desirability questionnaire between the cultures involved.

In a review of measurement in cross-cultural psychology, Hui & Triandis (1985) have observed that even a combination of translation techniques presupposes the conceptual and functional equivalence of the scales it is applied to and to a certain extent they also presuppose equivalence in construct operationalisation. The equivalence in construct operationalisation between scales depends on the extend to which decentering is employed. The trust placed in decentering by Hui & Triandis (1985) to clarify conceptual equivalence would appear to be misplaced if we are to understand it in the sense in which it has come to be used. Obscuring the difference between back-translation and decentering may in fact mask how concepts derived from, and appropriate to, the source culture are transposed in the process of translating without any "decentering" of concepts as such. Decentering may therefore have become another unacknowledged form of "conceptual imperialism" (Jennings, 1988) through which the ethnocentrism of certain forms of research go unchallenged (Gilbert, 1987). This is borne out by Rogler's (1989) emphatic disavowal of the belief that decentering, in the meaning that it is currently taken to have, can eliminate cultural bias.

In a study that did employ decentering, Kinsie, Manson, Vinh, Tolan, Anh & Pho (1982) developed a Vietnamese-language depression rating scale. These authors attempted to use an American instrument, but found this to be inappropriate. They proceeded to develop a more appropriate instrument. Davidson-Muskin & Golden (1989), Ebigbo (1982) and

Manson, Shore & Bloom (1985) have employed similar methodologies that more closely resemble the sense of decentering as proposed by Werner & Campbell (1970).

## **SUMMARY**

I have briefly reviewed three areas central to the process of developing and evaluating translations. It is suggested that they are conceived of as strategies for yielding "clean" data, uncontaminated by spurious sources of linguistic bias. However, the actual means by which this is accomplished and the criteria used to evaluate the translation procedure employed remain unclear. Questions of ecological validity and the social appropriateness of instruments may thus be obviated through the translation process. This is especially the case when the notion of decentering is invoked.

The small literature on the role of interpreters will now be reviewed. This will introduce a critique on the existing understanding of social aspects of interpreting and translating and an outline of the model to be employed in this research.

## **THE ROLE OF INTERPRETERS**

Interpreters perform a vital function in cross-cultural research and assessment, particularly where the use of self-report formats is not possible (Lent, 1985). In spite of this, formal aspects of interpreters' functioning and the difficulties associated with this process have received little attention.

Marcos (1979) summarised the four central features of a good interpreter in a clinical context: competence in both languages; familiarity with the patient's culture; and familiarity with clinical psychiatry. He emphasises the latter aspect because of a difficulty identified in his study with "untranslatable paralinguistic and vocal cues" (p.172). These are particularly important when assessing a patient's mental status.

Vasquez & Javier (1991) used two clinical examples to illustrate five major problems encountered in the use of untrained interpreters. They enumerate omission; addition; condensation; substitution and role exchange as the main difficulties. While the first four are self-explanatory, role exchange occurs when "an interpreter takes over the interaction and replaces the interviewer's questions with the interpreter's own" (ibid., p.164). When this happens the interpreter has lost sight of his or her role as "channel" and becomes "a judge of the patient's and clinician's verbalisations" (ibid.). These authors acknowledge the complexity of interpreting psychotic discourse for instance, and the psychological sophistication required to do this, but emphasise that the semantic interpretation should not

impinge on the clinician's function of making the diagnostic interpretation. It is suggested that training interpreters will reduce these sorts of errors.

In addition to the aspects of interpreter competence referred to above, Westermeyer (1987) makes the following statement about clinical interpretation:

Highly trained professionals such as physicians or doctoral-level psychologists are usually poorer translators than those with lesser training such as registered nurses with bachelor's degrees, nurses aides, or medics. The former have difficulty stifling their curiosity and interpretations, while the latter accept the fact that clinical translating is an auxiliary role (p.163).

The first question that arises in relation to this statement is the question of evidence, as Westermeyer provides none, or even how this may be investigated. In terms of the particular interests of this study, two further aspects of Westermeyer's statement warrant attention. One striking feature is the idea, implicit in the statement, that it is possible to become less helpful as a translator through being clinically over-qualified. This apparently paradoxical claim will be explored further in relation to the data gathered in this research. An additional issue thrown up by the quotation is the question of power. The interpreter is represented here as self-effacing in order to function as required. Attempts to assert power, through expertise, are seen as obstructive. Work in the area of the social functioning of translators and interpreters, and the notion of power in general, will be briefly reviewed.

#### **ON THE QUESTION OF POWER IN TRANSLATION AND INTERPRETATION**

The role of power and even "the social" as a variable in translation per se has received almost no consideration in the literature from both practical and theoretical points of view. The reason for this lacuna is expressed quite clearly by Anderson (1976) in a paper on the role of the interpreter. Anderson observes that for the interpreter translation occurs in a social situation. However, with respect to the translation of paper and pencil instruments, he maintains that it is an activity "primarily undertaken by bilinguals working more or less in isolation, and it is *essentially nonsocial behaviour*" (p.208, italics mine). Anderson then goes on to provide a sociological analysis of the social role that interpreters play in inter-cultural communication. In this he identifies three sources of role ambiguity: firstly, that role prescriptions are only partially defined for interpreters; secondly, there is role overload as the interpreter is simultaneously an expert and a mere facilitator between two parties; thirdly, that the interpreter may experience role conflict through attempting to satisfy a hierarchy of needs in relation to his/her clients. Reference is also made to the power invested in the interpreter in so far as he or she may translate selectively and thereby, consciously or unconsciously, manipulate the outcome of any given interaction.

Brislin (1976, 1978) discusses social roles and power, but slips, without remark, into solely considering the position of the interpreter, and does not once refer to the translator *qua* translator. The treatment of social power by both Anderson and Brislin is an adaptation of French's (1956) "Formal Theory of Social Power", which is an attempt to represent power between four-person groups in terms of a mathematical model. The conceptual tools that are presently available to analyse the ideological function of translation practices are more sophisticated than those represented here.

### **Power and the production of subjectivity**

The views on power expressed by Anderson and Brislin are limited by considering it as a rigid, structured and largely unilateral concept. By making the notion of the subject the central theme of his research, Foucault (1980, 1982) has broadened our understanding of power as a property in relationships, that exists in so far as certain actions can modify others.

The exercise of power consists in guiding the possibility of conduct and putting in order the possible outcome (1982, p.789).

Social power in this sense does not crudely coerce, but rather, the exercise of power is "to structure the possible field of action of others" (*ibid.*, p.790). Power is therefore not merely negative, but positive in that it is constitutive of discourse and knowledge (Kramarae, Schultz & O'Barr, 1984). The understanding of power enlarged upon by Foucault (1982) is thus almost synonymous with "discourse", in so far as discourse is itself considered constitutive of the subject and a particular social order (Kuipers, 1989). However, the notion of power provides a means by which the constitutive nature of discourse and discursive practices (Foucault, 1972) can be analysed, because it highlights the mechanisms by which these practices achieve and maintain their hegemony. Thus, power is not studied for its own sake, but in order to gain insight into how knowledge and its technologies constrain other types of knowledge from coming into being.

Discourse is an extremely wide and multi-faceted concept but its use here will refer to two inter-related components. Firstly, a discourse is "a field of statements" (Young, 1987) that linguistically defines and limits what may be said and thought, or what may assume the status of truth. It thereby simultaneously creates and occupies "a distinctive epistemological space" (*ibid.*, p.113). The second component is discursive practices. Discursive practices operate through institutional arrangements, equipment and techniques, and materialise the ideas embedded in a discourse in the world of objects and events (Young, 1981). So, a dysphoric experience can be rated on a depression inventory, assigned a number, be given the status of a "depressive episode", and thereby be subsumed into the Western psychiatric discourse of

depression, in part through the operation of discursive practices. From this simplified example it follows that discourse is a duality "through which action and understanding are simultaneously enabled and constrained" (Young, 1987, p.114).

### **Resistance and the relationship between macro and micro levels of analysis**

Foucault's project of developing a "new economy of power relations" is made more empirical by analysing power, not through its internal coherence, but rather analysing power relations through "investigating the forms of resistance and attempts made to dissociate these relations" (1982, p.780). Apparently individual interactions are thus analysed at two levels. At the microlevel, individual expressions of power and resistance are intentional and planned, but only in a sense that is limited to the particular context of their occurrence. At a macrolevel of analysis, these individual expressions of power and defiance are aggregated to form a "global strategy", they "sum together vectorially; they have an overall direction" (Krips, 1990, p.175). In this reconceptualisation of power and resistance, at the macrolevel, they are both nonactive, unintended and dispersed, but when taken together they "form a global pattern of [power and] resistance that transcends the intentional engagement of any of the agents" (ibid., p.177). In this way what may be assigned to the category of meaningless epiphenomena, can instead be pieced together to form part of and improve our understanding of the social matrix (Lears, 1985).

Ideology is closely bound up with these concepts and I will follow Young's (1981) definition. Ideological knowledge involves representing the individual as an active subject, where relations of dependence, domination and authority are considered between and among different human subjects.

The concepts and ideas outlined above will inform this study in its objectives. Aspects of discourse and discursive practices that surround translation and interpretation will be examined in order to identify how power relations are harnessed to maintain the hegemony of the assumptions and practices of cross-cultural psychiatric and psychological research. Part of this examination will involve looking at how incidents, resistances to biomedical activities, are rendered into "non-events" in order to exclude these events and their meaning from the "ground of thought" (Foucault, 1972).

## CHAPTER TWO

### CROSS-CULTURAL PSYCHIATRIC ASSESSMENT AND TRANSLATION

Translation work in the area of cross-cultural psychiatric assessment is reviewed separately from the review of translation theory in mainstream cross-cultural psychology. The first reason for this is the nature of the theoretical underpinnings that separate the two disciplines. Secondly, it shall be argued that the theoretical position adopted by a researcher may have a significant impact on how translation is approached and assessed in this context. This review of the literature on clinical psychiatric research that employs translation will focus on a limited selection of issues in order to highlight difficulties with interpreting the success of the translation of an instrument.

