

# THE TECHNICAL-SPECIALIZED TRANSLATOR, AN AGENT CAUGHT IN-BETWEEN FIELDS: A NARRATIVE FROM A PRACTICAL APPROACH

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**Abstract:** Translation goes through other fields and goes beyond the textual level. The activity of translating brings aspects that permeate cognitive, social, and cultural aspects. In this article, we apply sociology to Translation Studies by adopting a Bourdieu-based approach to show the structure and the interactions among social agents in the field of translation and in the fields where technical-specialized translators find themselves when developing a translation project. From a practical experience of a professional translator with the translation of a web-based educational platform into Portuguese, we show how important it is for translators to be aware of the structure, norms, and interactions in that specific field so they can draw up their strategies and choices to succeed in their search for recognition and symbolic capital. First, we review key concepts of Bourdieu's theory of practice and then we advance in the discussion about the dynamics among the agents engaged in the translation project and language implications from a sociological perspective.

**Keywords:** Technical-specialized translation; Translation Studies; Bourdieu; Sociology in translation

## Introduction

Thinking of translation and its perspectives beyond textual dimensions brings up for discussion issues that permeate notions of culture and society. Over the years, Translation Studies have addressed several dimensions, namely linguistic, cultural dimension, and in recent years, the sociological dimension has come to light, which covers the behavior of the agents in the area, its social norms,



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status, and working processes (Chesterman, 2014).

The discipline of Translation Studies has always leant towards shifts or paradigm changes and, the rationale for these shifts, firstly, relies upon the nature of the discipline itself, located in contact zones among different cultures, always exposed to contextualization and communication arrangements and, secondly, upon the own constitution and structure of the discipline which lead us beyond its borders, once many forms of communication shape the matters studied within the area (Wolf, 2012).

When translating texts, translators deal, all the time, with internal factors (linguistic, metalinguistic, and discursive, among others), cognitive factors (mental processes, decision-making, abiding by norms) and external factors (sociocultural aspects, ideology, beliefs, and tradition). Therefore, being aware and understanding the social relationships and relations of power established among all agents engaged in a translation process is indispensable for the translator's professional development. Going beyond the intertextual domain, centered on the relationship between the original text and its translation, implies sociological issues related to the function of translations, their agencies, and agents, in addition to all the political and economic restrictions that reflect on them (Heilbron & Sapiro, 2009).

Apart from being aware and understanding the social relationships, *modus operandi* and norms established among the agents in the field of translation, i.e., translators, proofreaders, clients, agencies, and target audience, among others, it is paramount that translators understand the social relationships as well in different areas, especially in the area where they mostly work, so they can be successful in dealing with clients and with their target audience. Thus, it is important to know all the agents and how they interact in the field a translation project is designed to.

In light of the sociological aspects of translation, this article aimed to bring Pierre Bourdieu's contributions to the field of Translation Studies from a practical approach and to discuss language implications and the dynamics among the agents involved

in the translation of a medical education resource named DocCom from English to Brazilian Portuguese.

### **Bourdieu's theory and Translation Studies**

The sociologist Pierre Bourdieu (1930-2002) founded his ideas and theory in practice. In his sociological proposal, society is defined as a structured space based on the social distances that split agents from the positions they have (Monteiro, 2018). This social space is composed of fields (economic, political, educational, cultural, scientific, etc.) and is structured by capitals (socially valued goods). This social space is not harmonic, once we can easily find relations of power, capitals, conflicts, and fight for recognition and maintenance of agents' position.

Bourdieu's theory of fields is a theory of practice (Monteiro, 2018) and it tries to describe the relations of force and the reasons for struggles in the social space. Each field is a structured microcosm and has its own rules and some autonomy in the social space, which in turn represents a macrocosm. The structures of each field are already embodied in agents' minds and bodies according to their habitus to *play the game*. In the field, agents/players compete by employing different strategies to maintain or improve their positions (Thomson, 2018).

Therefore, we have the fields of power, research, arts, literature, religion, economy, and so on. It is interesting to think about the metaphor of a field as an arena, each one ruled by its own rules where agents wrestle in a continuous search for distinction, maintenance, and classification.

