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*Edited by Şebnem Susam-Saraeva
and Eva Spišiaková*

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Eva Spišiaková

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1 Introduction^{1, 2}

The *World Report on Disability*, issued in 2011 by the World Health Organisation (WHO), estimated that more than 1 billion people worldwide – about 15 per cent of global population – are living with some kind of disability (WHO 2011: xi). While various disabilities were historically seen as separate issues and their study was the domain of the medical profession, recent waves of activism and a widespread shift towards the so-called social model of disability have supported a view of disabled people³ as a distinct minority group united by a fight for equal rights with the non-disabled population. These changes were also accompanied by the birth of disability studies in the 1990s (see Davis 1999, for a detailed history), an academic discipline whose aim is to ‘weave disabled people back into the fabric of society, thread by thread, theory by theory’ (Linton 2005: 518).

As this new conceptualisation of disability spreads across the world, it is increasingly tied to the questions of interlingual transfer. New words associated with disability activism (such as ‘ableism’) are adopted, modified or rejected in different linguistic environments, while formerly widespread terms (such as those used as counterparts for ‘handicapped’ or ‘invalid’ in English) are now considered offensive in some languages but remain in regular use in others. Legal documents, such as the Convention on the Rights of Persons with Disabilities (CRPD, United Nations 2006) are ratified and signed by hundreds of nations and subsequently require translations into their respective languages. Increased migration leads to the transfer of medical records between different healthcare systems with different conceptualisations of disability. The question of accessibility for people with sensory impairments is also frequently tied to translation, such as interpreting into sign language, or the use of subtitles or audio descriptions in audiovisual material for the benefit of Deaf and Hard of Hearing (DHH) or blind/visually impaired people. Disability is also increasingly seen as part of a person’s identity, in the same way as race or sexuality, and this leads to questions about how we translate stories from and about disabled people in various textual and audiovisual forms.

However, despite these and many more areas in which disability and translation intersect, research that would bring together the fields of disability and translation studies has

thus far been scattered and limited. This chapter will first provide basic definitions of disability underpinned by the change from the individual towards the social model, and then explore some of the issues in the translation of terminology related to disability, which is currently undergoing rapid changes with the rise and spread of disability activism. The chapter will then survey the existing works in the field of translation studies that relate to disability, and then briefly highlight the issues that accompany the translation of legal documents such as the UN's CRPD. The chapter will conclude by identifying some possible future directions for research on disability in translation studies.

2 Defining disability

The Convention on the Rights of Persons with Disabilities, adopted by the United Nations in 2006, aims 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities' (United Nations 2006: 4). The term 'persons with disability' is, for the purposes of this convention, defined in Article 1 and is formulated as follows:

[p]ersons with *disabilities* include those who have long-term physical, mental, intellectual or sensory *impairments* which in interaction with various *barriers* may hinder their full and effective participation in society on an equal basis with others.

United Nations 2006: 4, my emphases

The CRPD's emphasis on social inequalities created by the interaction of *impairments* with various *barriers* is significant here, as it places the UN's concept of disability in line with the social model of disability. The term 'social model of disability' was first coined by Mike Oliver in 1983 (Shakespeare 2006: 197; see also Oliver 1996), who was building on ideas proposed by UK's Union of the Physically Impaired Against Segregation (UPIS) in their *Fundamental Principles of Disability* (1976) document. The social model was developed in direct opposition to the individual (also known as biomedical) model of disability. The differences between these two models are crucial in understanding how the concept of disability changed over the past few decades, and as such, requires a brief explanation. In necessarily simplified terms, the individual model sees disability as a consequence of a person's impairment (e.g. a missing limb, visual impairment, chronic illness), and therefore, as a problem that requires medical care and treatment, whereas the social model sees disability as a consequence of socially constructed barriers and lack of accessibility, and therefore, as a societal issue. A simple example of this difference is a wheelchair user facing a flight of stairs. While the individual model sees the person's inability to walk as an issue, the social model sees the problem in the absence of a lift.