I will employ Kleinman's (1977) distinction between the "old transcultural psychiatry" (OTCP) and the "new cross-cultural psychiatry" (NCCP), firstly to crystallise core issues in the domain of translation, and secondly to locate this study within the paradigm of the "new cross-cultural psychiatry". Kleinman (1977) characterises the "old transcultural psychiatry" as exaggerating the biological, and thus universal, dimensions of disease. The universalist approach seeks to identify, in a cross-cultural setting, the core elements of a category developed in the West. Differences in presentation are disregarded as superficial pathoplasticity and the particular role an "illness-experience" may have in a cultural or semantic network is considered of passing interest, thereby trivialising the role of culture. Kleinman's (1977, 1987) conceptualisation of the NCCP argument has developed in a number of directions but I will draw on three main trends that I have characterised as follows.

- 1) The relativity of psychiatric nosology as a cultural construction (Kleinman & Good, 1985; Littlewood, 1991; Lock, 1987).
- 2) The central role of language, semantic networks, and of context in broadening the parameters of the research for the signifiers that make meaning of illness (Bibeau, 1981; Daniel, 1986; Good & Good, 1981; Kleinman, 1988; Staiano, 1986).
- 3) The place of power issues in the analysis of medical systems and medical interactions, indigenous and otherwise (Littlewood, 1990; Treichler, Frankel, Kramarae, Zoppi & Beckman, 1984; Swartz, 1989; Trostle, 1988). This study will draw more heavily on the latter two features, while making occasional reference to the first aspect.

## CONTRASTING APPROACHES TO TRANSLATION

The recent contribution to the literature on the methodological parameters of psychiatric research employing translation, Flaherty et al. (1988), was cursorily reviewed earlier. This paper will now be examined more closely in order to crystallise the terms of the debate between the NCCP and the OTCP as it applies to and informs the process of translation.

Flaherty et al. (1988) set out to provide a stepwise procedure for the validation of instruments designed in one culture for use in other cultures. It is undeniable that this approach to translation has merit: it provides a structure for researchers interested in producing a translation with a certain type of rigour (see Bravo et al., 1991). However, this rigour may fall too heavily on the side of a narrow empiricism that obscures other aspects of the translation process. After Murphy (1969) these authors seek to address "culture", not as an object of inquiry in itself, but as a source of "distortion" that needs to be reduced for the purposes of comparison. As such, they are explicitly interested in "instruments that are exactly the same (except for language) across cultures" (p.262). In this respect Flaherty and his co-workers are approaching the problems of cross-cultural research from within the universalist paradigm described above.

Flaherty et al. (1988) disavow ethnographic approaches, but attempt to incorporate insights provided by approaches such as Kleinman's. In so doing they misappropriate this body of knowledge. Firstly, they speak of the instrument that undergoes their method of adaptation as being "culture-free". Secondly, they attempt to distance themselves from a purely "etic" stance by employing the ideas of writers from a relativist paradigm (Kleinman), but misrepresent these ideas by suggesting that "ubiquitous" disorders are more efficiently diagnosed if "culturally specific signs" (p.257) are incorporated into the diagnostic system (Kleinman & Good, 1985). While attempts to draw together insights from both paradigms may be constructive, there is a danger of subsuming one approach within the other. This is particularly the case when the ideological thrust of the two schools is disparate (Gilbert, 1987; Kottler, 1990). Swartz (1989) has also demonstrated the powerful ideological role that the selective reading of relativistic approaches has in providing currency for psychiatric research in South Africa.

The theoretical commitment to a universalist approach outlined above has ramifications at the level of how translation is employed. Flaherty et al. (1988) consider the essence of semantic equivalence to be "that the meaning of each item remains the same after translation into the language of each culture" (p.260). They acknowledge that this has been difficult to

achieve in cross-cultural research but that the key to success in this regard lies in back-translation. Some of the limitations of back-translation in generating the cultural relevance of an instrument have been explored in the previous section in the discussion on decentering. Within the paradigm of the NCCP, Littlewood (1990) has drawn our attention to the limited possibilities of back-translation because of its inability to incorporate context and the range of available experiences in a given culture. However, the particular form that the role of context and culture takes within the universalist approach, either at the level of psychopathology or language, delimits how a translation may be understood. These components articulate the theory of meaning that is invariably implicit in both international and South African empirical research in the universalist paradigm.

### **An implicit theory of meaning**

This conceptualisation of meaning is succinctly expressed by Pergnier (1978) when he recommends that translation should be focussed on "message-meaning" as opposed to "language-meaning". The implication is that language is opaque and merely has to be rearranged under certain circumstances in order to reflect clearly the ostensive reference to which any number of languages can refer. In this view language refers to the shared reality of "ubiquitous disorders" that transcend the bounds of linguistic variation. Conceptualising the work of language in culture and society in the above fashion resembles Dell Hymes' distinction (Adlam & Salfield, 1980) between 'referential' meaning or "language as such" and 'social' meaning or "language in use". Adlam and Salfield (1980) point out that this distinction implies that referential meaning can be separated from social meaning and that the former is thus "non-social". Meaning can thus be viewed as a socially neutral bedrock that does not undergo any alterations or transformations as it moves from one idiom, language or context to another. Thus, Flaherty et al. (1988) advise researchers to translate into the idiom of the culture, but caution them that translations "not consonant with the culture's idiom may retain the correct meaning and even back-translate correctly" (p.260) and instead result in response bias.

A second consequence of this conceptualisation of language is the credibility it lends to the notion that language is a straight-forward reflection of human experience. This gives implicit support to universalist psychiatric approaches by equating all linguistic forms and thereby establishing the "fundamental commonality of all human experience" (Adlam & Salfield, 1980, p.78). It is exactly this assumption by proponents of the OTCP in South Africa (Gillis et al., 1982) that proponents of the NCCP are challenging as a central unresolved question in psychiatry (Swartz, 1989; Swartz, Ben-Arie & Teggin, 1985).

### Lessons from lexicography

The experience of lexicographers, who are not labouring under the psychometric constraints of those employing psychiatric and psychological assessment tools, serves as a useful counterpoint to this struggle in psychology and psychiatry.

Louw (1989), writing in relation to problems of lexicography, points out that misconceptions arise about translation through failing to see the difference between translation and meaning, as a result of "assuming that *meaning* is another word" (p.112). S/he proceeds to point out that an enormous percentage of translation equivalents are actually "glosses" that cover varying semantic ranges and that often depend on contextual indicators (see Russell (1991) for an extensive review of ethnographic evidence on this problem). Mtuze (1990), in a useful paper that pays close attention to detail in order to demonstrate that "[one] cannot force one cultural practice onto another merely because of underlying similarities" (p.31), undertakes to elaborate on some of the difficulties experienced by lexicographers in compiling a Xhosa/English/Afrikaans dictionary.

Employing back-translation and a committee approach with English and Afrikaans editors who have "near-speaker" competence in Xhosa, Mtuze found that "cultural differences were discernable in the translations" (p.30). Translators were using Western customs as a point of reference but Mtuze suggested that these may be little more than "an escape route" from comprehending the implications of African customs and, even more difficult, the complications. This author concludes by observing that lexicographers are forced to settle for "maintaining adequacy" or "a fair reflection of the original" rather than the concept of equivalence. This clearly indicates that, in spite of a translator's linguistic competence, there are elements of Xhosa linguistic reality which are not able to be rendered into equivalent linguistic forms. This does not suggest that these elements may not be "interpreted", merely that they are not able to be translated (Jennings, 1988; Russell, 1991). This clearly invokes a version of the concept of linguistic relativity (Whorf, 1956). While the notion of linguistic relativity has a poor track record of empirical justification (Brown, 1986; Russell, 1991; Takano, 1989), the psychological implications of linguistic diversity have yet to be adequately explored (Adlam & Salfield, 1980; Kottler, 1990; Lutz, 1985; Russell, 1991).

### PROBLEMS IN THE CROSS-CULTURAL USE OF INSTRUMENTS

Kleinman (1987) criticises universalist approaches for treating translation as either a nuisance factor or a technical problem to be got out of the way before the real work of the study can begin. Enormous cross-cultural studies of the type conducted by the WHO (1973,

1979), and more recently Wittchen, Robbins, Cottler, Sartorius, Burke & Regier (1991), are vulnerable to this objection. The relativist approach considers studies that develop unique instruments for specific use in a particular circumscribed context to more closely approximate its ideals for culturally sensitive research. These studies were referred to in the preceding discussion on decentering.

The difficulties encountered by researchers attempting to standardise translations of "universalist" instruments are instructive. Orley & Wing (1979), in a study in Uganda using the Present State Exam (P.S.E.), devote a great deal of discussion to the features of the translation and the difficulties in communication with subjects. It is important to note that, in spite of their allegiance to the British empiricist school (Swartz, 1985b) these researchers also allowed modifications to the translated instrument by way of extra or adapted probes. In a bold paper on the problems of translation, Sen & Mari (1986) point out that even an exhaustive translation procedure can only render equivalent versions of an instrument if the target population are culturally and linguistically homogeneous. As the experience of these authors in India was that the population is distributed along a continuum of degrees of Westernisation, they felt that several subcultural versions of a question would be more appropriate.

Flaherty et al. (1988) seem to suggest that conceptual equivalence inheres in the translated instrument. However, Sen & Mari (1986) indicate that in "the Indian context especially, back-translation, which is held to be an important check for conceptual equivalence, appears to be of limited value" (p.278). de Jong (1987) reviews the use of the Self-Report Questionnaire (SRQ) in Africa and challenges: its claims to allow subjects to report the presence or absence of clearly defined symptoms; its claim to being universally applicable; and its standardisation. This author observes that "[w]hereas Kortman found 13 out of 25 questions to be invalid, in our case 14 out of 26 questions were invalid due to translating or conceptual discrepancies" (p.178).

