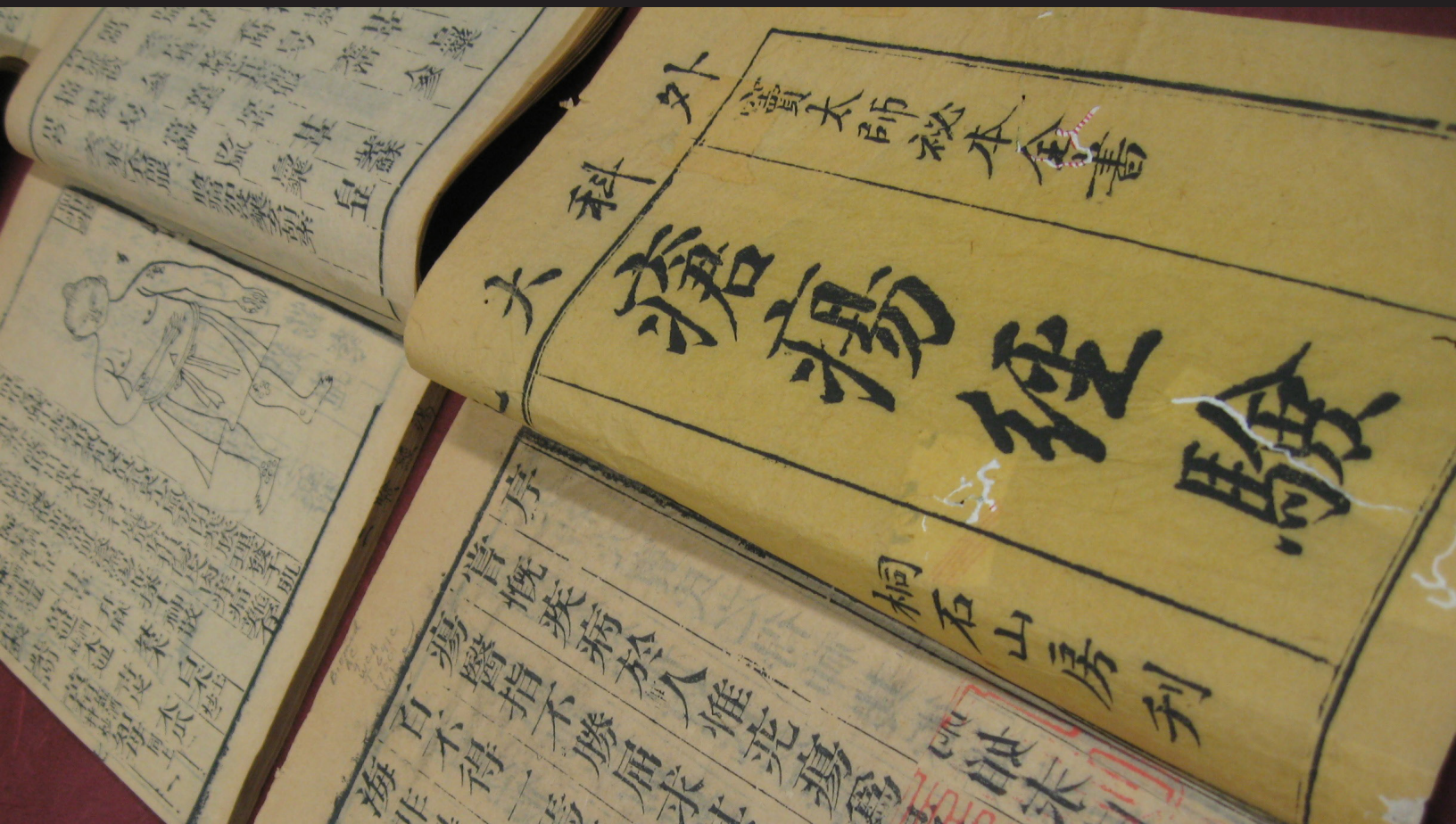


Considerations in the Translation of Chinese Medicine



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The project was inspired by the Guidelines for the Translation of Social Science Texts (www.acls.org/sstp.htm).