The language used is of particular significance here, as the social model makes a clear distinction between the terms *disability* and *impairment*: disability is a societal issue manifested through barriers and other forms of discrimination against people with various impairments. The concept also relies on the idea that disabled people are a distinct social minority; while disabled people have different impairments that affect their daily lives in different ways, they are all collectively oppressed by societal structures, as well as by non-disabled people and the institutions led by them (Shakespeare 2006: 199). Other models of disability have been conceptualised alongside this main distinction, including the charity model, which sees disabled people as victims deserving pity, or moral/religious models which see disability as a punitive mechanism imposed by a higher power. In recent years,

the human rights model, which builds on the social model in acknowledging the societal factors contributing to disability, but focuses on ‘the inherent dignity of the human being and subsequently, but only if necessary, on the person’s medical characteristics’ (Quinn and Degener 2002: 14) has become prominent. The aforementioned UN CRPD can also be seen as a representative of this human rights model.⁴

The social model has become particularly influential in the UK where it was first developed (Shakespeare 2006: 198), as can be seen from the emphasis on impairments as the sole cause of inequalities in the official definition of disability in the UK Equality Act of 2010: ‘A person has a disability [...] if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’ (Office for Disability Issues 2010: 7).⁵ The model’s simplicity, memorability and easy applicability to various forms of social activism, as well as its suitability as a heuristic device within the field of disability studies, have caused it to become one of the most popular and widespread ideas of present-day disability discourse. However, it is also necessary to acknowledge some of the weak points of the premise. Amongst the most prominent issues is the possible erasure of the very real difficulties impairments present to many people’s lives (such as chronic pain), and which are unrelated to wider societal structures. Another frequently mentioned problem is the impracticability of any ‘barrier-free utopia’ (Shakespeare 2006: 201). While it is tempting to envision a world so accessible that disability would cease to exist, it is necessary to acknowledge that different impairments need different provisions; visually impaired people prefer pavements with defined kerbs, but these become a barrier for wheelchair users (Shakespeare 2006: 201). Owens (2015: 41–43) provides a comprehensive list of other criticisms of the model, including the tendency to ignore the embodied experiences of disabled people, as well as theoretical issues, such as difficulties in defining ‘oppression’, or the creation of false dichotomies between disability and impairment.⁶

In light of these issues, other institutions such as the WHO prefer definitions of disability which blend together both models into a so-called ‘bio-psycho-social model’ (WHO 2011: 4), rather than seeing them as polar opposites. The International Classification of Functioning, Disability and Health (ICF), which is the basis for the World Report on Disability, defines it as:

the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)

WHO 2011: 4

This definition makes a distinction between impairments (e.g. paralysis), activity limitations (e.g. difficulties in walking), and participation restrictions (e.g. workplace discrimination), and understands all of them as being part of disability, rather than perceiving disability as exclusively the result of societal barriers. As all other models however, the bio-psycho-social model likewise has its critics. Its focus on the interaction between the individual and their contextual factors can be easily interpreted as a claim that some disabled people take responsibility for the barriers they experience. In more practical terms, the model is easily (mis)used by social institutions to limit the number of people receiving disability benefits by redefining the concept of ‘work readiness’, as was the case in the UK Government’s Work Capability Assessment (Shakespeare, Watson and Alghaib 2017).

Although the stereotypical image of a person with a disability is usually limited to the idea of someone with paraplegia using a wheelchair (further strengthened by the internationally recognised symbol for accessible spaces), it is necessary to stress that all of the aforementioned definitions encompass a broad spectrum of different experiences of disability. The WHO report provides the following examples as an insight into the breadth as well as fluidity of the category:

Disability encompasses the child born with a congenital condition such as cerebral palsy or the young soldier who loses his leg to a land-mine, or the middle-aged woman with severe arthritis, or the older person with dementia, among many others. Health conditions can be visible or invisible; temporary or long term; static, episodic, or degenerating; painful or inconsequential.

WHO 2011: 7–8

The social model in particular encourages an identity-based understanding of the term where each individual can decide whether they consider their impairment(s) to be disabling in their daily lives and whether they want to identify themselves as being disabled. The Deaf and Hard of Hearing (DHH) communities are an important example of the relativity and individuality of the label ‘disabled’. As Harlan Lane explains, ‘nowadays, two constructions of deafness in particular are dominant and compete for shaping deaf peoples’ destinies. The one construes deaf as a category of disability; the other construes deaf as designating a member of a linguistic minority’ (Lane 2006: 80). As he further elaborates, the difference is frequently tied to the circumstances of how a person becomes deaf; an adult losing their hearing due to an accident is likely to see themselves as living with a disability, whereas a Deaf child of Deaf parents is likely to perceive themselves as part of a distinct linguistic and cultural heritage (Lane 2006: 81).