Sen & Mari (1986) write that conceptual equivalence depends on the interviewer's familiarity with the socio-cultural background of the subjects. The use of the term "conceptual equivalence" somewhat obscures their point that an appropriate psychiatric enquiry depends to a large extent upon the interviewer and less upon the translation. This statement is all the more striking as it comes from authors who clearly position themselves as universalist in their orientation. From the above it would appear that a universalist orientation need not dictate a commitment to developing identical instruments, or preclude being open to the possibility

that cultural pathoplasticity may effect the actual presentation of illness indicators and understanding of the patient enough to justify substantial changes to a questionnaire.

Bravo et al. (1991) appear to have been quite successful at developing a translation for a Puerto Rico population that usefully employs the insights from the NCCP but are still committed to the universalist paradigm. These authors detail that they changed and added items to the instrument, the Diagnostic Interview Schedule (DIS). They also changed the coding of certain items in order to, in the first instance, improve comprehension by the subjects, and secondly, to improve diagnostic accuracy. Features were also added to the instrument to gain qualitative information on various sub-culturally significant experiences. The thoroughness and theoretical sophistication of Bravo et al's. (1991) work suggests that there may be two levels of debate within the universalist / relativist split. It is possible that research may be rendered more "culturally sensitive" (Rogler, 1989) through employing the strengths of both paradigms, irrespective of theoretical persuasion. This generates a situation where the claims of both schools may be examined and refined through actual research experience and not rhetoric, bearing in mind the need for the ideological considerations characteristic of the NCCP (Swartz, 1985a). This possibility will be addressed further below.

#### **TRANSLATION IN SOUTH AFRICAN PSYCHIATRIC RESEARCH**

In South Africa there are clinically-oriented psychiatric studies that dismiss translation as trivial to the main focus of the research, either by not referring to it at all (Raubenheimer, 1986) or by merely reporting that a translation was obtained (Oberholtzer, 1986; Swartz, Elk, Teggin & Gillis, 1983).

In this section I shall focus on two studies that translated and validated Xhosa and Zulu versions of the P.S.E.: Gillis et al. (1982); Bunting (1989), Bunting & Wessels (1991). The latter study also involved a comparison with the Zulu version of the Structured Clinical Interview (SCID). The discussion will highlight problems in the validation of an "adequate" translation.

Gillis et al (1982) provide a detailed discussion of the linguistic and conceptual difficulties they encountered in the use of their instrument. In spite of these difficulties they conclude:

an adequate translation, an informed and trained interpreter and an understanding of certain cultural differences are sufficient to produce definite answers to the prescribed questions. One may, however, have to go beyond the prescribed method of administration and use analogies, metaphors, comparisons and gestures (p.146).

The three-fold nature of what is needed to produce "definite answers" to questions is of concern here. In what sense is a translation "adequate" if it requires these other two factors to assist in the administration? The statement, while similar in import to that noted earlier in Sen & Mari (1986), is particularly disturbing given that the "standardised" instrument is considered to be validated as an independent entity. As such, it may mistakenly be employed in other contexts as "sufficient" to produce definite answers. In addition, Swartz et al. (1985) pointed out that there were translation errors in this version of the P.S.E. and Bunting & Wessels (1991) indicate a similar view. The former authors also claim that the unsatisfactory treatment of the category of "sub-cultural delusions" was unaddressed and may result in over-diagnosing Xhosa people in this regard. The problem of "sufficiency" will be explored further in relation to the data of the present study.

While also clearly located within the universalist paradigm, Bunting (1989) observes that the most difficult aspects of the translations were the sections on emotional states. Both the Zulu SCID and Zulu P.S.E. only diagnosed Major Depressive Disorder (MDD) at 33.3% accuracy, i.e. they both misdiagnosed 2 Schizo-Affective Disorders as MDD out of a subject sample of 3. Significantly, there were no diagnoses of Dysthymic Disorder in the sample of 30, making it difficult to assess both instruments' suitability for describing and identifying dysphoric states, far less to consider the instruments validated in this respect. This is a striking omission, as much of the author's discussion of translation problems centres around problems with the wording of questions to do with depression and anxiety.

Bunting & Wessels (1991) are consistent with the literature on working with interpreters in emphasising the need to reduce interpreter interference or bias. In spite of claiming to have validated an instrument that accomplishes this, the author, who is fluent in Zulu (Bunting, 1989, p.28), administered both instruments to the subjects. An interpreter was not involved in the process. Nor can the scales be said to have been administered blind as the author administered them in alternating sequence in the same interview (ibid., p.31). A more subtle methodological problem lies in the use of identified patients as this reduces misdiagnosis (de Jong, 1987).

Bunting (1989) raises the "problem" of what is presented by the African patient in the context of a medical encounter (Ndeti & Muhangi, 1979), only to dismiss it in relation to his own study. The justification for this is that he used a structured interview format which yields the information irrespective of the patient's view of its medical significance. This claim has been challenged by writers in anthropology and cognitive science. Young (1981) argues that a patient's medical knowledge is not "epistemologically homogeneous" and distinguishes five

ways in which actors can "know" their facts. Taking cognisance of such tacit contributions to the clinical assessment context requires one to recognise that "self-knowledge elicited from informants ... it problematically related to their rationalised knowledge of the events they have been asked to describe" (Young, 1980, p.135). Cicourel (1986), drawing on the work of such cognitive scientists as Winograd (1980), emphasises actors' broader intentions and agendas, and argues eloquently that "we need to learn more about the way the written formats of research instruments and the unfolding interactional context of their use frame, constrain, and facilitate the use and modification of the respondents' or users' schemata" (p.252).

Universalist approaches characteristically neglect this aspect of the clinical interview. In spite of Orley & Wing's (1979) apparent sensitivity to the problems of cross-cultural communication, they found circuitous answers to questions on loneliness and worry, such as "Can a person stay alone?" or "How can I know how much others worry?", an "irritating tendency" and "a way of speech and of trying to score off the interviewer" (p.518). This is perhaps an inadvertent illustration of the complex relationship between a subject's "code" for interpreting a question at face value and its interpretation within the context of social interaction. Bunting's (1989) claim therefore implies that, once translated, the psychiatric instruments he used adequately describe and elicit the illness experiences of his subjects, without any need to refer to additional categories and concepts.

In summary, Gillis et al. (1982), Bunting (1989) and Bunting & Wessels (1991) follow Wing & Orley (1979) in writing that they pursued questions in the "spirit of inquiry" meant by the instrument. Both these researchers also adhere to the idea that their use of the instrument in now way deviated from the prescribed format. This flies in the face of Odejide's (1986) observation that the P.S.E. has not been used in Africa without the need for modification. In addition, it has been shown that the open-endedness of this claim leaves many questions about the "adequacy of translation" unanswered. The presentation and discussion of the data gathered in this study will seek to address some of these unanswered questions.

## **METHODOLOGY**

The data for the study comes from two sources. The first is published and unpublished papers, theses and books, originating in South Africa, that have translation into Black African languages as a part of their methodology. This material cannot be considered exhaustive; it will be selectively reviewed with a view to addressing the central concerns of the present study. The second and main thrust of the thesis is the data gathered in the course of

interviews with local researchers who had used translation into Black African languages in their research.

### **Interviews**

In 1989 letters were written to the Psychology Departments in all the universities in South Africa inquiring about any research employing the translation of questionnaires into African languages (See Appendix I). Candidates for inclusion in the study were identified in this way. Others were identified through hearsay and knowledge of publications and unpublished research employing translation. All candidates were contacted telephonically for interviews, to be conducted in the course of a two-week trip around all the major centres of South Africa. Two identified researchers working with translation were not interviewed as they were not available.

A semi-structured interview format was designed to elicit information in the areas identified as potentially significant on the basis of my own experience and a review of the relevant literature. The interview format is appended as Appendix II. Its main features can be summarised as follows: details of what instruments were translated; what method of translation was followed; how successful translation was evaluated; and how social aspects of the contact between parties was negotiated. Rogler (1989, p.297) writes:

The highly structured character of our professional publications does not encourage reporting of the repetitious trials and errors, the confusing interactions, the hard-earned increments of progress that occur in the efforts to sensitize research to the culture of the study group.

Further, that these efforts lie only "in the unpublished field notes or in the researcher's memory" (p.297). In order to facilitate gaining access to this type of data in interviews, I related some of my own experiences of negotiating social and conceptual issues with translators to the participants. This generated discussion about the interpretation I had placed on my experiences and the interpretations participants had of their experiences.

Most interviews were audiotaped and transcribed. In two instances participants declined to be audiotaped and written notes were taken during and after these interviews. An additional interview with three participants was not audiotaped due to inadequate facilities and written notes were taken here as well. This yielded ten audiotaped interviews and three with handwritten notes. Two of the audiotaped interviews were excluded from the analysis: one because the person concerned had begun to translate an instrument himself but had not completed it; another because the person had translated into Afrikaans. The interviewees'

exact words, as transcribed, are used in the extracts presented here. The full transcripts and written notes of the interviews are lodged with my supervisor.

In the interests of confidentiality the names of individual participants will not be provided here. The following is a list of the main centres in which interviews were conducted: Johannesburg; Pretoria; Cape Town; Durban/Pietermaritzburg; Port Elizabeth. Xhosa and Zulu were predominantly involved but South Sotho and Tswana were also represented. Extracts from the interviews are labelled with a letter from A to K to consistently identify the statements of interviewees. The letter used for each follows the same convention as present in Table 1 on p.38.

