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Christian Rossignol, Catherine Barral

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Christian ROSSIGNOL

Chargé de recherche C.N.R.S.

Lab. Parole et Langage ESA 6057

UNIVERSITE DE PROVENCE

29 avenue Robert Schuman

13621 AIX EN PROVENCE

Tel & Fax 04 42 29 02 95

E mail : christian.rossignol@lpl.univ-aix.fr

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Translation and validation of the
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Textual Strategies and Translatability of Measurement Instruments

The Example of the WHO's « *International Classification of Impairments, Disabilities and Handicaps* »

Introduction

The translation of measurement instruments, such as “questionnaires”, “scales” or “classifications” raises different types of problems.

We will deal here with a certain number of translation issues, which appear when the texts, which have to be translated, are not only measurement tools.

Some instruments are presented as measurement or classification tools, but aim equally at producing certain effects on their users or at modifying the reality they are designed to measure. Their objectives are sometimes manifold and not always explicit.

They develop what we call “textual strategies”; the function of textual strategies is to induce a particular type of representation or to bring the user or the respondent to favor a particular interpretation of the text or of the facts to which it refers.

We will present a few examples drawn from the World Health Organization's "*International Classification of Impairments, Disabilities and Handicaps*". WHO presents this text as a "*hierarchical classification*" and as a statistical and research tool.

A brief history of the "classification"

In the seventies, the World Health Organization which has already long circulated an International Classification of Diseases (ICD), solicited one of its consultants, Dr. Philip WOOD in order to investigate the possibilities of a classification of "consequences of disease" that will be compatible with the principles of the former.

Dr. WOOD defines himself as an "*amateur taxonomist*" and he acknowledges that working at this project showed him that "*the difficulties met were not only the result of the nomenclature, but also that of the confusion there was concerning the basic concepts*" and that a unique classification which would comply with the taxonomic principles of the classification of diseases was not possible.

According to him the "*impairments*" could be dealt with according to these principles, but trying to do so with the "*handicaps*" would lead to arbitrary compromise and contradictions. Thus he suggests basing the classification on a different type of structure.

In May 1976, the publication of a "*Classification of Impairments and Handicaps*", complementary but distinct from the International Classification of Diseases, was approved by the World Health Assembly for experimentation purposes.

The text published four years later, in English, (which we will refer to as ICIDH-80) already contains a great number of modifications compared to WOOD's original project:

- the classification of "disabilities" has been modified following the model of that of "impairments"
- functional disorders (i.e. which are not correlated with detectable organic impairments) which were originally placed in the classification of "disabilities", now belong to the classification of "impairments".

The French translation was to be published eight years later, in 1988, by the French WHO Collaborating Center.

This translation, implemented by a team of a French medical research institute is considered as mediocre. It has been highly and rightly criticized for its omissions, additions, intentional modifications and errors.

Our analysis of the text in the nineties showed that:

- the changes brought about through the translation referred to political, economic or corporatist stakes
- it was not an exact translation but rather a French adaptation implemented by translators whose work was largely under the influence of the lobbies of the concerned professional fields (medical, socio-medical and social)¹.

In June 1997, WHO published a revised draft of its classification, titled “*International Classification of Impairments, Activities and Participation. A manual of Dimensions of Disablement and Functioning. Beta-1 Draft for Field Trials*” (which acronym is ICIDH-2). We have implemented the French translation and the analysis of this draft, on the request of the French WHO Collaborating Center.