The question of which impairments to include under the disability label becomes even more complicated once it enters the domains of law and healthcare. Governmental decisions on whether an impairment is disabling ‘enough’ to warrant disability benefits or provision of a carer are usually taken according to a spectrum, rather than a simple disabled/non-disabled dichotomy. These decisions also frequently involve a requirement to ‘prove’ that one is ‘disabled enough’ to receive support. Moreover, the delineations of which impairments are considered disabling may vary between countries and legal systems; coeliac disease, a chronic auto-immune disorder of the small intestine, is at the time of writing considered a disability in Slovakia (meaning that the diagnosis warrants a disability ID card and it is possible to claim some degree of financial support), but it is not considered a disability in the UK. These differences also reflect the ways in which disability is understood across different geographical regions, cultures and linguistic systems. Ingstad and Whyte (1995: 5) describe the conceptual problems associated with the attempts to find a universal definition of disability, and highlight the fact that the very notion of disability is rooted in Western tradition (Ingstad and Whyte 1995: 7). Their volume *Disability and Culture* (1995) provides an insight into different lived experiences of disabled populations around the world. Although primarily an anthropological survey, the volume highlights the need for a global study of disability that would pay attention to the nuanced culture- and language-specific definitions of the term, and the importance of interdisciplinary research with fields such as translation studies. The following section will highlight how some of these differences are embodied in the variations of the vocabulary associated with disability.

3 Translating the language of disability

Apart from campaigning for large-scale social, political and legislative changes (see Berghs *et al.* 2019 for a detailed examination of these efforts), one of the key challenges posed by the disability movement is to change the way disability is spoken about in media and amongst wider public, similar to the changing discourse surrounding sexuality, gender or race. As the WHO stresses in their *World Report on Disability*, '[n]egative imagery and language, stereotypes, and stigma – with deep historic roots – persist for people with disabilities around the world' (WHO 2011: 6). The aim of these linguistic changes is to question and ultimately abolish common phrases that vilify or victimise people with various disabilities, contribute to the deep-seated stigmatisation of non-normative bodies, and associate disability with negative stereotypes. These changes spread together with disability activism across the world, and their local linguistic variations present some interesting translation challenges.

The most obvious, as well as the most widely observed change related to these shifts, is the gradual removal of words associated with disabilities that were widely used as expletives. Words such as 'cripple',⁷ 'freak' and 'retarded' are now considered highly offensive and have largely disappeared from public discourse and most forms of polite conversation in English. This is widely mirrored in languages that use terms with the same etymological base; the German variation of cripple, *Krüppel*, is flagged as 'diskriminierend' [discriminatory] in the newest online version of the *Duden* dictionary,⁸ whereas the Slovak version *kripel* is labelled as pejorative in the *Dictionary of Present-day Slovak Language* from 2015 (*Slovník súčasného slovenského jazyka*).⁹ The situation becomes more complicated in the case of terms which are not used as expletives per se, but that are nonetheless considered outdated and unsuitable for (Anglophone) public discourse. Perhaps the most prominent example of this category is the term 'invalid'. The UK government's *Guidance for Inclusive Language Related to Disability* recommends that the term is replaced with 'disabled person', and the accompanying table detailing the use of correct and incorrect terms suggests that it is synonymous with 'cripple'.¹⁰ On the other hand, both the Slovak and Czech languages use the term 'invalid' in its adjectival form as the legal and official term for disability benefits (*invalidný dôchodok/invalidní důchod*, lit. invalid pension). This fact is not lost on local disability activists; a recent guide on *How to Speak and Write about and to Persons with Disabilities* published by the Czech Ombudsperson (*Jak mluvit a psát o lidech a s lidmi s postižením, Ombudsman veřejný ochrance práv* 2020: 8) advises: '[w]e do not recommend using the expression "invalid", although we are aware that the term is still in use within the legal parlance', citing the term's association with illness and inability to do things as their reasons for this recommendation.¹¹ A similar case is the term 'handicapped', which is now considered inappropriate in Anglophone disability discourse but remains in regular use in many other languages. As an example, the French translation of the aforementioned CRPD definition of disability translates 'persons with disabilities' as 'personnes handicapées' ('handicapped persons', Nations Unies 2006: 4).