For each field, there is a corresponding habitus. Although in ancient philosophy the notion of habitus already existed, Bourdieu recovers it and takes it to a different dimension. In his definitions, he explains that habitus is a system of socially composed dispositions that rules the practices and ideology of a group of agents (Bourdieu, 2013). The habitus is structured by our past

and current circumstances, and it is structuring because it helps to shape our present and future practices; the habitus captures the way we carry our history and transport it to the circumstances we live, in the way we choose something over another thing (Maton, 2018). In such a way that the term habitus should be understood as durable internal dispositions, in the individual or agent, operating in the way they think, feel or act in the social environment, as an individual and group history imprinted in the body (Catani *et al.*, 2017). The habitus works as a principle that generates and arranges all social and cultural practices that exist (Monteiro, 2018), guiding the cultural choices of a certain social class, from food choices to sports, for instance. Dominant classes have economic capital and they dictate what should serve as a reference for the middle and lower classes. All preferences are guided by the habitus, they are not a fruit of our freedom, they are conditioned by our position in social space, which is composed of fields for practice and an arena for struggles for capitals, goods assuring differentiation and distinction to individuals (Monteiro, 2018).

In terms of capital, economic capital is financial capital, which can be translated into assets (land, property, companies, equipment, vehicles, etc.) and money (wages, investment, revenues, etc.). Cultural capital, on the other hand, represents the set of intellectual qualifications acquired through education and family background, including the ownership of works of art, and books, in addition to certificates and degrees. Social capital is related to the permanent social relationship network of agents who belong to a certain group and/or institutions; family, alliances, unions and marriage are keys to accumulating and transmitting social capital. Finally, yet importantly, another form of capital is symbolic capital, which grants individuals honor, legitimation, and recognition through the combination of the other types of capital and elements that culminate in the individual's differentiation (status) from other individuals.

Characterized as a theory of practice, Bourdieu's sociology has been applied to several areas of research. From the perspective

that translation is a social practice, researchers have dedicated to applying Bourdieu's concepts to Translation Studies:

Gradually, the conviction took shape that any translation is necessarily bound up within social contexts: on the one hand, the act of translating, in all its various stages is undeniably carried out by individuals who belong to a social system; on the other, the translation phenomenon is inevitably implicated in social institutions, which greatly determine the selection, production, and distribution of translation, and, as a result, the strategies adopted in the translation itself (Wolf, 2012, p. 132).

According to Wolf (2012), the sociology of translation shed light on a wider perspective of the social contexts and nature of translation, leading to new research approaches concerning the institutions forming translators, professional organizations and their impact on the practice, work conditions, ethical issues, and the political agenda of translation, in addition to the mechanisms underlying the translator's invisibility.

Munday (2016) offers an enlightening explanation of Bourdieusian concepts applied to translation, in which the concept of field is the translation itself and the agents in the field are the author, commissioner, publisher, editor, translator, and reader. The habitus is "the broad social, identitary and cognitive make-up or 'disposition' of the individual, which is heavily influenced by family and education" (Munday, 2016, p. 237), and the concept of capitals for translators would translate into money and other material assets (economic capital), networks of contacts (social capital), education and knowledge (cultural capital) and status (symbolic capital).

As pointed out by Wolf (2012), it is important to understand that translators' habitus may reflect the conditions underlying translation choices and the historical context where translators find themselves, which can explain choosing a strategy over

another. The habitus is not only a result of social practice, “[...] but can also create values and produce knowledge related to action” (Wolf, 2012, p. 135).

On the other hand, Jean-Marc Gouanic (2007) suggests that there is a difference in the field of Translation Studies, which can be divided into the scientific field, i.e., research in translation, and the literary field, i.e. translation of literary works. Gouanic (2007) states that one should not consider translation, in the practice, i.e., the translation of technical-specialized texts, a field itself given the fact that specialized translated texts have many different features that link them to their specific fields, that is to say, a translation shall be conditioned to the field the source text belongs to, in a way that a legal translated text belongs to the legal field. For this author, the challenges and characteristics involved in translations are the same as those of the target field and source field. Thus, the target text belongs to both fields, likewise the translator whose habitus, at the time of translation, is bilingual and results from the convergence of two cultures.

However, Gouanic (2007) claims that before formulating the translators’ habitus, we should understand their formation from translation practice where two processes are triggered; the first process would be the use of tools translators have (dictionaries, glossaries, databases, etc.) and the interpretative processes based on their tools, and the second process would be the acquisitions embodied by the agent, individual- and collectively, related to the practices that allow them to act in translation.

Although Bourdieu’s theory proposes the dispositions of the habitus are objectified, deliberate, and conscious, Gouanic (2007) offers a different argument, from the translator’s point of view, that linguistic and cultural productions result from an objective instrumentalization of a subjective practice. Thus, it tends to be subjective in a way that such objective instrumentalization would fit in the category of subjective behaviors, which we name as the translator’s experience, ability, and competence. For him, the competence of the translation professionals would be closely

linked to their ability to find solutions for translations following their habitus, which is a convergence of the native culture and the foreign culture.