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I. Introduction

The present considerations have emerged as the result of many years of studying and practicing Chinese medicine and integrative East-West medicine (KKH, SP), conducting translations and teaching in the field of Translation Studies (MH) and Chinese medicine (KKH, SP), and conversing with numerous scholars and practitioners in the fields of Chinese medicine, integrative medicine, translation studies, and anthropology. Based on these experiences, our goal in the present document is to raise awareness among the many stakeholders involved with the translation of Chinese medicine. This includes both the producers and consumers of translations, as well as various individuals involved with the production process. Like the Guidelines for the Translation of Social Science Texts [1] offers for the field of social science, we hope that this document will help to strengthen communication in the field of Chinese medicine as a whole. We further hope that these considerations will serve the goal of developing more high-quality translations in clinical Chinese medicine, especially in order to facilitate increased opportunities for international collaboration in research, education, and practice.

In this document, we discuss the translation of texts and other materials primarily in the field of clinical Chinese medicine, which is here considered to include acupuncture, herbal medicine, Chinese nutrition, and tuina therapy (Chinese medical massage).

The authors of the Guidelines for the Translation of Social Science Texts write that: “Translation is a complex and intellectually challenging process, and all those who [commission and edit] translations need to familiarize themselves with it. While the catch-phrase ‘lost in translation’ highlights the pitfalls, difficulties, and potential insufficiencies in the translation process, we wish to emphasize from the outset that successful communication through translation is possible. Moreover, translation is a creative force: it can enrich by introducing new words and concepts and conventions that go with them.”[1: p. 1]

We believe that this is especially true for Chinese medicine in which, as many have noted, the translation process is especially complex [2-8]. Not only must those who commission and edit translations become familiar with the process, but consumers must also increase their awareness of the translation process. This is because in clinical practice, translation occurs not just on paper, but also from text into practice as concepts are introduced and principles are applied [8]. In this complex, highly interactive clinical field, moreover, we believe that translation not only enhances the target language, as mentioned above, but also provides an opportunity for the enhancement of the source language, providing a platform for deeper communication, and offering an opportunity for self-reflection and growth.

These considerations have been prepared for students, practitioners, and researchers who draw upon any form of translation in their

study and practice. It is our hope that both beginning and advanced translators will also find the considerations relevant. For students and practitioners of Chinese medicine, the considerations will help them learn how to evaluate and digest various translations of Chinese medical texts with greater sensitivity and comprehension, regardless of their Chinese language ability. For translators, though not meant as a translation manual, this document will also be of interest because we deal with the characteristics that distinguish translations of Chinese medical texts from translations of other types of texts, and consider some of the techniques best suited to deal with these characteristics.

Furthermore, this document will offer a resource for educators and students seeking to better understand how the translations on which they depend on for clinical education are produced, what pitfalls they need to be aware of regarding those translations, and how they may participate in creating better resources in the future. Finally, the considerations will provide researchers with a foundation for establishing collaborative relationships on specific projects where English-speaking and Chinese-speaking investigators need to work by means of translation to carry out their studies.

II. Developing the Considerations

As stated above, this document has emerged out of many years of teaching, researching, and practicing Chinese medicine, and integrative medicine, as well as translation. Each of the principal investigators thus brings a slightly different set of experiences and perspectives to the project. The late Michael Heim, distinguished professor in the UCLA Departments of Comparative Literature and