Another interesting example is the term 'ableism', defined by the Oxford English Dictionary as '[d]iscrimination in favour of able-bodied people; prejudice against or disregard of the needs of disabled people', and first recorded in the English language in 1981.¹² The noun was created on the same principle as 'sexism' or 'racism', using the 'able' part of 'disabled' at its core.¹³ However, 'disability' is not a widely used term outside of the Anglophone realm, and most languages will have a local expression which typically does not allow for the same linguistic cut-and-paste operation as in English.

The German language recognises the term *Behindertenfeindlichkeit* [lit. hostility against the disabled] which follows the same pattern as *Islamfeindlichkeit* (Islamophobia, lit. hostility against Islam) and *Fremdenfeindlichkeit* (Xenophobia, lit. hostility against the foreign). However, the expression does not fully cover the semantic range of the English term; *phobialFeindlichkeit* suggests an irrational or excessive fear of a group, as opposed to ‘ism’ in racism or sexism, which implies active and often institutionalised discrimination against said group. Some voices within disability activism in Germany have already noted this discrepancy (Maskos 2010), and the term ableism is gradually becoming more widespread (sometimes spelt as ‘Ableismus’ or ‘Able-ismus’, see *Interessenvertretung Selbstbestimmt Leben in Deutschland* 2016). Neither the Slovak nor the Czech language have a local word for ableism, which further emphasises the fact that the issue of discrimination against disabled people has been systemically overlooked throughout the history of these countries. Both the Czech transliteration (‘ableismus’) and the Slovak one (‘ableizmus’) have recently entered these countries’ disability discourse, but for now they can only be found in activist blogs and webpages (such as articles from the Czech portal *Mujautismus*¹⁴ or Slovak *Transfúzia*¹⁵).

While the examples above might suggest that global disability discourse relies solely on changes adapted from Anglophone models, this is decidedly not the case. For example, the aforementioned Czech guidance on language related to disability considers the term ‘čtení ze rtů’ (lit. reading from lips; lipreading) as inappropriate, as it wrongly suggests that the practice is as precise and easy as the ‘reading’ of the alphabet, and places an overly strong emphasis on lips only, as opposed to a whole range of gestures accompanying the practice (Ombudsman veřejný ochrance práv 2020: 11). The guidance instead recommends ‘odezírání’ (lit. closest ‘looking/staring from’) as the correct term, whereas most Anglophone DHH communities use the term ‘lipreading’ without objection.

Apart from opposing harmful or offensive expressions, disability activism also places an emphasis on what is referred to as ‘people-first’ language, which promotes a view of disabled people as whole beings, not defined by their disability alone. For this reason, ‘people with epilepsy’ is the preferred term to ‘epileptics’ (which suggests epilepsy is the only trait of these people) or ‘victims of epilepsy’ (which promotes the victim-centric, pity-inducing view of disability). Similarly, ‘wheelchair user’ is a preferred term to ‘wheelchair-bound’ or ‘confined to a wheelchair’, as the term foregrounds the image of the mobility aid and a supposedly helpless, immobile person ‘bound’ to it. At the same time, it overlooks the fact that many people use wheelchairs on an ambulatory basis, meaning that they are able to walk under certain circumstances and use wheelchairs to conserve energy, prevent vertigo and many other reasons. These changes are likewise mirrored in the aforementioned Czech guidelines, which recommend the omission of terms such as *vozičkář* (compound noun from ‘wheelchair user’) and to replace it with ‘*Člověk pohybující se na vozíku/člověk s omezením hybnosti*’ [Person moving in a wheelchair/person with limited mobility] (Ombudsman veřejný ochrance práv 2020: 8).