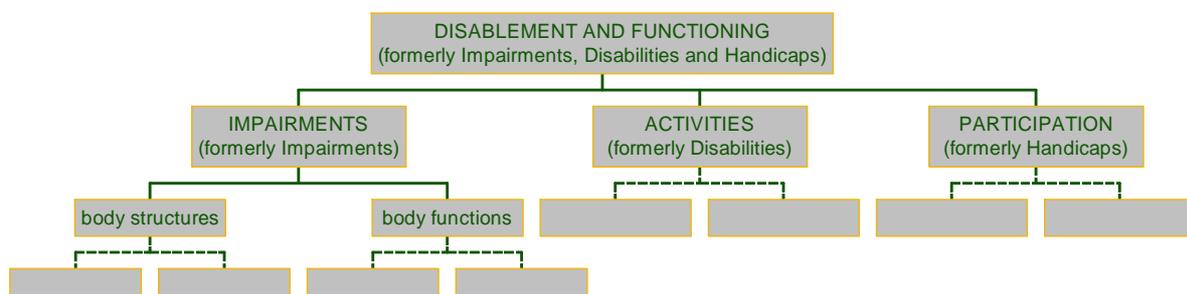


Figure 1. Structure of the « classification »

In July 1999, WHO published a new version of the revised classification, titled: “*International Classification of Functioning and Disability. Beta-2 Draft*”, which we have also analyzed.

The analysis of this draft showed that the main translation difficulties were different from those expected by WHO, listed in the “*translation guidelines*” that were circulated along with the new draft.

The real difficulties refer most often to a problem inherent to the construction of the classification and to the definition of the categories. These difficulties stem from ambiguities used as elements of textual strategies linked to political strategies, which are themselves referring to professional stakes.

It is the case in particular, when terms or expressions such as “*disablement*”, “*concept*”, “*model*”, “*norm*”, “*unit of classification*” are used either in the same sentence or in various places in the text with different meanings. Thus, either translating them by the same term makes the text incomprehensible, or translating them by different terms ruins the textual strategy and therefore alters the (political) functioning of the original text.

^{1 1} ROSSIGNOL C. 1992. Classification internationale des Handicaps ? Présupposés et enjeux politiques d'un choix de traduction ; approche sociolinguistique et historique, *Langage et société*, N° 62 décembre 1992.

Here are a few examples applying to: the choice of the title, the definition of the object of the classification, the definition of the “*units of classification*”, the organization of the “*categories*”.

The title

Usually, the title of a classification is intended to set forth what is classified and possibly the object of the classification.

In the present case, the conception of what is meant to be classified gives rise to endless debates between professionals with contradictory stakes, and to increasing ambiguous wordings.

As a result, the title has been changed at each phase of the revision process:

- -« *International Classification of Impairments and Handicaps* » in 1975, becomes:
- « *International Classification of Impairments, Disabilities, and Handicaps. A manual of classification relating to the consequences of disease* » in 1980. It is then changed into:
- « *International Classification of Impairments, Activities and Participation. A manual of Dimensions of Disablement and Functioning* » for the ICIDH-2 beta-1 Draft, then into:
- « *International Classification of Functioning and Disability* » for ICIDH-2 beta-2 draft.

Far from getting clearer along the revision process, the title becomes less and less precise and more and more enigmatic.

The same occurs with the object of the classification, which is not mentioned any longer in the title.

The object of the classification

The text states that its objective is:

« *To provide a scientific basis for understanding and studying the functional states associated with health conditions* » (Aims of ICIDH-2 p. 9)

The text states also that:

« *The ICIDH-2 classification has been organized in a hierarchical scheme keeping in mind the standard taxonomic principles. [...] Within each dimension or component, the categories have been created in a stem-branch-leaf scheme, so that a fourth-level category shares the attributes of the higher-level categories of which it is a member.* » (Appendix 3 p.191)

The analysis however shows that in fact, the “*categories*” are not defined in terms of properties or attributes; the definitions are not definitions in comprehension and they are not organized according to a hierarchical structure. Thus the text leads the reader deliberately toward an erroneous interpretation.

If it were effectively a hierarchical classification, the expression “*Disability and Functioning*” – as the label of the generic category – should be defined in terms of properties or attributes common to all the sub-categories. It is not the case.

The text does not provide an operational definition of what is meant to be classified. Instead of using such terms as “*generic category*” or “*superordinate category*”, the authors use the metaphoric expression of “*umbrella term*”.