I have selected two main areas of focus in my interpretation of the data yielded in the interviews and archival research.

1. The question of translation quality evaluation.
2. The form that the process of translation takes.

There are, no doubt, many other potential research questions that would bear fruitful investigation. Due to limitations of space not all of these can be presented here; some will be addressed elsewhere, later.

It must be emphasised that the analysis presented here is interpretive and that there are manifold ways of construing the data. However, the focus chosen is an attempt to collapse a vast amount of material into a coherent and systematised structure. It is hoped that this will provide insights into a limited but nonetheless significant number of issues raised in the literature review of translation theory and practice, both in South Africa and elsewhere.

## CHAPTER THREE

### THE EVALUATION OF TRANSLATIONS

For the sake of clarity in the discussion, it is necessary to distinguish between two contexts towards which the translations under study may have been oriented.

- Type 1. Self-report format. Here the subject of the research is literate and can respond to written questions in a "pencil and paper" format.
- Type 2. Interview format. The subject may or may not be literate but is asked specific written questions by an interpreter under the supervision and direction of a researcher. The interview may also be conducted by a researcher fluent in the language of the patient.

The data gathered from researchers using Type 1 translations will be presented first and is drawn from six interviews. The extracts of discourse on Type 2 translations are based on four interviews with five researchers, working primarily in the area of cross-cultural psychiatric assessment, but also in psychological assessment.

#### TYPE 1 INSTRUMENTS

At the most basic level it is necessary to comment on the absence of any form of check on translation quality. Hui & Triandis (1985) have commented that "crude translation" is still widely used, but this does not appear to be the case here. The majority of researchers are sensitised to the need for a subtle approach to the problem of language in this type of cross-cultural research. One researcher, who is a native speaker of the language he was translating into, translated by himself, without reference to another opinion. Another English-speaking researcher asked only one person to translate, and asked the translator to find someone else to informally assist with checking the translation. Others using Type 1 translations all used some form of back-translation and further consultation with translators. In one instance only this involved a small group discussion.

One interviewee had mailed questionnaires to subjects (Xhosa, Zulu, Tswana, and South Sotho, professional women) working in the helping professions. However, a translation into only one Black African language was provided with the English questionnaire. A number of practical limitations impacted on the design of this research but there are perhaps two main reasons why the Black African language translation received little attention: subjects were all known to be familiar with English; that so many language groups were represented trivialised

the importance of one rigorous Black African language translation. Important though, is the fact that the research also involved sending out Afrikaans questionnaires. The care taken over the Afrikaans translation stands in stark contrast to the Black African language version.

Another researcher reported translating a semantic differential on which the same word was used on two different polarities in the Black Africa language version. This was justified in the interview in the following way:

I also consulted with the academics about that and they were (words inaudible) and we decided just to stick with the repetition of the two, which they assured me would be distinct when linked to the other word. And I didn't experience any difficulty when testing the subjects, they didn't get confused. [So when you tried it out you didn't have to go back and modify the translation?] No, it was actually very straight-forward, the translation (E).

The impression that this apparent difference in the translation was trivial was carried through to the written document on the research, where it is not reported. This research is another illustration of the tendency in research using translation to provide the English version as an additional reference point.

Another subject's respondents did not use the Black African language version of the questionnaire provided and used the English one instead. He explained that the subjects of his research thought that it was "infra-dig" to respond in the African language questionnaire, meaning that it was socially more important to use the English one.

Although not part of the group of interviewed researchers, a study by Aarons (1990) is of relevance here. This researcher reports using back-translation to produce Afrikaans and Xhosa versions of a racial attitude questionnaire for children. No details of this process are indicated, but a superficial examination of the Xhosa translation suggests that aspects of the adaptation are problematic. For instance, the names of the children in pictures, representing black and white children, are all English and only two of the three groups in the study are represented in the pictures.

### **Decentering**

Significantly, no researchers interviewed referred to decentering in relation to Black African language instruments. In a number of instances changes were made to the target language questionnaire but these did not result in changes to the English version. It may be the case that the researchers in question did not change the English version because English speakers were not included in their subject sample. Alternatively, if they did make explicit comparisons, changes to the source on the basis of changes to the target, to produce content

or experiential equivalence may have been inappropriate. However, there is a need to re-evaluate the psychometric properties of a target translation changed in this way.

In a study that did refer to decentering, Msengana (1983) and Tollman & Msengana (1990) report the translation and use of the Luria Neuropsychological Investigation (LNI) into Xhosa. Msengana (1983) provides a welcome and detailed comparison of the initial inappropriate translations of the LNI, and then reports on the changes made to the Zulu version, and the rationale behind them. She refers to the changes to the Zulu LNI as decentering, which seems to confound the concept with more superficial changes to achieve semantic and experiential equivalence.

### **Bilingual techniques**

There were no instances of researchers using any of the recommended bilingual techniques in my sample. Hawke (1986), however, used back-translation for Afrikaans and Xhosa translations of a student activity questionnaire. This researcher does not report on the features of the translation except to supply correlation coefficients obtained from bilinguals taking the two versions of the questionnaire. These coefficients range from  $r = 0.83$  to  $r = 0.68$  and are found to be significant at the 0.05 level of significance. On the basis of this it was concluded that "the English version of the test was equivalent to both the Xhosa and Afrikaans translations" (p.88). However, a correlation of 0.68 accounts for less than 40% of the variance between the scales. The absence of norms referred to in the review of translation techniques is sorely felt in this instance. The English version was supplied along with the Xhosa version when the scale was administered to university students registered at an English/Afrikaans medium university. The implication seems to be that it was unnecessary to examine a translation any more closely than the statistical correlation of 0.68 because the subjects were bilingual university students who would have no real cause to employ a Xhosa version of a questionnaire if the English version is appended.

### **SUMMARY**

On the whole, researchers seem sensitised to the need to use techniques such as back-translation in producing African language questionnaires. However, this process appears to be a touchstone in producing a translation rather than a means to evaluate the semantic relationships between versions of a questionnaire. The quality of the translations was often rendered a non-issue by proving largely irrelevant to the study's subjects. This may indicate a need to do more meaningful pre-study investigations of the target population before assuming that they need or will appreciate a translation.

In addition, the above examples suggest an under-current in psychological research of attempts to translate instruments into Black African languages as a form of tokenism. This allows research to be more readily construed as cross-cultural and this grants it a certain capital in the arena of empirical research. Cicourel (1986) and Rogler (1989) have pointed out that translating psychological instruments does not allow avoidance of the problem of the ecological validity of the research. What the examples provided above suggest, however, is that token translations may contribute towards preventing a whole range of questions around validity from arising at all.

## **TYPE 2 INSTRUMENTS**

Researchers employing Type 2 format questionnaires unanimously found that back-translation alone was never enough to ensure comprehensibility in the context of an interview. However, the empirical approaches to translation reviewed in the preceding section indicate that if a triangulation of methods is employed then one will produce a questionnaire that overcomes the "obstacle" of language and captures the required "objective" translation sought by the researcher. Assessing the validity of this claim is a difficult matter, as is illustrated in the following section.

### **Difficulties in the nature of the spoken language**

Researchers articulated that the languages they were translating into created difficulties with meeting the requirements of fixity and rigidity in questionnaire formats. Individual words and phrases depend to a great extent on situational cues in order to be disambiguated.

[That's how they told me they differentiate between the worried part and the depressed, it depends on the tonal inflection, sometimes.]. And the context, also the context is important (A).

They'll (translators) often say 'Ja'. There's never 'Yes, absolutely'. They very rarely say that. They say 'Ja, it depends on how you express it also, the emphasis' (B).

Something like .... 'worry' in their language may be the same word and depending on how its used it takes on a different meaning. I think there are less words, there is less but when they're used in different ways they take on different meanings (D).

Underlying these remarks is an emphasis on what, in Austin's (1965) speech act terms, is the illocutionary and perlocutionary force of statements. The speech act distinctions of course apply to English as well. However, the researchers seem to be suggesting that their experience with translating questionnaires into African languages is that the written structure of these formats under-represents a tacit but prominent component of these languages. This appears to militate against the programmatic use of questionnaires in cross-cultural research

in South Africa - a comment that has been made before about questionnaire research in Africa in general (Lent, 1985). Cicourel (1986) has observed that "we need to know ... the way that different speech acts can cause different internal states and reactions in respondents, reactions that may or may not be consistent with the intended semantic conceptions employed [by the researcher]" (p.263). It also underscores the criticism of translation procedures that do not adequately account for the role of context in inter-cultural communication of this sort (Littlewood, 1990). However, the use of the notion of "context" is itself under-elaborated in this formulation and will now be expanded.

### **Heterogeneity of language use**

In addition to the problem of how individual languages are employed in any given communication, there is the problem of amalgams of different languages that may be in use. This was raised particularly by people working in the Pretoria-Witwatersrand area. One group found that children may speak an amalgam of as many as three languages. This they termed "kids-speak". The problem is compounded when the children may have different written languages to spoken ones, because of being partially schooled in one of the current official languages of the country. An example they gave was of a South Sotho-speaking child who may know colours in writing in either English or Afrikaans. Controversial efforts to harmonise and standardise language use will further complicate the linguistic picture (Alexander, 1991). It can be anticipated that subjects will continue to be found to have assimilated a language in differing degrees, and that socio-political factors come into play around the adoption of "official" languages and dialects (Fairclough, 1989; Kramarae et al., 1984; Language Projects' Review, 1991). Swartz et al. (1985) and Swartz (1989) have commented on the problematic assumption in psychiatric research of the homogeneity of a culture in South Africa, as have Turnbull & Bagus (1991) in the area of neuropsychological assessment. For the purposes of empirically-oriented clinical research and practice, multiple levels of cultural and linguistic diversity may continue to dog efforts at standardising and generalising from specific translations.