It is also important to note that not all variations of English use people-first language when it comes to the term ‘people with disabilities’. While this is the expression preferred in the United States and most Anglophone disability discourse, the UK community largely chooses to refer to themselves as ‘disabled people’. The UK nomenclature shows a strong influence of the social model whose proponents suggest that ‘persons with disabilities’ implies that disabled people have ownership or responsibility over their experience of disability, rather than disability being an intrinsic part of who they are.

These discrepancies even within the English language itself highlight the importance of a nuanced and informed approach to the various languages of disability, which would account for the individual voices within the disabled communities and actively encourage the de-stigmatisation of its members.

4 Disability in translation studies

Although an academic area that would combine disability and translation has as of yet not been established, the discipline of translation studies has over the past few decades generated a number of works that are related to disabled people and issues of accessibility. Given the fluidity of the term disability and its changing conceptualisation in recent decades, it is difficult to decide which works within translation studies to include in this category; furthermore, there is naturally a large degree of overlap between different subfields, including those explored elsewhere in this volume, such as interpreting for the DHH people.

One of the first studies explicitly mentioning disability in a translated context is an article titled ‘Disability Issues in Translation/Interpretation’ by Smart and Smart (1997). Although primarily focusing on translation and interpreting in rehabilitation services, it is one of the first texts directly mentioning the specific requirements of disabled people within the context of healthcare interpreting and under the direct influence of the anti-discriminatory legislation based on the Americans with Disabilities Act (United States Department of Justice 1990). The article also acknowledges the cultural differences in the conceptualisation of disability, mentioning for example that most Native American languages have no equivalent expression for ‘learning disability’ (Smart and Smart 1995: 16, cited in Smart and Smart 1997: 124), or that it is difficult to find expressions related to disability in Chinese that would not perpetuate stereotypes of weakness or helplessness (Ong 1993; cited in Smart and Smart 1997: 124).

After Smart and Smart’s article, studies pertaining to disabled people have largely been scattered in various subfields of translation studies, typically without an explicit reference to disability. The largest number of these studies can be found in the field of audiovisual translation (AVT), which surveys both subtitling for the deaf and the hard of hearing (SDH, also known as close captioning in US English) and audio description for the blind and the partially sighted (AD). Both areas are of growing interest within AVT and there is an increasing number of studies on these topics in several of the most recent works in the field (e.g. Díaz-Cintas and Remael 2014; Baños Piñero and Díaz-Cintas 2015). The *Routledge Handbook of Audiovisual Translation* (Pérez-González 2019) has dedicated entries that detail the history and current issues in both subfields (see Neves 2019 for SDH; and Perego 2019 for AD). Although SDH and AD are perhaps the most obvious connection between AVT and disabilities, it is important to stress that audiences with sensory impairments are not the only group benefiting from subtitles or audio descriptions. For instance, Franco, Medina Silveira and dos Santos Carneiro (2015) explore whether AD aimed at the blind and visually impaired can also ensure better understanding for people with learning disabilities.

Although, as explained in the previous section, some DHH people prefer to see themselves as part of a linguistic minority instead of the disabled community, it is necessary to mention sign language interpreting as another substantial area of research related to disability within translation studies. *The Sign Language Interpreting Studies Reader* (Roy and Napier 2017) provides a detailed overview of the field’s history and addresses the sometimes problematic connection with disability studies (p. 368). Volumes by Janzen (2005),

Napier (2009) and Roberson and Shaw (2018) provide further insights into this academic area, and the contribution by Moreland and Swabey in this volume discusses the specific issues associated with sign language interpreting in healthcare settings and the related disparities faced by DHH patients.

Other works that link disability with translation are more diffused and isolated. Studies within the field of interpreting, such as the one from Salaets and Balogh (2015), focus on the specific requirements of interpreter-mediated questioning of disabled and vulnerable children. In relation to blind and visually impaired communities, machine translation technology is used for the transcription of texts into Braille in languages that are not using the Latin alphabet (Sugano *et al.* 2010; Wang *et al.* 2017). Inga Wagner's research considers terminological standardisation of the Spanish version of the aforementioned International Classification of Functioning (ICF) published by the WHO in 2010, with a brief reference to German and Italian translations (Wagner 2004). Many other areas, such as intralingual translation (e.g. into Simple English) which could benefit people with learning disabilities (Brøgger and Zethsen, this volume), interpreting in mental health settings (Bot, this volume) and child language brokering (Nilsen, this volume) could provide further insights into how various disabilities overlap with translation or interpreting within healthcare settings, despite not mentioning disability studies explicitly. While this is by no means a complete list, it attempts to emphasise both the scarcity of works at the intersection of translation and disability, and the broad possibilities for future research, which will be further stressed in the final section.