The text also does not provide a formal definition of “*functioning and disability*”, but tautological expressions defining these with synonymic terms. For instance: the categories of the first hierarchical level are defined with synonymic terms² and as “*dimensions*” of “*functioning and disability*”, the latter being then defined as the “*umbrella term*” which encapsulates the whole of the “*dimensions*”.

The question of what is the object, whose “*dimensions*” are covered by an “*umbrella term*” remains unanswered. And one is led to think that the authors of ICIDH-2 cannot or do not wish to answer the question.

However it must be said that if the text provided a clear definition of what constitutes the object of the classification and of what has to be classified, the question of the title and of its possible translations would then be solved. But our analyses lead us to hypothesize that the political functioning of this text requires that these questions not be answered.

In order to interpret and translate the expression “*Functioning and Disability*” and in the absence of definition, we have to refer to the contexts of its occurrences.

There are two possible options:

² For instance: « **Body Functions** » are defined as the « *functions of body systems* »; « **Activity** » is defined as « *the performance of a task or action by an individual* »; « **Participation** » is defined as « *an individual's involvement in* ». These definitions are not definitions in terms of properties or attributes but in synonymic terms.

- 1°. one can either consider “*Functioning and Disability*” as an expression of common language and interpret it in relation to the contexts of its occurrences in the text itself,
- 2°. or one can interpret this expression in relation to the theoretical context it refers to³. One must then consider the expression as the name of the generic category of a scientific classification.

1°) **If we confine the study to the uses of the expression in the text itself**, one observes that it is used to designate:

- 1°. the “*functional states associated with health conditions*” (p.7&11)
- 2°. an « *Umbrella term* » meant to cover the three dimensions « *impairment* », « *activity and activity limitation* », « *participation and participation restriction* » (p. 7 &192) and therefore
- 3°. the various « *domains of functioning* » (p.13)
- 4°. a “*situation*” (p.11)
- 5°. « *a dynamic interaction* » (p. 12 & 24)
- 6°. a « *process* » (p. 23)

As a result, the expression “*Functioning and Disability*” has no precise signification and the multiplicity of the usage categories⁴ of the terms, which compose it, will allow the translators and readers to interpret it freely.

2°) **If we take into account the contextual indications** that the text contains, one will interpret the expression “*functioning and disability*” in relation to the theoretical context which it is referred to, following the criterion of coherence:

The definition of the generic category of a hierarchical classification has to be intensional and must express the set of properties or attributes common to all the categories of the classification and only to them.

It should then be possible to reconstruct this definition by identifying the properties or attributes of the sub-categories and by extracting those that are common to all of them.

But this attempt fails and it appears impossible to identify a permanent core – even very general – of properties common to all categories. It even appears impossible to identify only one property or attribute common to all categories and only to them.

³ Appendix 3: « *Taxonomic and terminological issues* »

⁴ These categories of usage would be even more numerous if we were to take into account previous versions.

This failure is due notably to the fact that categories are not defined in terms of common properties or attributes, as the authors claim⁵, but on the basis of “resemblances”; what one could call a network of “family resemblances”.

In fact, the type of analysis that WITTGENSTEIN applied to the notion of game and that Umberto ECO applied after him to the notion of “fascism”⁶ may be used here to analyze the contents of “*Functioning and Disability*”.

“*Functioning and Disability*” designates a series of “domains of functioning” which include the loss of a limb as well as the “*quality of sleep*”, compliance with a cultural or a legal norm, “*temperament*” or “*personality*”. These “domains” show at the most a certain “resemblance” that one does not really know on what it is founded.

Let us postulate a series of domains of functioning:

1	2	3	4
a b c	b c d	c d e	d e f

“*Domain 1 is characterized by the features “abc”, domain 2 by “bcd” and so on. Two is similar to One, having two features in common. Three is similar to Two and Four is similar to Three for the same reason. Three is also similar to One (they have feature “c” in common). The strangest case is Four, obviously similar to Three and to Two, but without any common feature with One. However, because of the uninterrupted series of decreasing similarities from One to Four, a family likeness remains between Four and One through to a kind of illusory (illusive?) similarity*”⁷.