Slavic Studies and one of the finest literary translators of the last half-century, thought deeply about translation. A lifelong student of languages, Heim mastered twelve of them and produced award-winning translations from eight: Russian, Czech, Serbian/Croatian, Dutch, French, German, Hungarian and Romanian. Among these, he is best known for the translation of Milan Kundera's *The Unbearable Lightness of Being* and the Nobel Literature Prize winner Gunter Grass's *My Century*. In his later years he worked intensively on Chinese-English translation and paid special attention to this project. Ka Kit Hui, M.D., is the Founder and Director of the UCLA Center for East-West Medicine (CEWM), where he has worked for over 20 years to provide patients with an integrative model of care that blends the best of both Chinese and Western medicine. Dr. Hui has also been involved with multiple major research studies in the fields of Chinese and integrative medicine, and since CEWM opened its doors in 1993, has participated in the education and training of undergraduates, medical students, residents, fellows, and integrative practitioners. Throughout his career, he has been consistently challenged to think deeply about translation as a bridge between language, cultures, and healing systems, not only in texts but also in clinical and educational encounters. Sonya E. Pritzker, Ph.D., L.Ac., a Research Anthropologist at CEWM, is a licensed practitioner of Chinese medicine as well as an anthropologist. For her Ph.D. dissertation in the UCLA Department of Anthropology, she conducted an extensive ethnographic study of translation in Chinese medicine, mapping the multiple sociocultural, historical, economic, and personal concerns affecting the ways in which Chinese medicine is translated into English [8].

These considerations were created after the principal investigators on the project received

a Transdisciplinary Seed Grant from the UCLA Office of the Vice Chancellor for Research and the Academic Senate Council on Research (OVCR-COR). With the unfortunate circumstance of Professor Heim's passing early in the project, Drs. Hui and Pritzker continued the work by gathering and analyzing both Chinese and English-language material discussing translation in integrative medicine, talking to translators in the field, and revisiting many of the interviews that Dr. Pritzker conducted with translators, students, and instructors in both China and the U.S. for her dissertation. Hanmo Zhang, Ph.D., a China scholar working on early Chinese texts and text formation, joined the project after Dr. Heim passed away. Dr. Zhang studied translation with Heim and is familiar with traditional Chinese medical texts, especially newly discovered medical manuscripts. His unique background and training in translation as well as Classical Chinese, traditional Chinese literature, and early Chinese text creation offer unique perspectives to the Considerations.

Here we would like to thank the American Council of Learned Societies (ACLS) and its Director of International Programs, Dr. Andrzej W. Tymowski, for allowing us to build upon the Guidelines for the Translation of Social Science Texts [1]. The ACLS Guidelines, which were developed over several years and several meetings among translators specializing in social science texts, university social scientists in a number of disciplines, and a group of editors and journalists, served as both an inspiration and guiding light to us as we worked to produce a concise and comprehensive set of considerations in the translation of Chinese medicine that was both in conversation with the original Guidelines as well as extended that document to address Chinese medicine.

III. Why These Considerations are Necessary

Despite the great strides that have been made towards the development of Chinese medicine and integrative care in China, the U.S., Europe, and beyond, significant hurdles related to language, cultural perspective, and access to materials remain. The first step to overcoming the hurdles consists in creating more translations of Chinese medical texts, especially some of the classic works historically considered to be foundational that have not yet been fully translated into English.

Chinese medicine rests on a highly text-based, philosophical, cultural, and scholarly tradition in which classical guidelines for the care of patients are constantly reevaluated in the light of historical and contemporary clinical case information and biomedical advancements. Only a miniscule portion of this rich tradition has been translated into English. In light of the ever-growing popularity of Chinese medicine as a complementary/alternative medicine (CAM) in the English-speaking world, it is critical that more Chinese medical texts find their way into English. This need is amplified by the fact that only a few of the 50 schools of Chinese medicine in the U.S. that train students in acupuncture, Chinese herbal medicine, and massage require any Chinese language training. Most English-speaking practitioners in the U.S. must therefore depend on translated material.

Given this need for more translations, as well as the reality that many if not most U.S. practitioners must depend on such translations, it is crucial at this time that all stakeholders in the translation of Chinese medicine, especially consumers, understand at least the basics regarding the scope and

complexity of translation in this vast field. These considerations are also necessary because stakeholders also need to be aware of how to recognize, utilize, and create better translations of Chinese medical texts. High quality translations of Chinese medical texts are firmly grounded in academic rigor, clinical experience, and cultural sensitivity. As a result, readers and practitioners are variably influenced by different translations and the inevitable choices that translators make along the way, often without significant guidance. Such choices often lead to the loss or shift of critical diagnostic and treatment information. Such losses and shifts can critically impact the way Chinese medicine is practiced, as well as the outcomes that can be measured in research. Likewise, such choices often can and do maintain the cultural misrepresentation of Chinese medicine in English, as for example in the overuse of biomedical terminology without explanation or through the use of orthographic resources (e.g., capitalization) that perpetuate certain characterizations of Chinese medicine vis-à-vis biomedicine.