## **RESEARCHERS' EXPERIENCES WITH INTERPRETERS**

### **The imperative to translate**

In the preceding review reference has been made to the importance of prescribed formats, the role of translator as "channel", and the imperative to reduce interpreter bias. As an attempt to satisfy these requirements of research and assessment, researchers "standardise" the wording of questions and probes. One researcher expressed this as follows:

That's why you translate an instrument. Because there are problems in everyday translation. And the problems in everyday translation are that the translator, his attitude towards the clinician may affect the interview ... And the, for example ... And then there is the interpreter's attitude towards the patient. For example ... The last thing is the psychological and psychiatric sophistication of the interpreter. ... And then, of course, there is the cultural interpretation in use here which can really cause chaos, and then the reality things (C).

And another stressed the specificity of the instrument's wording:

They are specific. A document like the [instrument] is, has got very specific, you must put it in the words that, of the document (B).

These statements may be interpreted as the psychiatric and psychological imperative to control the terms of interviews through specifying how questions may be put and how illness experiences are to be conceptualised. The ideological functioning of this type of constraint on the medical encounter (Young, 1981; Kuipers, 1989) has also been shown to have clinical ramifications (Daniels, 1986; Good, Good & Fisher, 1988; Levett, 1989, 1992). What begins to emerge from these statements is the way that translation may be employed to support these practices. However, the mechanisms of power at work in these settings is misrepresented if seen as unidimensional or mono-directional in the senses articulated in a preceding section. The following section will deal with the types of problems encountered in attempting to maintain the hegemony of the ideas expressed here.

### **The unique nature of interview contexts**

Researchers interviewed found that they were constantly needing to modify the questions produced in the translation process in the context of an interview, or "face to face" modifying. One subject observed that a translation refined many times at the back-translation stage of the process often had to be altered by interpreters in the context of an interview.

Now, having got a translation, you're still in trouble, a good translation when it comes to values, attitudes, subjective feelings, opinions, traditional ways of thought, etc. ... And also, in spite of the fact that a translation has been gone over so thoroughly and reduced and reduced and changed in order to make the meaning absolutely clear, in many, many instances the interpreters have found that they can't actually use that. .... I know that ours is really as good as you can possible get it, and yet the [interpreters] often don't use it (B).

An implication is that the semantic equivalence of two questions on paper does not address the issue of how the context that a patient or subject brings with her will impact on the meanings generated in an interaction.

Two researchers interviewed were attempting to standardise and validate the translated instruments. They both wrote down the "new" probes that they employed and back-translated

these at a later point. One expressed this as the need for clinical research using translation to be "a very organic process [and] not that scientific".

Two other groups of researchers working in clinical settings found they had to make continuous changes to their questionnaires. One group had stopped having their formats typed because they changed so often that it was more efficient to write questions and probes in pencil. They expressed this as follows:

In fact, I think that every person that we have seen had added one or two new words every time they've seen our translation, ... (D).

Another subject observed:

So there were those kinds of issues in face to face translation. We would have to kind of keep modifying the way you would phrase things, and it would get modified back. So one was never quite sure if that was accurate. .... So there was often a throwing back and forth of descriptions and concepts, in order to arrive at a consensus (A).

### **The problem of exclusion**

The problem of being excluded by interpreters in a research interview context recurred in subjects comments:

Well, often what would happen, there would be like a 10 minute process going on over there. You've asked the person "do you drink?" and you want a yes/no answer and 15 minutes later the translator comes back to you and says "yes", and you kind of (laughter) (A).

Another expressed an almost identical experience:

They have to have a long conversation. Its not a question of "do you think that older people have lost status?". Its a long discussion. And in the end she turns round to you, the interpreter, and says "yes", and its gone on for 15 minutes (B).

This happens in spite of specifying the use of the written translation and highlights a number of problems that may too easily be ignored. Swartz (1989) has shown how interpreters simultaneously reproduce and subvert the power relations that form part of interviewing in ward rounds. In the context of using a translated instrument in research, interpreters appear to resist the clinician's control of the interview that the instrument suggests by conducting lengthy discussions that are not reinterpreted to the interviewer. However, by providing the monosyllabic reply, this resistance remains tacit. These dynamics function on numerous levels, but carry two particular implications for the business of using translations. Firstly, they demonstrate how the use of a translation may fail at standardising the communication process of the interview. Secondly, the researcher's neglect of the implications of the detailed

negotiations between the subject and interpreter required to mediate the question or probe, serves to maintain confidence in the efficacy of the translation.

### **"Minding the gap": The transformative function of the interpreter**

There is always a hiatus between the discourse of the doctor or psychologist, "the voice of medicine", and that of the patient, "the voice of the lifeworld" (Mischler, 1984 in Marshall, 1988). This gap is particularly complex in the context of a cross-cultural communication and it falls to the interpreter to negotiate between frameworks. The following extracts of discourse, highlighting the role of the interpreter, are all drawn from the same researcher.

Now the interpreter has got two jobs. The interpreter has got to make sure that your respondent understands what you're actually looking for. The other job is to make the psychiatrist or the psychologist or whoever is doing the inquiry understand. So its a two stage process. It is not just a direct shift from one to the other./ ... So the interpreter must have a foot in the patient's world, must be part of it, or be very familiar with it. And must understand, in our case, the psychologist's or psychiatrist's world./ ... But more importantly, they must know the way that I think, what I think, grasp. So the translation is not all that important, its actually being aware of two individuals and making them known to each other./ ... Not only psychiatric nurses but some of our best interpreters are just ordinary Std. 6 women. But they do understand the way that I think, and what my problem is in understanding ... (B).

The awareness, articulated in this extract, of the complexity of the negotiations conducted in a clinical or research interview are a far cry from the technician application of a formulaic expressions in a rigid translation. Again, there are two levels at which the NCCP could address the view elaborated in this extract. Firstly, the process of decoding the subject's complaints into the symptoms of the biomedical nosology is foregrounded (Good & Good, 1981). Secondly, that the technician use of translation obscures the assumptions and hidden agendas of this process (Gilbert, 1987). It has been shown that the empirical use of research questionnaires requires exactitude in how they are administered. The transformative role of interpreters, which remains tacit for a range of reasons, has also been illustrated. The tension between these two discourses will be explored in what follows.

### **"A tricky business": Juggling contradictory discourses**

One of the researchers in this study expressed the difficulty like this:

They are specific. A document like the [instrument] is, has got very specific, you must put it in the words that, of the document. You can't, but you can't use the words of the document in some cases (B).

So the important thing is a long discussion, I mean I've sat in huts in [a township], bored stiff, while the two of them are talking, talking, talking. In the end the interpreter gives it to me, she gives it to me in terms that I can understand. That's why

I say that the interpreter is the important thing. But she must have a format, she must have a ... And you see its very tricky (B).

The above quote captures the dilemma of the researcher straddled between contradictory demands. The discourses of psychiatric enquiry, inscribed in the questionnaire format, require the researcher to believe that they are sufficient in themselves to capture the information they require in the form they require it. However, this researcher's experience has shown that this is often not the case and the knowledge of this disjunction between biomedical discourse and the subject's discourse(s) is denied or relegated to a different category of significance.

Occasionally, the researcher may be able to tolerate the ambiguity and tension between the discourses.

I always rested on that uneasiness. I mean even the [instrument], there was a degree of uneasiness, because when I look at it I don't understand it, and I don't know if its saying what I want it to be saying, or what we expect it to say (A).

Under different circumstances a researcher may choose to emphasise the unambiguous success of the translation itself in eliciting the information in a form amenable to biomedical interpretation:

No, no. We did translation separate. When we were happy with the instrument we had to say whether it works in the population group. Understand? [Yes] You may have a good translation which doesn't work for some unknown reason. [And did you find that you did have to go back to your translation after having done it?] No, it worked (C).

But you know, having said all this, I'm quite happy that even the most complicated enquiries amongst non-literate people, speaking different languages with very poor education, that we got what we were looking for (B).

From the point of view of the NCCP the claim to have "got what we were looking for" may say more about the tautological nature of universalist psychiatric research (Kleinman, 1977) than it does about significant research findings. From the point of view of the present discussion, however, the question of what "worked" is not adequately addressed. From the examples of negotiations, discussions and unusable items, it is not clear that the translation was what "worked". It seems that creative interventions of skilled psychiatric interpreters accommodate the subject's frame of reference to the requirements of the instrument.

### **"Describing the gap": Is translation interpretation?**

For the purposes of analysing the data from interviews it seemed appropriate to employ the definitions outlined in the literature review to distinguish between researchers' experiences

with translation and their experiences with interpretation. There was, however, difficulty in separating the information derived from the semi-structured interviews into these categories. The reason for this is illustrated in the following extracts:

Translation is not translation, its interpretation (A).

Another researcher expressed this as:

Translation is the lesser of the two, forms part of interpretation, ... its not a matter of translation only, its a matter of knowing who you're going to put the question to and what their understanding or their capacity is (B).

From this it can be seen that researchers in the field speak about translation and interpretation in much the same way. In other words, obtaining a written translation is not necessarily a completely different activity to interpreting, and the two very often go together and reflect each other. Significantly, it is the interpretation that is given pride of place as the most important component. However, in the research context outlined above, the resonance between the two results in an important conceptual confusion.