One last category whose absence is particularly striking comprises studies that would consider disability as an identity category that provides its own unique lens for the study of translation. This category is already well established in literary studies (see e.g. Hall 2016, 2020; Barker and Murray 2017). Thus far, the only work within the field of translation studies that uses disability as a theoretical framework to consider how stories written by and about disabled people are translated is a volume edited by Someshwar Sati and G. J. V. Prasad titled *Disability in Translation: The Indian Experience* (2019). The entries in this collection are centred around the translations of 18 short stories with motifs of disability from various Indian languages into English. Each translator details their experiences in the de- and reconstruction of the various themes, metaphors and images of disability in the process of translation. The volume remains the sole example of such an undertaking and foregrounds the need for further attention to be given to the use of disability as a critical framework for the exploration of literature, language and translation.

5 Translating the CRPD

The last part of this contribution will offer a small comparative case study focusing on the translation of international disability legislation published by the UN. All official UN documents are translated into the six official languages of the organisation; Arabic, Chinese, English, French, Russian, and Spanish (United Nations DGACM, no date); however, some documents, such as the CRPD, are adopted into the legal systems of its signatory countries and are therefore translated directly into their respective languages. The CRPD has so far been signed by 163 countries (UN Department of Economic and Social Affairs, no date). As this document sets out some of the most important anti-discriminatory regulations for disabled people, the wording in these translations has far-reaching consequences and a direct effect on the lives of disabled people in these signatory countries. Here I would like to offer a brief insight into the possible issues associated with

these translations, using the Slovak, Czech and German definitions of disability from Article 1 of the CRPD, already cited in the section above discussing the social model of disability.

The Slovak version of the CRPD (Organizácia Spojených Národov 2010) was ratified in May 2010 and signed in September of the same year. The definition of ‘persons with disabilities’ reads as follows:

Dohovor OSN o právach ľudí so **zdravotným postihnutím** definuje osoby so **zdravotným postihnutím** ako osoby s dlhodobými telesnými, mentálnymi, intelektuálnymi alebo zmyslovými **postihnutiami**, ktoré v súčinnosti s rôznymi **prekážkami** môžu brániť ich plnému a účinnému zapojeniu do spoločnosti na rovnakom základe s ostatnými.

Organizácia Spojených Národov 2010

[The UN convention on the rights of people with **health impairments** defines persons with **health impairments** as persons with long-term physical, mental, intellectual or sensory **impairments**, which in concurrence with various **barriers** can hinder their full and effective integration into the society on the same basis as others.]

As is visible from the back translation, the Slovak version uses the same term *postihnutie* for both disability and impairment, and the Slovak language currently does not have separate terms for the two concepts. The noun *postihnutie* (lit. closest to ‘affliction’) serves as a generic description of various impairments, usually preceded by a classification (*telesné postihnutie*/physical impairment etc.). The term ‘disabled person’ translates in both the medical and legal sense into *osoba s [ťažkým] zdravotným postihnutím* [person with a [severe] health impairment]. In everyday parlance, this is shortened into the acronym ZŤP (from the adjective *zdravotne ťažko postihnutý/á*), and functions in the same way as the English disability status; a person can indicate they ‘have’ a ZŤP when claiming a disability discount, e.g. when using public transport.

A similar situation is present in the translation of the CRPD into Czech, a language closely related to Slovak, which likewise shows the absence of a differentiation between a disability (*osoby se zdravotním postižením* [persons with health impairments]) and impairment (*postižení* [impairment]) (Organizace Spojených Národů 2007: 98, signed in March 2007). Interestingly, the aforementioned guide published by the Czech Ombudsperson (Ombudsman veřejný ochránce práv 2020: 8) recommends to omit the ‘health’ [zdravotní] part in ‘person with health impairments’, as it is seen as related to the outdated, individual model of disability.

