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Summary

This thesis provides a conceptual analysis of Dioula disease terms and their translatability. It shows the role that ethnographic data could play in finding equivalents in French for Dioula medical terms especially those which are deeply rooted in Dioula culture. Although this study is mainly within translation studies, its second main goal is to interpret the ethnographic data in an interdisciplinary context, using ethnographic, ethno-linguistic and cultural knowledge.

Dioula belongs to the West Mande Niger-Congo family and shares many similarities with Bamana in the same subgroup. Belonging to the same family and sharing many common terms there is mutual understanding between speakers of Dioula and those of Bamana. The close relationship between these two languages has eased the transfer of many disease terms from Bamana to Dioula.

Chapter 1 presents the objectives of the thesis, provides geographic and sociolinguistic details of the study area and provides the theoretical framework and the analytical method used to conduct the conceptual analysis of the Dioula disease terms and their translatability.

Chapter 2 focuses on the representations of health, disease and the body in Dioula culture. The representations of the world and the thought system of a people greatly influence how one speaks about one's body and sufferings. Throughout this chapter, the causality of disease according to biomedical and Dioula traditional medicine perspectives is examined. The presentation of the representations of the body, health and disease is essential for the understanding of Dioula medical terms. This chapter will help to understand developments in chapters 3 and 4 on the popular nosological entities and a linguistic study of Dioula diseases names respectively.

Chapters 3 and 4 emphasize the principle that language and culture are linked and that this is essential in understanding the Dioula disease corpus. In short, knowledge of disease causation is important for the understanding of the concept of health and disease in Dioula. However, it is also absolutely necessary to know how speakers refer to their illnesses. The mental processes motivating the designation of the disease can give a greater understanding of the ideas behind the representation of illness, health and body in the eyes of the speakers.

The main objective of chapter 3 is to provide a classification of Dioula disease terms in order to get deeper into their meaning. The classification

given in this chapter is the result of a linguistic analysis of the various names of diseases and symptoms taken from my corpus. The analysis revolves from the descriptive naming followed by the causal naming and finally the naming in foreign languages. However, we cannot achieve the ultimate conceptual analysis of the disease terms without addressing their linguistic structure. The next chapter contains a linguistic study of disease names in Dioula.

Chapter 4 aims at analyzing the terms of the corpus in order to bring about their linguistic peculiarities. This analysis is particularly useful as it allows on the one hand to provide more concepts and notions related to the disease and on the other hand to highlight the difficulties that translators and interpreters are likely to encounter in this area, and to propose solutions. This part of the work aims at facilitating the task of the translator or interpreter who can refer quickly to suggestions in case of difficulty or doubt. This chapter consists of three parts, namely 4.1. Formation of disease terms and 4.2. The semantic processes or the figurative expressions occurring in the construction of these terms and finally 4.3. The patient's formulation of complaints.

Chapter 4 shows that an understanding of ideas and concepts of health and disease is possible by adopting a semantic approach and a conceptual analysis of Dioula disease terms. Moreover, it can also be understood through a closer examination of the Dioula disease terms. The breakdown of the terms used to describe the symptoms may specify the disease in question or provide information on the causality of the pathology.

The chapters 5 to 11 focus on a conceptual analysis of dioula disease terms. What emerges from the analysis of these chapters is that expressions which are deeply rooted in Dioula culture present more difficulties in translation because the concept they convey is unknown to the French or to biomedicine.

Chapter 5 identifies the weakness of translation seen simply as a linguistic transfer into a language, namely the fact of not taking into account the function of the translation, the message we want to send to the recipient of the translation. For example, for a sensible translation of the term *kɔŋ* "bird", we do not need that the relationship between the receiver and the Dioula message and that between the doctor and the message translated into French (biomedicine) are the same as it is stated in the theory of dynamic equivalence.

The objective in this intercultural translation is to make the Dioula terms explicit as well as the representations they include for a good communication between the modern practitioner and the patient. And from there, the goal is to attain a better medical practice and the promotion of health. Instead of trying to produce the same effect felt by the Dioula speaker on the doctor, the explanation will be favored so that the doctor understands the assumptions encompassed by the term *kɔnɔ* "bird". The health worker could use the prerequisites of users of the medical service to promote their health. This is why we provide as much information as possible about *kɔnɔ* "bird" and other culturally specific terms.

The analysis in Chapter 5 shows that it is not enough to take account of the culture, the function of the translation only, it is essential to consider the extra "textual" variables, that is to say, the unspoken. To be more concrete, depending on the status of the speaker, the term *nɔgɔ* "dirt" can be *sere* "tight" or may have a different name, and also depending on the relations between the sick child and the offending person. For example, the term remains *nɔgɔ* "dirt" if the accused person is a third person. On the other hand, when the baby's mother is accused, then the term becomes *sere* "tight". In addition, when it is the mother herself who realizes the illness of her child she will discuss any other condition but not *sere* "tight". The analysis of terms like *sere* "tight" requires the application of the *skopos* theory. However, we will follow this theory only in its approach that integrates the function of translation, transmitter, receiver and other parameters.