While perfectly optimized translations may not be possible in many cases, it is critical that consumers become aware of some of the pitfalls of translation in this distinct field. Because to a great extent all translations of Chinese medicine are interpretations, by “awareness” here we also mean to indicate the need for consumers to become aware of the social and cultural frameworks that inform specific translators’ approaches to translation. For translators, this of course includes the necessity of being forthright about the ways in which a particular translation adapts one or more original texts for various audiences.

IV. What Distinguishes Chinese Medical Texts from Texts in Other Fields?

In this section, we detail the reasons that texts in Chinese medicine are distinctive in comparison to texts in other fields. Following the Guidelines for the Translation of Social Science Texts, we distinguish Chinese medical texts from the following: natural science texts (texts in chemistry, physics, mathematics, etc), technical texts (instruction manuals), and literary texts (novels, poetry, etc.) [1]. For our purposes, it is also important to distinguish Chinese medical texts from biomedical texts (texts in anatomy, pathology, and specific specialties such as pediatrics, cardiology, or geriatrics). The specificity of Chinese medical texts is worth reviewing in some detail, as it results in the need to handle translation quite differently than in these other fields.

The authors of the ACLS Guidelines distinguish social science texts from texts in the natural sciences and technical texts by pointing to the focus on physical phenomenon and the lack of terminological ambiguity in the latter:

“Texts in the natural sciences and technical texts...require of the translator an intimate knowledge of the subject matter at hand. However, since the natural sciences deal primarily with physical phenomena and their measurement, lexical choices tend to be cut and dried, ambiguities rare.” [1: p.3]

Especially in biomedicine and other natural sciences dealing with the human body, the lack of ambiguity revolves around the fact that, in addition to a focus on a distinct physical body, standardized terminology has been well established. In biomedicine and other fields of natural science, although historically there have

been variations in approaches to translation, at present there are definite standards in place for the translation of technical terms [5]. In Chinese medicine, however, the focus is not just on the physical body as conceived by natural science. Lexical choices are correspondingly complex, and although there have been attempts at the creation of standards (see “Dealing with Technical Terms,” below), the issue is quite complicated, involving multiple parties with different socio-economic and political allegiances tying them to various ways of approaching standardization [9].

In part, this stems from the fact that, in Chinese medicine, there are multiple currents of practice often closely tied to particular political, social, and cultural contexts. Historically in Chinese, room is made for such divergent perspectives to coexist. This distinguishes it from natural science, especially biomedicine, a field where contradictions and disagreements certainly exist—and where there are certainly different currents and styles of practice—but where room is rarely made for such differences at the level of text, as in Chinese medicine.

“Literary texts thrive on specificity of style and manner of expression. In literature, ideas and facts are created by and in the text.”[1: p.4] While texts in Chinese medicine often pride themselves on unique aesthetic forms, by comparison, the information in Chinese medical texts is not confined to material created within the text itself. Instead, the content is linked to both other texts as well as to the human body, the environment, and the healing process.

Chinese medical discourse is also distinctive in that it communicates through concepts that are shared (or contested) within specific communities of scholars and practitioners. Con-

cepts tend to take the form of technical terms, which in turn tend to be quite specific in multiple ways. Their specificity may be linked to the period in which they originate as much as to the style of practice, including, for texts written after the 19th century, the style in which the author chooses to relate to biomedicine. They may also implicitly incorporate historical assumptions, that is, concepts taken for granted in different periods or among different currents of practice. Even for common terms, then, general Chinese-English (C-E) or English-Chinese (E-C) dictionaries are insufficient. Even technical dictionaries—both monolingual and bilingual—may vary in their designation of terms.