Based on the models proposed by Gideon Toury, Simeoni (1998) explains that the interactions of translators with the environment are shaped in gradual stages, starting with their attempt to gain peer recognition and full competence and formation. Therefore, the more they advance in their abilities in the profession, the more they internalize norms in their practice and alleviate themselves from the pressure of this professional activity. Different agents can exert this pressure or translators themselves are likely to internal pressure. From this premise, successful translators would be those who abide more by the norms in the social field where they are professionally active. Simeoni (1998) argues that the translation habitus over time ended up contributing to the internalization of a submissive behavior when it comes to translators accepting and abiding by the norms in the field, and this disposition in accepting norms gave the activity a secondary position, leading to the translator invisibility and low social status.

In the domain of technical-specialized translation, translators compete and wrestle in this arena in a search for financial and symbolic capital, recognition, and status, through a list of important clients in their portfolio, degrees, certificates, investment in material and technology, certification, and accreditation by acknowledged professional organizations. For this reason, technical-specialized translators are always caught in-between fields and are always struggling to be aware of the norms and keep up with the social relationships belonging to each field they work to succeed in their translation projects in a constant search for symbolic capital.

### **Translating to the medical field: the DocCom translation**

## project

In the practice of technical-specialized translation, translating goes beyond knowing technical terms, once thinking and acting in translation, including the translation of specialized and technical texts, lead us to reflections that go through notions of language, culture, and society. Mastering the language from which they translate and to which they translate is a core requirement for translators, but it is not sufficient, they must be aware and guided by cultural elements, their similarities and differences, and by social interactions which are plenty and engage authors, translators, editors, clients, recipients of the source text, recipients of the target text, among others. Therefore, it is up to translators to evaluate every step of the process and then put it into action, following the rules of each field, making the most of their linguistic and cultural knowledge to choose and employ strategies and resources at hand to let the translation fulfill its function.

The conception of this article results from a narrative research study<sup>1</sup> on the practice and experience of the author as a translator of specialized texts, mainly in the field of medicine. More specifically, the experience of translating an educational resource dedicated to the development of medical students, namely DocCom.

DocCom is an academic online platform developed by the Drexel University College of Medicine (Philadelphia, Pennsylvania, USA) in partnership with the Academy of Communication in Healthcare (ACH) and with support from The Arthur Vining Davis Foundation. This multimedia educational resource has 42 modules that shed light on relevant healthcare themes. DocCom modules are composed of theoretical texts and illustrative videos, developed by medical researchers and specialists who are usually on the scene with standardized patients (patients that received training to collaborate

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<sup>1</sup> This study (Master degree level) was developed at the Postgraduate Program in Linguistic Studies (PPGEL) at São Paulo State University (UNESP-Ibilce) under the supervision of Prof. Dr. Lauro Maia Amorim.



in the production of videos) to demonstrate communication goals and encourage a patient-centered approach. The modules aim to address challenging themes and to contribute to the education of medical students focusing on the development of communication skills to build and consolidate the doctor-patient relationship, based on humanized care and a patient-centered approach.

According to Grosseman and Patrício (2011), in Brazil, medical schools do not have a standardized model for teaching communication skills that allow medical students to learn how to effectively build the doctor-patient relationship. Medical schools usually introduce individual initiatives, once there is not a structured national proposal to support the implementation of communication skill teaching. For this reason, there is a growing need for the formalization and adoption of educational resources for this purpose.

For this reason, this innovative material caught the attention of medical professors of the Regional Blood Center of Ribeirão Preto (Hemocentro RP) and the Ribeirão Preto Medical School (FMRP-USP) who expressed their interest in using this methodology in their teaching practice and then asked the author of this article, an in-house translator working at Hemocentro RP, to try to reach out the editors of DocCom to talk about a possible translation project and license for employing this resource in classes. By the time the translator got in touch with DocCom editors, there was already an initiative by a physician who was a medical professor at the Federal University of Santa Catarina (UFSC) for bringing the resource to Brazil. Therefore, the institutions joined their efforts and established a partnership to translate the platform into Portuguese and use it in their medical undergraduate courses. Drexel University and the aforementioned Brazilian institutions entered into an agreement in which the institutions would provide the translation into Portuguese in exchange for the license to use the platform in their curricula.