“*Functioning and disability*” is thus an expression, which is likely to adapt to any situation, for even if one removes one or several features, it will always be possible to acknowledge a “*functional state associated with health conditions*”.

But if these expressions are not defined within a scientific or technical context, can they however be considered as expressions of common language? We do not think so.

Common language uses expressions such as “*this disability made him eligible for a pension*”, “*he is under a disability*”, “*he has a health condition*”, “*he seems severely impaired*”. “*his appearance is a great handicap*” “*he was greatly handicapped by his accent*”.. Even an uneducated observer is able to interpret at least the general meaning of these syntagms, if not

⁵ « Definitions are statements that set out the essential attributes (i.e. qualities, properties or relationships) that constitute the concept or thing designated by the category “. Beta-2 Draft, p.193.

⁶ ECO, U., « Eternal Fascism ». *The New York Review of Books*, New York, June 22 1995. Cf. also *Semiotica e filosofia del linguaggio*. Torino Einaudi 1984 (chap. IV)

their precise signification. But with such expressions as “*functioning and disability*”, “*process of functioning and disability*”, “*functional states associated with health conditions*”, etc. the common reader will find it difficult to give them a precise meaning. He may well suppose that they do have precise definitions in scientific or technical contexts, which are not for the common run of people. These expressions constitute a pseudo-scientific, pseudo-ordinary language.

One may question whether under the “*family resemblance*” which link the categories, there is a very general property that survives in each of the terms of the chain. And whether it is possible to construct, on the basis of this property, an object that is not identified to any of the “*categories*” studied but accounts for each of them.

There is indeed a property that does not describe any of the “*categories*” of ICIDH-2 but accounts for the existence of each of them. Our hypothesis is that each of the categories of this “*classification*” tries to identify properties, qualities, attributes, situations of persons that constitutes the present or potential clientele of medical and medico-social professions.

We have elsewhere⁸ hypothesized and showed that inasmuch as the categories define the clientele and the professional fields, the expressions that designate these categories, their definitions or absence of definition and consequently their translations in different languages constitute political stakes and are subject to fierce debates.

The problem occurs also in regard to the “*unit of classification*”.

The “Unit of classification”

A chapter of the introduction titled “*Unit of classification*” proposes to develop the following rule: “*A classification should be clear enough about what it classifies*” (p.11) and the reader is thus expecting an answer to the question of what ICIDH-2 classifies. The following four lines compose the entire chapter. They are composed of three sentences linked together by groundless deductive inferences (using unjustifiably the term “*therefore*”); each of them referring to a different meaning of the expression “*Unit of classification*”.

⁷ According to ECO, U. *op. cit.* p. 67-68.

⁸ ROSSIGNOL, C., *Inadaptation, Handicap, Invalidation ? Histoire et étude critique des notions, de la terminologie et des pratiques dans le champ professionnel de l'Éducation spéciale*. Thèse de Doctorat d'État, Université Louis Pasteur – Strasbourg 1, septembre 1999.

“3.3 Unit of classification *ICIDH-2 classifies functioning and disability from the perspective of an individual’s life circumstances. The unit of classification is therefore the “domain” of functioning (the area where functioning or disability occurs). It is important to note, therefore, that in ICIDH-2 persons are not the units of classification; that is, ICIDH-2 does not classify people.* » (p.13)

The first sentence: « *ICIDH-2 classifies functioning and disability from the perspective of an individual’s life circumstances* » refers to what constitutes the unit of the classification, that is to say to the “umbrella term” designed to gather a certain number of classifications in one “unit” (our still not knowing what founds it).