Referring to social science texts, the authors of the ACLS Guidelines thus write that:

“The resultant inter-referentiality demands that the translator be familiar not only with the subject matter of the text but also with the broader field of meanings through which it moves. The scholarly context in which the text takes shape is an implicit but crucial factor in the translation process. As a result...translators need to know the ‘language’ of the discipline...they are dealing with...as intimately as the natural languages involved, both source and target languages.” [1: p.4]

Due to a similar “inter-referentiality” in Chinese medicine—meaning specifically the ways in which Chinese medical texts variously reference both other texts and social, historical, and cultural factors—it is equally important that translators be familiar with the multiple subsets of terms and styles of language that have developed historically in Chinese medicine. Especially when translating historical texts in Chinese medicine, moreover, it is critical to have a solid understanding of the language and historical circumstances of the time. Even in translating

contemporary texts, either from Chinese into English or English to Chinese in the case of integrative medicine, these elements are important in choosing terms, format, and presentation.

A further distinctiveness of texts in Chinese medicine derives from the fact that such texts, generally speaking, are not meant to be simply read, thought through, or discussed. Although some Chinese medical texts are translated for historical reasons only, many are intended as guides for practice. This applies, often, to both classic treatises and contemporary texts. The impacts of translation here are important to consider, as the forms of such texts may vary according to whether they are presented as textbooks for teaching the standardized form of Traditional Chinese Medicine (TCM), as brief clinical guides for quick reference, as an individual physician reflecting upon classical teachings, as compilations of case studies, or interpretations of others' work. Translators, and ideally consumers, must therefore understand the context and format of the text in its original form, as well as the context in which the translation will be utilized. This presents multiple complications, including potential differences in the types of practice that readers of the original text and the translated text engage in. For these reasons, the form of Chinese medical texts often undergoes a distinct transformation in translation, as they are adapted for different audiences. While we acknowledge that such transformations are often critical in the creation of a text-form that can successfully be adopted in practice in translation, it is equally if not more important for translators to have a detailed understanding of the natural language, historical circumstances, and cultural trends surrounding the original text as well as an appreciation of the audience who will be using the text in practice or research.

V. **Considering the History of Translation in Chinese Medicine**

Since at least the 15th and 16th centuries, when missionaries, diplomats, and traders traveled to China, Westerners have been translating Chinese medical texts into English, French, Italian, and other Western languages. Often, the Galenic and Aristotelian models prominent in Europe heavily influenced these early translations [10]. For example, in the 16th century Mateo Ricci translated 五行 *wuxing* as “five elements,” linking the Chinese understanding of the five phases to the Galenic notion of the four elements. With this translation choice, generations of Westerners overlooked the philosophical, historical, and cultural significance of the five phases doctrine as a systematic view of the phases of nature, including seasons, illness, and the flow of time in the body. Early translations of Chinese medical texts conducted by Jesuit missionaries were similarly influenced by the goal of eradicating Chinese religious doctrine and promoting Christian ideas [10].

In more recent times, many translators have made considerable effort to accurately translate Chinese medical concepts into English and other Western languages. Historical factors in contemporary times are equally as important to consider as influences on such translations, however. In the 1970s, for example, several translations of mainland Chinese textbooks were produced for Americans interested in studying acupuncture. These translations tended to be firmly rooted in a biomedical epistemology that translated Chinese medicine into simple, scientific terms. Historically, this choice of translation approach relates to both political influences in China at the time, where Chinese medicine in the People's Republic of

China (PRC) was being modernized and consolidated into a form that was consistent with biomedicine. It also relates to the historical nature of the demand, in the West, for material on acupuncture and Chinese medicine that could be researched in biomedical terms. At the same time, however, the popularity of Chinese medicine among members involved with the counter-cultural movement towards “complementary and alternative medicine” (CAM) increased the demand for translations that would appeal to an emerging desire for something more traditional, natural, and spiritual. Many translators thus stepped in to create texts that would satisfy this audience. At present, there is thus a proliferation of different types of translations, each highly influenced by historical, political, social, and economic factors. Practical concerns such as licensing requirements and exam preparation are also invariably written in to many of the current products. Translators, moreover, often work independently, following their own ideas about translation and terminology and variously choosing to feature different aspects of Chinese medicine in their texts. The result is a great number of English-language Chinese medical texts that use different sets of terms, and different epistemological frameworks, to translate the same words. There is no standardization of translations, and there is only one list linking all of one authors terms to the terms of others [11]. All of these factors are important to consider when evaluating a specific translation.