The apparently simple and sometimes obvious eliding of translation by interpretation obscures a significant difference between them. This difference is hinted at in the last quotation. The confusing experiences of researchers described above appear to be that in order to produce a translation a process of interpretation is undertaken in which a translator or interpreter interprets an English question and mediates it to a listener, the patient, the subject, or the "ideal reader". However, then this interpretation is written down as a translation, the interpretive process that was necessary to make meaning between the two, in that particular context, is not inscribed in the translation. It is commonly recognised in hermeneutics that writing is not speech inscribed, "the relationship between reading and writing is no longer a particular case of the relation between speaking and reading" (Ricoeur, 1981, p.139). The translation is the product of the interpretive context of the activity of producing the questionnaire. But the end product, the sentence, is not the equivalent of the interpretive activity of the interpreter. This has led House (1986, p.181), in a different context, to make the observation that:

... single-source written discourse is, in fact, in a sense more complex than multiple-source spoken discourse (from which it is derived) because real-time constraints and real-time interaction are absent and the interaction has to be reconstructed in an imaginary inferencing or interpretative process. The reconstituted interaction will yield more imprecise meanings than will be the case in oral interaction as there will hardly, if ever, be the possibility of checking its "truth" in open exchanges of opinion and negotiation.

## **The "adequate" translation**

Some researchers emphasise interpreter skill in the use of a translation. However, there is a contrary sentiment that seeks to free clinical and psychiatric assessment of the burden of interpreter incompetence. It would be a mistake to believe that a successful cross-cultural and cross-lingual interaction with an interpreter and a translated instrument is evidence that the translation can be employed as a substitute for skillful interpretation. Reference was made earlier to the existence of non-equivalent linguistic forms, the role of context in disambiguating words in order to constitute a unit of meaning-in-context, and the problem of untranslatable paralinguistic cues. There is a certain sense in which none of these three features are able to be incorporated into a translation. This seriously demarcates the bounds of "adequacy" in translation and foregrounds that the task of making meaning in these situations is one that falls to the interpreter.

A second facet concerns the instances of interpreters being unable to use certain items in particular contexts and instances of exclusion by interpreters. If experiences such as these are problematised as "failures" of communication the "adequacy" of a translation - in a particular context - may be evaluated differently. While it may be pragmatic to brush over such difficulties, this may result in losing valuable, albeit uncomfortable, data.

However, the problem of what constitutes data does not merely exist at a level of methodology. This resonates with the ideological function of discursive practices raised earlier. The examples provided show an investment in obscuring that the patient is constructed by the interview or questionnaire (Swartz, 1989). Emphatic statements about the "adequacy" of a translation and the implications that follow from it are prominent in the literature:

The experiential events of psychiatric disturbance as defined by the P.S.E. exist in Xhosa-speaking patients and it is a valid instrument (Gillis et al., 1982, p.143);

The psychopathological items of the P.S.E. and SCID apply to Zulu-speaking patients and the instruments are valid in this setting (Bunting & Wessels, 1991, p.96).

Clearly, the apparent success of empirical translation serves to perpetuate the universal applicability of the biomedical formulation of illness, which in turn supports, indeed requires, the continued confidence in the empirical model of translation development and use.

In the following section practical aspects of the production of type 1 and type 2 translations will be investigated.

## CHAPTER FOUR

### PROCESS AND EXPERTISE IN TRANSLATION

This chapter will identify the features of common methodological strategies employed by researchers interviewed in this study. An interpretation of these strategies will be attempted. The role of culture and issues around authority will be outlined in relation to the material and the practice of translating.

#### THE METHODOLOGY OF TRANSLATION

Look, I think the first job is really to get some educated person to do it into [Black African language] and then to get someone else, a practical sort of person, social worker, teacher maybe. And then to get another group together and sit down at a table. We had our community nurse, who's in touch with one of our interpreters. The maid in the kitchen if necessary. And say: "Well, this is what she says, do you think that this [Black African language] phrase actually means this? Would you put it a different way?" (B).

It was statements made by the researchers interviewed such as this that suggested an entry into understanding the underlying structure of the process of translation. Based on these statements and for the purposes of interpreting the data I have divided the people who are enlisted to do translation work for researchers into two general categories, "academics" and "lay translators". Each has a further two sub-categories. "Academics" comprise members of staff in African Languages Departments of universities and also students in these departments. "Lay translators" represents psychologists, psychiatric nurses, social workers, teachers, university graduates and members of the general public. Table 1 (overleaf) shows which of these resources was used by researchers and the sequence that they were used in.

From the above, two features emerge immediately. One, the majority of subjects are using at least two sources of translation resources and skills, i.e. 7 of 11. Four others used one of either academics, a member of the general public, only psychiatric nurses, or translated without other assistance. Second, academics and lay translators are as likely to be employed first as they are to be employed second in producing a translation; there does not appear to be any pattern to the order or sequence of using this list of resources. However, individual subjects expressed, directly or indirectly, rationales and preferences for who they find most helpful and for what purposes. These rationales and preferences suggest an underlying pattern that may provide insights into the significance of the discursive practice of producing a translation.

**Table 1:**  
**Types of translators used by researchers**

	Academics		Lay Translators		
	African Language Dept.	Students	Psych. Nurses	Psychologists	Miscellaneous
A					Only
B	1st		2nd		
C			Only		
D		1st	2nd		
E	2nd				1st
F	Only				
G	2nd				1st
H	1st		2nd		
I	2nd			1st/ Self	
J	1st				2nd
K				Self/ Only	
Tot	7	1	4	2	4

1st = First category of translator used.

2nd = Second category of translator used.

Only = Only category of translator used.

Self = Translation done by researcher.

It would appear that employees of African Language Departments at universities or students in these departments are enlisted<sup>1</sup> to provide a "pure" form of translation or language. This may occur as a first step in the process or as a final step in "tidying up the translation". Secondly, a range of "lay translators" are employed to provide an additional effort at producing a translation. The perceived difference between what these two groups have to offer will be elaborated on in what follows.

## **THE SITES OF TRANSLATION**

### **Benefits of academics**

Many researchers used "academic" translators to provide a "purist" reading of a translation of an instrument or questionnaire. The academics formalised their translations from a linguistic point of view by "checking the grammar" and so forth. Academics were also asked to compare a translation and a back-translation, either done by someone from the other group of translators or by another academic.

### **Problems with academic translators**

One researcher observed that "academics" are not helpful when translating for psychiatric work because they do not translate into "the vernacular". This researcher reported that linguistically correct translations are of little use to them in the clinical context:

[With respect to translators in an African Language Department] They're too educated. Look, I'm not saying some of those people don't speak and teach [Black African language], not only fluently but perfectly and so on. But first of all they are not psychiatrists and psychologists, and for my purposes I need someone who knows me. I don't need a translation, I need someone who understands me, who can tell me that [the subject] actually said such and such. But who understands the way I think (B).

This extract recalls aspects of the previous discussion of the difference between translation and interpretation. Again, it is suggested that a translation is what will be provided by an academic, decontextualised reading of the instrument, and that this does not substitute for a contextual interpretation.

Another group of researchers took video-taped interviews to a group of academics in an African Language Department but became disillusioned with the work when they found that the "translators" were "proofreading" the interviews. This involved changing respondents'

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1 The question of whether translators are "employed" and paid or else contracted on a "favour" basis was explored in the interviews but will not be addressed here due to limitations of space.

speech to correct grammatical errors and "other mistakes". These researchers also preferred translators who were more familiar with dialects in use in the area.

### **Experiences with "lay translators"**

Researchers stressed the need for translators to be more familiar with the type of language of the subjects anticipated to be in their research:

a practical sort of person, social worker, teacher maybe./ ... the maid in the kitchen if necessary (B).

Another researcher spoke of a clinic sister as:

a pragmatic speaker, ... who can operationalise the English (H).

Researchers indicated how important it is that translators are competent in the two roles that they are expected to fulfill simultaneously. Pragmatic translators are expected to represent the "life-world" of the subjects of research and also understand the psychological or psychiatric framework that will be used to interpret the subjects' responses.

So the interpreter must have a foot in the patient's world, must be part of it, or be very, very familiar with it. And must understand, in our case, the psychologist's and psychiatrist's world (B).

If you're dealing with someone who's got a bit of a background in Psychology, who can see where the problem lies, who's not just dismissing it as all this highfalutin waffle (G).

### **A division of labour**

What the above indicates about the process of translation is a very clear division of labour. It appears that the process of creating a translation is construed to have two major components: the formal linguistic part done by academics; and the component that "practical people" do, the situated part, in which they apply their knowledge of the demands of a particular context to adapting a translation. This dividing of the work of translation has a certain commonsense appeal. It acknowledges and draws on people's varied expertise and skills, and is intended to combine them to their best effect. However, the unproblematic dichotomising of the types of knowledge necessary for translation can also be seen to reproduce the artificial division of language introduced on p.18 into "social" and "non-social" components. Further problematic aspects of this process are best illustrated through researchers' comments on psychiatric nurses as translators and interpreters. Before turning to these comments, however, it is necessary to outline important features of the relevant literature.

## CULTURAL EXPERTS AND THE DISCOURSE OF CULTURE

Theoretical papers and studies aimed at producing thorough translations of Western-based instruments (Bravo et al., 1991; Flaherty et al., 1988) or even unique context-specific instruments (Kinsie et al., 1982) recommend the use of "cultural experts" and describe these as members of the medical team or members of a "bilingual committee of behavioural researchers" (Bravo et al., 1991). The scarcity of people in South Africa who are both members of the group under study and qualified psychologically or psychiatrically appears to be prohibitive of employing them as a general rule (Swartz, 1989).

It has long been acknowledged (Brislin, 1976) that the *interpreter* has a degree of role overload in having to represent two or more parties to one another. However, it has only recently been acknowledged that translators as translators may also be expected to simultaneously represent the biomedical "culture" and the culture of the Black or the language group for whom the translation is intended (Drennan et al., 1991). It was also pointed out in this article that this dual task is fraught with conflict as it requires translators to position themselves in relation to the discourses of the two cultures and that this involves personal definition and identification. Drennan et al. (1991) found that clinically qualified bilinguals may make different claims to competence depending on how one construes the "true world" of the Xhosa-speaker. The Black Xhosa-speaker referred to in this study claimed to know and understand the subjective experience of being a member of this group, while the white person emphasised her knowledge of the culture and language of rural Xhosa people. Both these positions invoke facets of the South African cross-cultural psychiatric discourse on the nature of culture. Important for the purposes of this study is the question of how researchers position the translator in relation to the discourses of culture that are currently in use.