In the second sentence: « *The unit of classification is therefore the “domain” of functioning (the area where functioning or disability occurs)* », the expression « unit of classification » refers to what constitutes the units of classification or *Taxa*⁹ that is to say the categories of the classification.

In the third sentence: « *It is important to note, therefore, that in ICIDH-2 persons are not the units of classification; that is, ICIDH-2 does not classify people* », « unit of classification » designate the objects or « concrete occurrences » which are meant to be classified.

It appears that the *categories* (which are abstract objects, set of properties) and the *empirical objects* that have to be divided up into these categories according to their properties are here merged and confused under one and the same term. The type and the token, the concept and the occurrences of the concept are here mistaken one for the other.

To say that in ICIDH-2 the units of classification (or taxa) are not the persons is exact. It is even a truism since the units of classification are nothing else than collections of properties¹⁰. But one cannot infer from that that ICIDH-2 does not classify the persons; on the contrary if these properties and attributes are those of the persons what could ICIDH-2 classify but persons?

⁹ In the taxonomic model to which the text refers, each hierarchical level of the classification is called *taxon* and each *taxon* is defined by a number of features (or « *attributes* » or properties) common to the species (or to the hyponymous categories), which constitutes it.

¹⁰ The text states that “*definitions (of the taxa) are statements that set out the essential attributes (i.e. Qualities, properties or relationships) that constitute the concept or thing designated by the category.*” (Beta-2, p.193). It says also that ICIDH-2 is a classification of health characteristics of the persons in the context of their situation of individual life. We should deduce from this that the properties used to define the categories are attributes of the persons.

Finally and above all, one should note that the text states what the *units of classification* **are not** but does not state **what they are**. It says what ICIDH-2 **does not classify** but does not say **what it classifies**.

This series of confusions not only shows that ICIDH-2 does not comply with taxonomic rules; it is likely that it is an element of textual strategy focusing on eluding the true object of the classification which the political functioning of the text requires not to unveil.

Let us continue with the analysis of the categories and their organization.

Organization of the categories

The text then proposes a brief description of the organization of the information according to three *dimensions* named “*functions and structures of the body*” (B), “*activities*” (A) and “*participation*” (P). These dimensions are themselves divided into “*domains of functioning*”.

A quick study of the “*items*” of each of the three “*dimensions*”: “*Body functions*”, “*activities*” and “*participation*” show that most categories of the “*classification*” of “*Body functions*” merely describe activities: motor, perceptual, nutritive, sexual, intellectual which are simply presented out of a context, in a « learned » language and often arbitrarily qualified as “*functions*”.

But the observable facts they are supposed to categorize are nothing else than activities such as: chewing, swallowing, sucking, breathing, sleeping, talking, writing, calculating, looking, listening, interpreting, etc.

The same can be said of the categories of “*participation*”, which merely describe activities: motors, perceptual, nutritive, sexual, intellectual, etc., often the same as the former, but grouped differently and presented in a social context and re-qualified as “*Participation in...*”.

But the observable facts they list and categorize are no different from those classified in the two other “*dimensions*” and are nothing other than human activities: to move around, to prepare food, to feed oneself, to take care of oneself, to produce and interpret signs, to talk, to write, to learn, to work, to play, to have sexual intercourse, to do economic transactions, to pray, to vote, etc.

The distinction between the three dimensions: body functions/ activities/ participation is based on false evidence of common sense. Rhetoric procedures and artifacts support the likelihood of these distinctions whereas empirical facts, which constitute the categories occurrences, are generally the same for all three cases.

The same ordinary observable fact: an activity (X) can be placed:

– first in a category of “*body functions*” defined as such:

bXXX Function (X)

Function of (X) (“scientific” language)

– secondly in a category of “*activities*” defined as:

aYYY Activity of (X)

Actions and tasks performed by an individual for (X) (common language)

– thirdly in a category of “*participation*” defined as:

pZZZ Participation in (X)

Involvement in (X) (common language) as a function of the availability and accessibility to...