Both the Hemocentro RP translator and the UFSC medical professor were in charge of the translation project, working in close collaboration on the translation of 12 modules, which were

chosen in mutual agreement by the institutions and according to the relevance of themes for the Brazilian context.

The definitions of translation habitus and field, from Bourdieu's sociological perspective, allow us to apply them to our practice aiming to understand the relationships established among agents in a certain field. In this translation project, for example, several agents were engaged: the editors, the medical professors who commissioned the work, the Hemocentro RP translator, the UFSC medical professor who coordinated the project, translated some modules and was responsible for editing the translated modules, the medical professors who would use the material in class, and the Brazilian medical students who would be the final recipients, in other words, the target audience of the translation project. All the process was mediated by the relationship among all agents, and translators took it into account at all times.

The distribution of the work between both translators, the in-house translator at Hemocentro RP (herein called the specialized translator) and the USFC medical professor (herein called the medical professor/translator), was even and the same recognition was dedicated to them. However, the USFC medical professor/translator was the one to make the final decision about terminology, adequacy, and cultural adaptation, the definition of titles, for being the specialist in the field.

Over the translational process of the DocCom platform into Portuguese, the discussions and reasoning about translation choices and adaptation of terms usually showed a slight shock between the habitus of the specialized translator and the medical professor/translator, because, in addition to their different education background, they had a different reading, interpretation, and positioning concerning the challenges they found throughout the translation project and a different perspective on the issue of fidelity to the original text.

It was possible to notice that the medical professor/translator often tended to favor literal translation over adaptations or recreation of cultural marks and linguistic challenges in an attempt to be faithful

and respectful to the original text and not change it. On the other hand, the specialized translator thought about these challenges with more autonomy and freedom for being aware that the matter of fidelity<sup>2</sup> had been extensively questioned in Translation Studies and keeping in mind that generally the adaptation and recreation of cultural marks can favor the understanding by the target audience.

From a Bourdieusian sociological perspective, we can observe that despite the good relationship and equity between both professionals engaged in the production of the material in Portuguese, there was a veiled socially-structured relation of force based on the premise that the specialist in the field, once the field of medicine carries more symbolic capital and physicians have a higher status (Moura, 2004), should dictate the norms for the development of the translation process in terms of linguistic and cultural features, terminology, deadlines, etc. Therefore, as translators count on lower social status (Simeoni, 1998), in comparison to some fields, e.g., the field of medicine, it is up to them to abide by the norms to pursue the endeavor of translating and being successful according to the client's perspective.

Although the commissioners of this translation project did not

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<sup>2</sup> Even though, historically speaking, "fidelity" had long remained largely unquestioned as an utterly objective criteria, explicitly or implicitly present in translators remarks on their translation projects or even in scholars' discourse on translation, since late 1970's and early 1980's, with the so-called "Cultural Turn" in Translation Studies, there have been different approaches that have recontextualized fidelity in translation, namely the German Functionalism (mostly developed by Vermeer, Reiss and Nord) for whom "fidelity" should be viewed as a prospective (rather than retrospective) phenomenon, not to be derived from linguistic structures only, but, rather, from the *scopus* or purpose of the translation in regard to its intended clients and audience alike. Descriptive Translation Studies developed by scholars such as Andre Lefevere, Theo Hermans and Gideon Toury, and Post-Nietzschean and Marxist insights furthered by scholars such as Rosemary Arrojo, Lawrence Venuti and others have supported a more nuanced vision of "fidelity" itself as an intersubjective construct crisscrossed by temporally, ideologically and aesthetically-conditioned perspectives that have foregrounded both the translator's interpretation and final outcome and the follow-up reception that their translations receive by their consumers.

interfere in translation choices or development, they were important agents, who belonged to the field of medicine, i.e. having higher status, and on top of that, there were the medical professors who would introduce this resource in the university; so the social status of these agents weighed with translators. The choice of translators was to favor the employ of a formal language register at most, mainly in videos where patients tended to use a casual register. For instance, whenever translators found any grammatical deviation in patients' talks, they usually decided to not keep it in the Portuguese translation. Moreover, the strategy of neutralizing offensive bad words was adopted with the justification that professors, and even medical students, to some extent, could not welcome this type of language register and could even allege that translators failed, especially when it comes to grammatical deviation. It shows a relation of force, because, as in this case, translators' choices and strategies are tied to the impression of others who rely on the higher status and more symbolic capital. Translators cannot simply venture into making their own choices without pondering over the relationship among agents in the field.