While it would be erroneous to claim that this lack of linguistic differentiation between disability and impairment makes the explanation or adaptation of a social model of disability impossible, the fact remains that the easy and memorable definition of disability as a social inequality caused by impairments in interaction with barriers is much more difficult to convey in both Slovak and Czech. These linguistic discrepancies indicate one of the most significant areas for future research into disability and translation, represented by the differences in the very conceptualisation of the most basic terms, such as disability or impairment.

Let us now return to the CRPD definition of disability and compare the Slovak and Czech versions with the German translation. The German version was signed in March 2007 (Vereinte Nationen 2009a: 2), ratified in March 2009, and serves as the official and

joint translation for Germany, Austria, Switzerland and Liechtenstein. The definition of disability is as follows:

Zu den Menschen mit **Behinderungen** zählen Menschen, die langfristige körperliche, seelische, geistige oder Sinnes**beeinträchtigungen** haben, welche sie in Wechselwirkung mit verschiedenen **Barrieren** an der vollen, wirksamen und gleichberechtigten Teilhabe an der Gesellschaft hindern können.

Vereinte Nationen 2009a: 4

[Amongst people with **disabilities** count people who have long-term physical, mental, cognitive or sensory[-] **impairments**, which can, in interaction with various **barriers**, hinder their full, effective and equal participation in the society.]

The German version makes a clear distinction between *Behinderung* (lit. disability; the Germanic root of the noun is the same as the English *to hinder*), and *Beeinträchtigung* (lit. impairment; the verb *zu beeinträchtigen* can be translated as *to affect* or *to interfere with*), and as such follows the distinction between disability and impairment rooted in the social model of disability. This difference not only helps to easily convey the idea of the social model of disability, but the clear distinction between disability and impairment is much easier to integrate into the local legislations based on the CRPD in all four signatory countries.

Interestingly however, the official German version of the CRPD evoked some criticism from German-speaking disability activists, who felt that the translation did not mirror the meaning of the original English text sufficiently, and resulted in the publication of a ‘shadow translation’ (‘Schattenübersetzung’, Vereinte Nationen 2009b; translation prepared by the German Association for Human Rights and Equality for Disabled People Netzwerk Article 3). The primary reason for this dissatisfaction was the fact that the official version did not pay sufficient attention to ‘awareness raising through the **right** translation’ (UN-Behindertenrechtskonvention, no date, emphasis in original), and used too many loanwords from English (such as ‘disability mainstreaming’ ‘peer support’ and ‘capacity-building’, among others). The use of these Anglicisms, it was felt, ‘do not sharpen the consciousness of the society about the concerns of people with disabilities’ (*ibid.*). The need for this unofficial German shadow translation highlights the (over)use of English in non-Anglophone disability discourse discussed above, but also the crucial need for nuanced and informed translations done by experts who are trained not only in the translation of legal documents, but also understand the role of language in disability activism. It also highlights the question of agency; the shadow translation emphasises the direct involvement of the disabled community in the preparation of the document as the main defining feature of this alternative translation (Vereinte Nationen 2009b: 3), and as such underscores the importance of the inclusion of disabled people not only in the process of drafting, but also in the translation and editing of official documents.

6 Conclusion and future directions

With disability activism becoming a prominent international issue joining the fight against racism, sexism, ageism and other inequalities, the study of disability from the perspective of translation studies becomes increasingly relevant. The examples in this chapter sketch out

some of the possible areas for future research at the intersection of disability studies and translation studies, such as the fast-changing language of disability activism and how its vocabulary travels across linguistic borders; the predominance of English in international disability discourse; the conceptual problems of translating models of disability into different languages and cultures; and, the question of agency in the translation of legal documents related to disability. Alongside these, the overlap between the two disciplines provides a broad range of further research directions. A better understanding of the different cultural and linguistic perceptions of disability could be used to improve translation standards in healthcare and help to represent disabled people in different linguistic environments. Questions of how disabilities affect the work of translators and interpreters could also become a subject of future study, including surveys about what could make translation and interpreting a more accessible occupation for disabled people. Training of interpreters and translators could be built with an awareness of the specific needs of disabled groups in mind, and the training itself could be more inclusive towards disabled interpreters and translator. Ensuring accessibility through translation could likewise expand beyond the present-day issues of sign language interpreting and SDH/AD in AVT, and could encompass intralingual translation, tactile writing and specific provisions for people with learning disabilities.