Let us take the examples of some activities such as: eating, talking, reading and writing, having sexual relationships.

Eating is characterized as:

b510 Ingestion functions

Functions related to taking and manipulating solids or liquids into the body by the mouth.

a560 Activities of eating

Coordinated actions of readying food that has been served, bringing it to the mouth, consuming it in culturally acceptable ways.

p1202 Participation in food and drink consumption

Involvement in the consumption of culturally appropriate and healthy food and drink, as a function of availability and accessibility of nutrition resources.

Talking is categorized as:

b175 Specific mental functions of language

Specific mental functions of recognizing and using signs, symbols and other components of a language.

b320 Articulation functions

Functions for the production of speech sounds.

a230 Activities of producing spoken messages (speaking)

Actions of producing spoken messages with literal and implied meaning.

p310 Participation in spoken exchange of information

Involvement in the exchange of information by spoken means, including both the expression and reception of information, as a function of the availability and accessibility of relevant spoken communication resources and services.

Reading is categorized as:

b17501 *Reception of written language*

Mental functions of decoding written messages to obtain their meaning.

a225 *Activities of understanding written messages (reading)*

Actions of comprehending the literal and implied meanings of messages that are conveyed through written language.

p320 *Participation in written exchange of information*

Involvement in the exchange of information by all forms of written material, as a function of the availability and accessibility of relevant written communication resources and services.

Sexual activity is characterized as:

b640 *Sexual functions*

Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic, and resolution stages.

a760 *Activities of engaging in physical intimacy*

Complex and coordinated actions that an individual performs in order to initiate and react to the physical expressions of affection and desire and performing sexual intercourse.

p4202 *Participation in sexual relationships*

Involvement in the creation and maintenance of sexual relationships of between individuals, as a function of being accepted by others as potential intimate partners and having access to relevant facilitating resources and services.

We have showed elsewhere that these distinctions are not justified either from a theoretical point of view or from an empirical point of view.

A metaphorical language is used to justify the quasi-total overlap between dimensions.

We hypothesize that these three “*parallel classifications*” organize the same information but considered in relation to the needs of different professional sectors. A first version of the text stated that:

“For specific purposes (...) the orientation of the impairment, disability and handicap codes will be respectively, for medical, rehabilitation, and welfare services.” ICIDH-80, p. 18.

But this mention disappeared in later versions.

The analysis can be carried on with the lower-level categories.

For the classification of “*impairments*”, it is more complex¹¹ and cannot be presented here. Let us say in short that while the text states as a principle that:

“*Impairments have been conceptualized in congruence with biological knowledge at the level of tissues or cells and at the sub-cellular or molecular level*” and that “*the biological foundations of impairments have guided the classification*”, textual strategies are set up in order to avoid as much as possible to refer to biological knowledge¹².

The analysis of the organization of “*categories*” will show that in spite of the principle stated in the introduction, the organization of categories does not follow the conceptual organization of existing biological knowledge. Rather it consists in following – or setting up – the “*boundaries*” of biomedical and medico-social specialties (and that is the reason why they represent political stakes and are object of bitter debate)

The analysis of the overlaps between categories show that they do not refer to overlaps between fields of knowledge but rather to overlaps between professional fields.

We may thus hypothesize that the categories of the WHO classification do not aim principally at the scientific organization of a field of knowledge but rather focus implicitly on the social organization of a professional field.

The formal model of the hierarchical classification and the scientific references along with it seem to be dedicated to induce the ordinary reader into the idea that the expressed normative proposals are scientifically founded and therefore convey a “*universal value*”; idea which the use of the term “*international*” will reinforce.

Conclusion

The translation of this type of text raises technical and ethical problems, which we will mention briefly.