Medical students, i.e., the target audience and final recipients, were key agents in the process as well. In addition to the reasons stated above, we can say that the whole translation process was carefully thought to enable students' understanding and knowledge acquisition so the translation into Portuguese could accomplish its purpose of helping medical students to internalize communication skills in the formation of their habitus as a physician-to-be and applying these skills in their future practice.

Another relation of force existed in the project and it was related to the editors and developers of DocCom. It was possible to notice that there was always a concern over the quality of the translated text, whether it could keep the features of the original text, and whether copyrights, licenses, and privacy of use would be appropriately protected. As the translation project advanced, and after the agreement was properly signed among institutions, this

concern gradually became smaller and less considerable.

Moving forward on the discussion of the relations of power and force in fields, the doctor-patient relationship itself, socially speaking, is already marked by a position of authority and superiority of the physician; it can also be seen in the relationship of physicians with other professionals, it is acquired since the beginning of the formation of their professional medical habitus (Moura, 2004).

### **From linguistic implications to sociological aspects**

Thinking of translation is thinking of ethics and respect to the characteristics and function of the source text, properly adapted to the ends of its translation within the Brazilian medical educational environment—as envisioned by Moura (2004) as well as by the German Functionalist approach. In other words, translators should be aligned with the proposal of the source text in their mission of producing the target text in line with its contextually-driven interests that foreground the formation of physicians. It is indispensable to have ethics and respect towards recipients of the target text, in our case, the medical students. Understanding the internal dispositions and relationships involving the formation of the medical habitus was important for the process of translating the DocCom platform to the Brazilian setting, as well as understanding the professional habitus of the specialized translator and the medical professor/translator to reflect on the dynamics of inner and outer forces that shape the translator's style, ability, and decisions in practice (Simeoni, 1998), once translations are inevitably linked to social institutions that determine the selection, production and strategies adopted (Wolf, 2012).

For this reason, the translators in charge of the DocCom translation project pondered on their choices and strategies in terms of language and culture, taking into account the social institutions and agents engaged in the whole process. Their decision to keep

a formal language register and neutralize offensive bad words is justified by their doubts about the reception of the translated text by these high-level institutions, their professors, and students. In a way that their choices of not maintaining grammatical deviations and neutralization of offensive cursing words (such as fuck) were their attempt to succeed in their project by abiding by the norms.

Language and culture are tightly linked in a way that it is impossible to dissociate both. And textual and linguistic choices have social implications. Every time certain slang, swear word or expression was loaded with a pejorative sense that could label the patient or could sound judgmental, the strategy of both translators was to find a not offensive slang or term. For example, in the module on substance use disorders, when patients used slang to refer to marijuana (e.g. reefer, pot or weed) translator opted to use always the word *maconha* instead of some slangs in Portuguese (such as *erva*, *bagulho*, *diamba*, etc.).

If one of the key concerns of the web-based educational resource DocCom was to cultivate, teach, and convey a more humanized approach, centered on the doctor-patient relationship, the producers of the DocCom version in Portuguese, the translators of the project, should be careful to take care of all linguistic and extralinguistic aspects to maintain this intrinsic and fundamental characteristic of the platform.

Still, about the module on substance use disorders, we can give another example. Translators favored the use of terms, such as “*usuário*” or “*dependente*”, for the English term “addict”, the use of the word “*viciado*” in the Brazilian context carries a load of social stigma and sounds judgmental.

The marks of social relationships may seem full of conflict even from the use of language as we can read in the excerpts below from patients’ interview in the module on substance use disorders. They illustrate how the medical habitus and the patient habitus show opposing perspectives within the same field. In these interviews, patients were invited to leave a message to medical students and physicians in training so they could keep those words in mind

when providing care to patients who have a substance use disorder. Because patients generally feel scared, helpless, and inferior in the doctor-patient relationship, physicians represent the authority; they offer the diagnosis, treatment and advice. Although they have free will, patients know that to keep alive they need and depend on the physician. Specifically for patients struggling against addiction, this social “disadvantage” upon physicians is intensified by shame, fear of judgement, and struggle to keep living without drugs.

We included some excerpts of the interviews in their original version and their translation into Portuguese.

Patient A, 60 years old, a former user of heroin and crack, in recovery for 10 years by the time of the interview.