### **The construction of "culture"**

I will briefly outline the problems identified with the particular form in which "culture" has been depicted in psychiatric research in South Africa. Swartz & Foster (1984) have demonstrated the widespread acceptance in South Africa of a romanticist view of "Black" culture as being an "essence" and a "different world". Psychiatric research appears to rely on standard texts on African culture which has unfortunately led to the development of a "reified and paradoxically decontextualised interpretation of the 'African world view'" (Swartz, 1986, p.276). Implicit in this is the tendency to homogenise "Black" culture, not only within language groups, but also across languages and even nations (Swartz, 1985a).

Swartz (1989) has shown that universalist approaches to psychiatry construct their objects through the specificity of their cultural discourse, and in South Africa one of the dominant discourses in cross-cultural research has been the "discourse of otherness" (p.95). This discourse has served a dual function of separating the rationality and power of psychiatry from the "traditional African world view", and at the same time showing how psychiatry can penetrate and incorporate the mystical world of African culture. Furthermore, the "construction of culture" in South African psychiatry has retained some of the racist overtones inherited from larger social processes, and as such remains a source of conflict in the everyday practice of psychiatry and a site for the exercising of strategies of power and resistance (Swartz, 1991). Much of this work addresses the meta-analytical question of "what culture does", rather than "what culture is" (Thornton, 1988), a thrust which is of relevance here.

### **Psychiatric nurses and contradictory qualifications**

It was argued in preceding sections that translations are often tokenist in relation to the people they are intended for and that the real problems of a translation often only emerge when researchers attempt to use them with actual subjects. It is thus not surprising that the complexity of the discursive practices around translation emerge most clearly in relation to psychiatric nurses, who are both involved in the development and deployment of translations in interpretation contexts. Researchers and clinicians in this study, who employed psychiatric nurses, did not consistently construe the nurses as being able to fill either the role of "cultural expert" or that of "psychiatric expert" adequately.

### **A dilemma**

With reference to interpretation, one researcher felt that the nurses were not psychologised enough to interpret information in a psychiatrically sophisticated manner:

Often psychiatric nurses don't have that psychological basis and so they don't really put it across the way that you want it put across (A).

This may suggest that nurses are not qualified adequately as "biomedical cultural experts" to convey the psychiatric intent "behind" questions and probes.

Another researcher, who appeared to be quite satisfied with nurses in both the capacity of "cultural expert" and "psychiatric expert", also reported them to be "concrete". Interestingly, this researcher valued the attribute of being "concrete" as exactly what was required of someone who is going to help translate an instrument for "concrete" subjects.

Two other features of this researcher's point of view are of relevance here. Firstly, a particular group of black people are considered to live in a different world:

... its a different world in many ways. Certain words don't exist in [Black African language], certain feeling states are not recognised. In fact they are there, like depression, but they don't recognise what depression is (B).

Secondly, black people who are "too educated", the academics, are no longer able to fulfill the role of "cultural expert".

No, a whole group sat round if I remember, lecturers sat round, gave it their earnest consideration. Gave it to a Black man in the end. But it wasn't, it was just too educated. Its like you and me doing a translation (B).

This suggests that acquiring education results in an African person losing some of their culture. They are then construed as being less able to represent Black people in the process of translating, by virtue of no longer living in the world of "Black people", and are in fact closer to being like "you and me", two white people.

It is possible that the "academics" employed in the research in question positioned themselves in a "similarities discourse" and resisted the implication of difference and "otherness" (Kottler, 1990). This is at odds with how the Black people that the study is intended for are viewed by the researchers, and so the positioning of the academics is incorporated into the discourse of differences as an anomaly of what happens when a Black person is educated. They become different to Black people who remain "other". Otherness is equated with the "concreteness" of psychiatric nurses which is valued, along with their practical experience of mediating between psychiatry and "Black culture".

In contra-distinction to the previous examples, a different researcher found psychiatric nurses to be over-qualified in their knowledge of Western culture and under-qualified, by virtue of their Westernisation, to represent a particular African culture. This also entailed a certain exclusion from the linguistic terrain of the uneducated Black person.

On the subject of linguistic difficulties this researcher had the following to say:

I'm happy, the nurse is happy, we're both educated people from a different. It must suit the people, the people you're working on (C).

Through education and up-bringing nurses may also be "too far removed from their roots to really know the culture".

Culturally you may find, it doesn't mean because a person is Black they know about culture. Don't (word inaudible) a psychiatric nurse and think because this person was

raised this way, that is the culture. The majority of the people out there would most probably say something different, the patients you see (C).

The notion of what culture is, is tacit here, but it is clearly seen to reside in the "majority of people". Also that the childhood experiences of people who go on to become psychiatric nurses cannot be considered representative of "the people".

In the above sequence of extracts it is possible to see that central aspects of discourses of culture in cross-cultural psychiatry in South Africa are broadly reproduced. The culture(s) of Blacks is considered to be an "essence" that exists in Blacks, although in a somewhat fragile state. It is eroded by education, be that university training or a practical training in psychiatry. If the logic underlying this discourse is followed through, the category of psychiatrically qualified people is mutually exclusive of "cultural experts", and the question of who can represent "the people" in a psychiatric context becomes a vexed one.

### Current solutions

It seems that the researchers interviewed arrived at two "solutions" to the problems of deciding who speaks with authority on questions of culture.

Firstly, one of the researchers turned to a standard text on "Black culture".

Well, I still think the basis of cultural, of culture in South Africa is Harriet Ngubane's book, [*Mind and Body in Zulu Medicine*], and the beauty of the [Black African language group] is they're very similar to the [Black African language group], and so you got no trouble, you can apply exactly what she's written into the, you know, the things there (C).

A second, complementary strategy follows from the logic of the development described above. The person that can best represent the culture of patients and subjects are the patients themselves.

Where there was disagreement, real disagreement; I didn't agree with the nurses, the whole English thing was upside-down. The one nurse says to the other nurse "You translated wrong!". Then we went to the patients and asked the patient, you know, our final thing (C).

Resorting to a selection of patients in a hospital as the final authority on questions in a translated research instrument that has a bearing on cultural issues, can only further mystify the notion of what is culturally valid.

An additional strategy found among the researchers interviewed when confronted by apparently insoluble questions of linguistic and cultural appropriateness, was to opt for pragmatism.

Now we have a psychiatrist working here who is completely fluent in [Black African language]/ ... Now, [the psychiatrist] sat with [us] afterwards. Now, [the psychiatrist] is not only completely fluent, she's written a dictionary/ ... Didn't agree with a lot that was said. But in the end we took out our Std. 8 girls, our [Black African language] women, and let them work with it. So its, its problematic (B).

In this case, the input of someone linguistically and psychiatrically "expert", was excluded. The reasons for this are not clear from the data of this study and unfortunately were not pursued by the author at the time. However, the situation described above arose in the context of a "committee approach" to translation. It appears that an apparently insoluble problem of interpretation arose in relation to the construction of an instrument, and the imperative to "produce something that works" appears to have carried the day. Had the question of who may speak with authority on questions of culture and psychiatric assessment received greater clarification the matter may have been settled in a more satisfactory manner. The problems identified in the literature review with using a "committee" to resolve translation difficulties can be seen to be in operation in this situation. The basis for taking decisions and the logic of the decision-making process have been left unexplicated. This appears to result in a haphazard approach.

#### **CULTURE AND THE PRACTICALITIES OF EMPIRICISM**

I hope to have shown in the preceding discussion that the apparently commonsensical division of the labour in the production of a translation is an extremely convoluted and unsatisfactorily elaborated area of practice in cross-cultural research. Reproduced are problematic assumptions about who is closer to "the people"; who is alienated from their culture and why; and simplistic ideas about the form of a monolithic, "authentic" African culture. These research practices can also be seen to create a "ground of thought" that constructs "culture" in ways that may reinforce subtle forms of racism and alienation (see Swartz (1989) for a consideration of some of the ramifications of these views at the level of government). The slippery nature of "culture" in the context of clinical research work in South Africa is difficult to manage in the framework of empiricist research. In the preceding chapter it was demonstrated that the production of a "standardised and validated instrument" does not address the problem of the manifold contexts that arise in dealing with patients. However, discourses of culture that delimit how "culture" may be used and thought of, serve to facilitate the production of a single, translated and validated instrument for use in large cultural groupings.

The strategy of a "division of labour" may also be flawed at other levels to that of the apparently false premises on which culture is being constructed and reified. It may not be the

case that nurses, social workers and "the maid in the kitchen" have access to "culture" in a way that academics do not, and therefore serve as better translators. But rather, that the task of producing a translation, when assigned to academics, is constructed by the researcher as a linguistic one. Were the "academic" translators asked to include in their translation any factors they think relevant to the "cultural beliefs" of Xhosa or Zulu people, they would be in a position to decide for themselves how "qualified" they are to do this. If "academic" translators were also asked to bear in mind that the translation is for use in a wide range of psychiatric contexts, they may well decline the job altogether. It may be easier for psychiatric nurses, for example, to tacitly construe their task as being one of trying to gather, from their experience, a selection of the range of contexts for the translation to function in. I emphasise "selection" because the points made in the preceding chapter indicate that no matter how often the translation is revised or broadened, in clinical work in the South African context the range of potential contexts and ways of construing what is required by a question are not necessarily exhausted.

It has been common practice in research reports on studies involving translation since the time of Brislin (1970) to remark that "difficulties were resolved in committee". It is a far less common practice, however, to report what sorts of difficulties there were and what criteria were employed to resolve conflict. This interpretation of translation strategies in use in South Africa has shown that the decisions that allow the production of translations are potentially informed by problematic assumptions. These assumptions, whether they are to do with "culture", authority or pragmatism, are doubly problematic as long as they remain tacit.