- If one is attached to reconstitute as exactly as possible the content of each proposal, one is then led to implement what is considered a “good translation” with regard to the acknowledged criteria. But by doing so, one ruins a number of textual strategies and one elicits inconsistencies and contradictions, which are hidden in the original text by rhetorical procedures and artifacts. In other words one produces a relatively exact translation, but socially and politically the text no longer functions as intended.
- If on the contrary, one tries to protect the textual strategies and the procedures dedicated to induce the reader into a certain type of attitude or into a particular interpretation (and it

¹¹ ROSSIGNOL, C., « Classification internationale des altérations du corps, invalidités et handicaps : modèles et enjeux du processus de révision » in *Handicap*, n°79-80, juillet -décembre 1998.

¹² *Ibid.*

is this option that the French translators of ICDH-80 and the Canadian translators of the later versions seem to have adopted), the translator then meets a number of technical difficulties related to the fact that these textual strategies often draw upon characteristics of form or usage of the source language which have no equivalent in the target language (such as homonyms, usage categories of a term which cannot be found in the target language, etc.). Frequently the translator cannot overcome these difficulties but with omissions, additions, intentional modifications, changes which will appear as translation errors, but which once analyzed, reveal to be meant to protect the social and political functioning of the text. It seems that this has been the case of the first French translation of this classification.

The translation of a measurement instrument such as questionnaire, nomenclature or classification should not raise particular problems as long as the question is to express in a different language a precisely defined content. Such a translation is always possible, even though it may sometimes require “painful” periphrasis.

Specific problems, which may not find any solution, occur when the so-called measurement instrument does not solely aim at measuring but also at producing a particular impact on its user or on the social reality it claim to measure.

Christian ROSSIGNOL & Catherine BARRAL

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CHRISTIAN ROSSIGNOL
Chargé de recherche C.N.R.S.
Labo. Parole et Langage ESA 6057 CNRS
29 avenue Robert Schuman
13621 AIX EN PROVENCE CEDEX 01
Tel & Fax 04 42 29 02 95
E. Mail : christian.rossignol@lpl.univ-aix.fr

CATHERINE BARRAL
Chargée de recherche
CTNERHI
236 Bis rue de Tolbiac
75013 PARIS
Tel. 01 45 65 59 01
E. Mail : ctnerhi@club-internet.fr

Rousset le, jeudi 27 janvier 2000

Objet : Projet de communication

**International Classification of Impairments, Disabilities and Handicaps
Traductibilité et enjeux des projets de révision présentés par l'OMS**

Abstract : En 1980, l'OMS publiait a titre expérimental une « *International Classification of Impairments, Disabilities and Handicaps.* » présentée comme un outil statistique, de recherche et de politique sociale.

Un processus de révision initié en 1993 par L'OMS a successivement abouti à un projet Beta-1 (1997) intitulé « *International Classification of Impairments, Activities and Participation* » puis à un projet Beta-2 (1999) intitulé « *International classification of Functioning and Disability* »

Les auteurs, experts mandatés par le Centre collaborateur français ont effectué la traduction et conduit une analyse sémiotique, conceptuelle et formelle de ces projets.

Il ressort de ce travail que les problèmes de traductibilité résultant de l'absence d'un terme équivalent dans un langue différente ou d'une notion équivalente dans une culture différentes peuvent généralement être identifiés et résolus sans difficulté majeure.

Dans la plupart des cas les difficultés de traduction renvoient à un problème inhérent à la construction et à la définition des catégories de la classification, problème que la traduction ne fait que révéler. Les problèmes récurrents rencontrés ne marquent pas les limites des connaissances en la matière mais renvoient à des enjeux idéologiques, politiques et corporatistes.

Nous montrerons notamment en prenant pour exemple certains items problématiques de la classification des impairments, que – en dépit de ce qu'affirme le texte – cette classification ne décrit pas une organisation naturelle en se fondant sur des connaissances biologiques. Elle décrit et construit une organisation sociale, celle des spécialités biomédicales. L'analyse des overlaps entre catégories montre en effet qu'ils ne renvoient pas à des chevauchements entre champs de connaissances mais à des recouvrements entre champs professionnels.