Another large and hitherto unexplored area is literary translation, where disability can be used as a critical tool similar to a queer perspective; future works could map the historical developments of disabled characters in translation, explore the work of disabled authors in translation and attempt retranslations of literary works through the lens of disability. Lastly, the presence of disability discourse within the field of translation studies could also raise awareness about the practical needs of disabled communities when teaching in academia or organising conferences and other events in the field of translation studies, and contribute to the creation of a truly inclusive and diverse academic field.

Notes

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- 2 The author would like to thank Miro Griffiths for his generous comments and detailed feedback on an earlier draft of this chapter.
- 3 This chapter uses the term 'disabled people' as opposed to 'people with disabilities', given that this term is prevalent in the UK where the author wrote most of this chapter. A detailed discussion of the difference between these two expressions is included in Section 3.
- 4 See Lawson and Beckett (2020) for a comparison of the social and human rights models.
- 5 Compare also with the definition in the Americans with Disabilities Act (ADA) of 1990: '[t]he term "disability" means, with respect to an individual (A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment' (United States Department of Justice 1990).
- 6 See also Barnes and Mercer (2004) for a discussion of the social model as an oppositional device.
- 7 Interestingly, parts of the (primarily Anglophone) disabled community are now reclaiming the term 'cripple' (and particularly the shortened form 'crip') as a way to take back the agency over their own identity, similar to how the term 'queer' was re-appropriated by many members of the LGBTQ+ community (see McRuer 2006, particularly Chapter 1 'Coming out crip: Malibu is burning').

- 8 www.duden.de/suchen/dudenonline/Kr%C3%BCppel.
- 9 <https://slovník.juls.savba.sk/?w=kripel&s=exact&c=Jae3&cs=&d=kssj4&d=psp&d=sssj&d=orter&d=scs&d=sss&d=peciar&d=hssjV&d=berolak&d=noundb&d=orient&d=locutio&d=obce&d=priezviska&d=un&d=pskcs&d=psken#>.
- 10 www.gov.uk/government/publications/inclusive-communication/inclusive-communication-words-to-use-and-avoid-when-writing-about-disability.
- 11 All back translations are the author's, unless otherwise specified.
- 12 www.oed.com/view/Entry/240190?redirectedFrom=ableism#eid.
- 13 See also e.g. Wolbring (2008) and Campbell (2009) for further discussions of the concept of ableism and the associated issues.
- 14 <https://mujautismus.cz/2018/02/nelitujte-me-nelitujte-me-deti/>.
- 15 www.transfuzia.org/kniznica-archiv/clanky/ableizmus-dostupnost-a-transsexualizmus_49.

Further reading

Sati, S. and Prasad, G. J. V. (2019) *Disability in Translation: The Indian Experience*. London: Routledge.

The volume brings together essays from 18 translators who were invited to share their experiences in translating short stories with themes of disabilities from various Indian languages into English.

Smart, J. F. and Smart, D. W. (1997) 'Disability Issues in Translation / Interpretation', in Babirecki-Labrum, M. (ed.) *The Changing Scene in World Languages*. Amsterdam and Philadelphia: John Benjamins.

One of the first texts connecting disability and translation studies. Published as a response to the Americans with Disabilities Act of 1990, the article provides a succinct list of issues in translation and interpreting pertaining specifically to disability.

Ingstad, B. and Whyte, S. R. (1995b) *Disability and Culture*. Berkeley and Los Angeles: University of California Press.

Ingstad and Whyte's anthropological survey compares different cultural perceptions of disability in a range of countries, including Southern Somalia, Borneo, Uganda, Nicaragua and Botswana.

Davis, L. J. (2006) *The Disability Studies Reader*, 2nd ed. New York and London: Routledge.

The Reader brings together key texts from the field of disability studies, and as such presents a good starting point for those interested in the history and development of the field.

Related topics

The Impact of Interpreters and the Rise of Deaf Healthcare Professionals, Medical Humanities and Translation, Queer Feminisms and the Translation of Sexual Health

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