## CONCLUSIONS AND RECOMMENDATIONS

On the basis of the data generated in this study it has been suggested that much of the opportunity for translation evaluation presented by back-translation and its auxiliary techniques is not fully utilised. Attention was drawn to conceptual and theoretical difficulties that are unresolved in the international literature on translation research as a whole. A lack of clarity on issues such as "meaning errors" and the under-elaboration of the concept of equivalence may hamper the proper investigation of translations. However, it seems that there is a general need to apply the recommendations made by Brislin and his colleagues as rigorously and thoughtfully as any other aspect of research design, such as a control group or randomisation, for results to be meaningful.

I am not aware of any South African translation research where a translated instrument was rejected for use. Taylor & Boeyens (1991) found a personality questionnaire to be culturally and conceptually inappropriate in its English form for a group of Zulu subjects. Negative findings such as these are as important for furthering knowledge on cross-cultural assessment as positive findings (Du Preez, 1989). Reports setting out the following details of translation development and use would be of great value to the community of researchers involved in cross-cultural work: the process of translation undertaken; the types of difficulties encountered in relation to non-overlapping semantic domains; the decision-making process in relation to particular difficulties and the decision to use the instrument as a whole; and, finally, any difficulties in use or anomalous responses.

Translated interview formats throw up additional issues. Firstly, there is a need to investigate the micro-events around the use of a translated instrument with specific subjects. This may involve specifying the the circumstances that surround "failures" in communication and what steps were taken to correct / clarify these "errors". It seems that current clinical psychiatric research in South Africa is being conducted in a fashion sophisticated enough to enter into a meaningful exploration of the issues raised by these investigations. However, it would involve flexibly introducing the wider debates in cross-cultural work. Research elsewhere, as reviewed here, has already begun to do this through modifying probes and developing new categories of inquiry. There is also a need to to build up a data-base of experience in the specific relationship that obtains between English and particular Black African languages. Descriptive ethnographies of this sort would establish areas of semantic and conceptual overlap, while clarifying idiosyncracies as far as possible.

Secondly, the functioning of interpreters and what they contribute to clinical interviews requires systematic micro-analysis. The prominence given to the analysis of power relations in this thesis is merely a beginning. This aspect demands greater consideration across the spectrum of cross-cultural studies, but also warrants further specific research.

A third and overarching difficulty lies in common ideas about culture. Unexamined assumptions about subjects and interpreters, and their positions vis-a-vis reified conceptions of African culture, may inform each stage of research with translation (i.e. development, use and the interpretation of responses and results). This is an enormously under-researched area which requires self-consciousness and reflexivity in how categories and concepts are assumed and applied.

The contention of researchers in this study that a translation of an interview format may pass through and satisfy all the initial stages of linguistic assessment, but only be seen to be deficient or inappropriate while in use with interactive subjects, casts a shadow in the direction of self-report questionnaires. These do not readily admit of problems in interpretation and functioning once subjects are responding to them (Cicourel, 1986; Lent, 1985; Young, 1980, 1981) and may therefore be insensitive to failures of communication. While the education level required of subjects in order to be able to answer self-report questionnaires may off-set this difficulty, it is an area requiring further research (Kinsie & Manson, 1987).

It is hoped that the literature review and the presentation and interpretation of the data will assist researchers to improve their translation practices. I shall not attempt to provide a precis of these points. An overriding impression of translation efforts has been that the demands of each instrument and the contexts of their use are so varied that generalisations beyond those already present in the literature will not be helpful. Important in this regard is the possibility that a "roadmap" to more efficient translation may exacerbate the situation of social inequalities that have already been shown to be present in the context of translation and interpretation. Gergen & Gergen (1989), Levett (1992) and Swartz (1989) have emphasised the need for reflexivity in psychology and this must be emphasised here. While this study has focussed on aspects of translation into Black African languages, many of the points raised may apply to translation into Afrikaans.

Finally, following Rommetveit (1983), it is necessary for psychologists and psychiatrists interested in working with translation to widen the investigative lens to include a wide range of disciplines. This study attempted to employ insights mainly from the area of discourse

studies to inform the understanding brought to the material, while touching on others. Useful contributions on translation can be found in philosophy (Feleppa, 1981, 1982, 1985; Jennings, 1988), linguistics (Derrida, 1985; House & Shoshana, 1986), anthropology (Beeman, 1985; Browner, Ortez de Montellano & Rubel, 1988; Lutz, 1985), comparative studies / translation studies (Meintjes, 1991, Bassnett & Lefevere, 1990), among others. The study of translation in cross-cultural psychological and psychiatric research is wider than a consideration of the semantic equivalence of words, or the conceptual equivalence of sentences. As Lefevere & Bassnett (1990) have noted, the unit of analysis in translation studies is ultimately the entire culture of the text.

This is only a beginning. Through sampling a limited range of translation experiences and analysing them at second hand, I hope to have shown that the process of translation, i.e. the practices around the production and use of translations, and the concepts that inform these practices, is in need of greater articulation. Language is fundamental to all cross-cultural research and clinical work, and translation, as the hub of this crucial area, has a central role to play in furthering psychological and psychiatric knowledge. It is vital that the process of translating and translation production across a range of contexts be re-opened for thorough and careful examination. It is only through clarifying what researchers and translators bring to translation contexts that our own communication will be improved; and a greater understanding of our patients and subjects will be reached.

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**APPENDIX I : INITIAL LETTER**

Dear Professor

I am an MA student in research psychology at UCT and am attempting to look into the problems that translation presents to psychological research. I am particularly interested in attempts to translate scales, inventories and questionnaires for the assessment of psychopathology into African languages. However, any psychological assessment tool in translation is of interest and, for the time being, I have not excluded translations of English into Afrikaans as they too can contribute to the study at this point.

Obviously the above is not a reason in itself to write to you but I have encountered a problem in accessing material and I write to you in the hope that you may be able to help in this regard. The index to SA theses and SABNET have yielded a few theses but SABNET has been particularly disappointing as it was unable to turn up a number of theses that I knew existed, on the basis of keywords in the titles, and it was only through their author's names that they came to light. I fear that this is not an isolated example and as a result I am writing to various universities to inquire about any work (theses, published and unpublished papers) that they may have undertaken in the area. I write to you in the hope that you will either be able to refer my request to someone else or let me know yourself if there is any work (completed or in progress) in your department in the area I have expressed interest in.

The area of translated assessment tools may seem very broad but I am concerned that there may be a relative paucity of work in my specific area of interest. I also do not want to create the impression that I am overburdening you with what is strictly speaking my research task but, from experience, people like yourself so often are able to supply very useful references, or names of people to contact, with relative ease. I sincerely hope that this is the case with you and that I am not inconveniencing you with my request. I look forward to hearing from you.

Yours faithfully

Gerard Drennan

## APPENDIX II : SEMI-STRUCTURED INTERVIEW FORMAT

### INTERVIEW QUESTIONS

- What scale/s or assessment tool/s have you translated and when did you do these?
- On a practical level, if you want to have a scale translated, then very briefly, what steps do you follow?
- Do (did) you have an established network of translators or back-translators?
- Do (did) you employ professionals?
- What sort of detail do you go into in your prior arrangements with translators about what the job will entail - how detailed is your contract, so to speak?
- How long does it usually take to produce a translation?
- How many times would you meet with your translators and back-translators?
- What sort of things get discussed in a meeting with a translator or back-translator?
- Do you discuss conceptual issues?
- When it came to the actual paying of the translators did you (find it best to) pay per hour or did you decide on a certain sum that the translator would get when the translation was finished? (If paid for completed product then --- How did you go about arriving at a sum? How was time compensated for).
- In a paper by Sen and Mari, they say that the usefulness of a translation depends upon the user's grasp of the concepts involved in the translated version. How have you gone about getting a grasp of the concepts in an African language version of a scale? If you could give me examples to illustrate your point, all the better.
- In your experience, how easy or difficult has it been to strike up these conceptual discussions with translators? Is it something that happens spontaneously, or is it sometimes difficult to draw a translator into a discussion?
- When comparing an original with the back-translated version of a particular item, assuming that the items are slightly different, how do you go about finding out what this difference may be saying about the translated version?
- Assuming that you have two English words that are the same in the original and back-translated version - how do you find out whether this apparent linguistic equivalence means conceptual equivalence, in the translated version?
- Has there ever been any difficulty in developing these discussions of translations to your satisfaction?
- Have you ever felt that your communication may have been impeded in any way by questions to do with why you are doing this, and what your investments are?
- Have you ever found yourself in the situation where your translators have information that you want them to share with you, and you suddenly realise that although this is ostensibly your project, they have the power to give or withhold information?

- What was "success" in trying to translate your particular scale - what were your objectives for a good translation? Did you find the types of issues we've been discussing now ever play a role in realising this ideal you had for your translation?
- The reason that I am asking these questions is because I was involved in producing a translation of the BDI last year and, as a result of that experience, my supervisors and I became aware of these aspects of the translation process. [Here give a brief account of the features of the procedure that was employed and the types of problems that were encountered in the area of social negotiation. Also provide a very condensed version of the process that we thought may be taking place (i.e. resistance to appropriation by dominant/medical culture, reluctance to disclose and trust someone who has not gained adequate entry, etc.).]
- Have you had any similar sorts of experiences? Do you have any thoughts or ideas about what we thought may be happening? Does our account make any sense to you at all?
- When doing research on a particular cultural group, what sort of anthropological literature do you use to get an insight into the culture?
- What anthropological work have you found to be helpful?
- Did you use any trials to test-run the translation? Were they helpful?
- What is "success" again when using trails?
- Did you ever find you had to go back to you translators again after a trial-run to discuss the translation - how was that?