Chapter 6 examines the dioula disease terms for sexually transmitted infections. They generally fall within the realm of taboo because of the organs they affect, or of which they are the seat, or because of the act by which they are caused or again because of the concept they convey. This chapter deals with the terms related to sexually transmitted diseases of which some are specific to women, one exclusively contracted by men and those affecting individuals without distinction of sex.

Chapter 7 focuses on common conditions that affect everyone such as malaria, epilepsy and meningitis. They are in the same section as they share symptoms such as stiffness and convulsions. *Sumaya*, *kanjabana* are diseases that are ravaging in Burkina. *Kirikirimasiɲen* is a disease that de-socializes patients most. The term *nbolobiyirikanbana* is very opaque. Literally, it means the disease of "my hand is on the tree." This meaning does not throw any light on the pathology in question. It is important therefore to provide the symptoms in order to identify the pathologies they can evoke. Then, it is necessary to inform the reader or recipient of the transla-

tion of the perceptions of speakers on epilepsy because though symptoms can find their match in French and in biomedicine, the Dioula representations of this condition may not find an equivalent in French. Without this fundamental difference, it would be impossible to mention illnesses. But if you look at the symptoms of *nbolobiyirikanbana*, they could evoke seizures of tetanus or cerebral malaria. In conclusion, *nbolobiyirikanbana* is a very complex concept and loaded by the system of thinking that created it. It is very difficult to find an equivalent without taking account of its symptoms. After finding the diseases that the term evokes, it is essential to provide the cultural interpretation the speakers give. The only approximate translation is the use of an explanation.

Chapter 8 focuses on *kɔncɔboli*, *tonnkan*, *kɔncɔdimi*, *tɔgɔtɔgɔnin* and *kooko*. All these terms refer to diseases whose seat is the stomach. *Kɔncɔdimi* may designate infertility in a woman. Sexually transmitted infections can be hidden under the term *kɔncɔdimi*. Doctors should be very careful and vigilant when consulting women. Not all *kɔncɔdimi* is an abdominal colic. At first sight, for the term *kɔncɔdimi*, there is no problem of equivalence in French or in biomedicine; however, there is cultural information that the modern practitioner must take into account when consulting women. At first glance, the term is transparent but some features are hidden. Given these nuances, the translator must use an explanation for clarity. *Tonnkan's* main symptoms from the descriptions of Dioula speakers are diarrhea and vomiting. These symptoms more or less coincide with the signs of cholera. Apart from these signs, the term *tonnkan* is completely opaque. Without a description of the symptoms, a layman will not know that it is a disease, let alone cholera.

Chapter 9 is devoted to the analysis of Dioula medical terms that evoke mental disorders. These are *fa*, *mara* and *jinabana*. Analysis of terms like *mara* causes serious problems because it is difficult to find an equivalent to a term created by another system of thought. It is essential to develop a strategy to make the word explicit to the recipient of the translation. To do this, an explanatory note as suggested by Schumacher (1993) is appropriate for this type of transfer. This chapter aims at making a conceptual analysis of such Dioula medical terms as *fa*, *mara* and *jinabana* in order to identify the biomedical diseases they evoke. In exploring the various representations of these Dioula medical terms, in describing their signs, we can claim that the goal is reached.

Chapter 10 deals with Dioula diseases which are attributable to witchcraft, namely *dabaribana*, and its subgroups such as *donnkɔnɔ* and / or *kɛnkɔnɔ*,

segele, *gwegele* to name a few. *Donnkɔnɔ* is a very opaque term created according to the etiological model; it brings about problems to find an equivalent. The only way to find a match is by considering its symptoms and to use an explanation to fill the cultural vacuum in the etiology of the disease from the perspective of Dioula people.

In Chapter 11 we discuss diseases that do not have common features but that are common in Burkina Faso. These are acute respiratory infections such as : *sɔgɔsɔgɔ*, *sɔgɔsɔgɔgwɛ* and *gwegele*, headache (*kundimi*), blood pressure (*tansiyɔn*) and dracunculiasis or Guinea worm or elephantiasis (*segele*).

To summarize, the translation from one language into another belonging to different cultures, in a medical context must be considered in terms of intercultural communication. The translator plays in this situation the role of a linguistic and intercultural mediator. He provides better semantic and metalinguistic comments. The function of translation as an act of communication and more specifically intercultural communication is privileged in this work. Chapter 12 concludes the thesis with a synthesis, a summary of the research, and a repeat of the methodology; it evaluates the method of analysis, comments the results, evaluates the assumptions and presents research perspectives.