They have to be open-minded to each patient. I think they should take time with patients [...] The bottom-line is the Twelve-step Program can do what all doctors can't [...] The Program is the best thing. I don't have to see a doctor for that. Just got to go and find people like me.	Eles têm que ter a cabeça aberta com cada paciente. Acho que deveriam dedicar tempo aos pacientes [...] A questão principal é que o Programa dos 12 Passos faz o que os médicos não conseguem. O Programa é a melhor coisa. Não preciso ir ao médico para isso. Só preciso ir e encontrar pessoas iguais a mim.
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Patient B, 42 years old, a former user of several drug types, in recovery for 4 years by the time of the interview.

I respect the medical field and all the work that has been done concerning this issue. But there is a certain level of empathy and compassion [...] to be able to identify with an addict who is struggling.	Eu respeito a área médica e todo o trabalho feito no que diz respeito a esse assunto. Mas deve haver um certo nível de empatia e compaixão [...] para poder se identificar com um usuário em recuperação.
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Patient C, 59 years old, a former user of crack and other substances,

was in recovery for one year by the time of the interview.

<p>They're human beings. Nobody wants to be an addict, but we're. And we need a little more patience and understanding [...] It's not easy to be a drug addict [...] Being an addict is more shameful and painful.</p>	<p>São seres humanos. Que ninguém quer ser um usuário, mas nós somos. E precisamos de um pouco mais de paciência e compreensão [...] Porque não é fácil ser um usuário [...] Ser usuário é mais vergonhoso e doloroso.</p>
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Physician and patient D, 52 years old, a former user of prescribed drugs, was in recovery for 15 years by the time of the interview.

<p>I remember when I was a medical student. You'd see street people coming and they'd be throwing up blood [...] I never understood. I guess I thought it was all a matter of willpower [...] I guess I would say to other physicians would be understand that the person does have a disease [...] And other thing I would like to say would be "please, don't prescribe controlled substances to people who are alcoholics or things like that. I see it with my own partners after I got sober and talk to them.</p>	<p>Eu me lembro bem de quando eu era estudante de medicina. E eu via os moradores de rua chegando e vomitando sangue [...] Eu nunca entendi. Eu achava que era só uma questão de força de vontade. Então, acho que diria aos médicos para entenderem que aquela pessoa tem uma doença [...] Outra coisa que gostaria de dizer, por favor, não receitem substâncias controladas para alcoólatras ou algo do tipo. Vejo isso até com os meus sócios agora que estou sóbrio e converso com eles.</p>
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As one can easily notice, patients' talks seem to underscore the unbalance in the doctor-patient relationship and appeal to empathy and humanized care. In the last excerpt, patient D has, in the same circumstances, the medical habitus and patient habitus.

Another example reflecting uneven relationships and feelings of "disadvantage" about physicians can be found in the module on sexuality where specialists teach how to approach patients without



expressing negative feelings or judgment against patients affected by sexually-transmitted diseases, once the patient already shows fear, guilty, and shame.

Furthermore, translators may face the complexity of working in the field of medicine, dealing with the language barriers that physicians tend to use when communicating with patients and their family, apart from jargon, terminology, processes, structures and conflicts of the field, translators carry subjective aspects of their professional and personal habitus and they often have to deal with highly sensitive themes loaded of anguish, such as death and life-threatening diseases that cause physical and emotional distress to human beings.

## **Conclusion**

Applying sociological concepts to translation is key to showing and understanding the interactions taking place in the fields and their structures and also to showing the relevance of the role of translators as knowledge mediator who is always between the field of translation itself and the field that they are translating to, since, as stated by Gouanvic (2007), technical-specialized translators are closely linked to the field where they work. Therefore, it is indispensable that translators in charge of a translation project are aware of the structure and interaction among social agents of that field to find their interpretations, choose their strategies, and base their choices on the dispositions imprinted for their empirical experiences in a certain field.

This narrative works from a practical experience that corroborates the assumptions of Simeoni (1998) when it comes to even relationships among the agents in the field of translation and the translator's status.

Further research on the sociological aspects of translation and the agents, mainly translators themselves, is needed to contribute towards the understanding of this field and how translation impacts

on other fields as well.

### **Acknowledgement**

The author thanks the editors of DocCom at Drexel University College of Medicine, the medical professor/translator at UFSC for the partnership, and the directors and professors at Hemocentro RP and FMRP-USP. The author is also thankful for the support of the colleagues who took part in this translation project. The author profusely thanks her research supervisor Prof. Dr. Lauro Maia Amorim and the Postgraduate Program in Linguistic Studies at São Paulo State University.

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Recebido em: 26/10/2022

Aprovado em: 23/02/2023

Publicado em abril de 2023

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