VI. Who Is a Translator in Chinese Medicine?

Considering who is a translator in Chinese medicine involves an examination of who might be the best translator in a given circumstance,

including what an ideal translation team might look like. In the field of translation studies, it is generally accepted that the best translators are those who work into their native languages:

“It is a fundamental but often overlooked rule of thumb that translators work into their native language or dominant language, the language in which they can express themselves most precisely and effectively. It goes without saying that they must have mastered the language from which they translate, but rare are the cases of translators having mastered the language from which they translate to such an extent that they can translate in both directions.”[1: p.5]

While this point is critical, in Chinese medicine the situation is quite complex. Here, the question of what is being translated and whom it is being translated for determines who might be the best translator, or, as the case may be, the best team of translators. Derivative questions include why a specific text has been chosen for translation, and what it is being used for.

In Chinese medicine, the range of knowledge required to conduct translations —beyond a linguistic proficiency in both Chinese and English—is quite broad. Some background or training in clinical Chinese medicine is critical. Further, even for the translation of contemporary texts, some knowledge of classical, literary Chinese language is required, as contemporary texts often liberally include both brief and extended quotes from classic treatises. Because even classical texts are interpreted in contemporary times within a global healthcare framework that includes biomedicine, some background or training in biomedicine (Western medicine) is also essential. A strong understanding of Chinese history, and contemporary Western healthcare frameworks as well as an

in-depth appreciation of the multiple genres of text in Chinese medicine is also helpful. With this range of qualifications, it is rare indeed to find a single translator, especially a native English speaker, who can meet all of these requirements. It is inherently problematic to have a native Chinese speaker as the primary translator involved in translating Chinese texts into English, however, as it tends to create texts that are difficult to edit and often inappropriately framed for the target audience. On the other hand, it is also important to consider that many native Chinese speakers may be able to provide key insights into the text that a native English speaker may need in order to translate more accurately and appropriately. Likewise, it may often also be important to include historians, physicians of Chinese medicine or biomedicine, or even social scientists who understand both cultural contexts. Chinese medicine is therefore often best translated using a team approach.

From our perspective, the core members of the team should ideally include: at least one native English speaker who is fluent in Chinese and also works in the field of Chinese medicine, and at least one native Chinese speaker who is familiar with Chinese medicine. Other team members may often include linguists and other scholars who work on the translation of ancient material from various time periods in Chinese history, historians of medicine or of China, anthropologists familiar with contemporary cultural contexts in the practice of Chinese medicine in China and abroad, biomedical physicians, and integrative medical specialists in the U.S. and/or China. In certain circumstances where the original author is still living, he or she may be included in the translation team. Likewise, in cases where it is feasible, it is also useful to have one or more members of the intended audience play at

least a peripheral role in the team process. For these reasons, many translations of Chinese medical texts are often produced using a team approach. In this complex field, translators rarely work entirely on their own. Although a comprehensive team may not always be possible to assemble, it is always important to understand how and why a given team may have been assembled, and how they may have worked together to create the final product.

VII. What is “language” in the Translation of Chinese Medicine?

An even more fundamental issue that is worthy of consideration is the question of what language is in the field of Chinese medical translation. In contrast to the standard secular view of language as being referential—that is, an abstract form of representation that refers to things in the world—prominent in the West, there are many other ways of understanding language. Language can be, and often is, understood as a tool for achieving a certain effect. Language can also be understood as a network, with each term or concept linking to several neighboring concepts that together help us make sense of the world around us.

Even in the West, it is possible to understand these ways of viewing language. If one looks closely, we use them all the time. In Chinese medicine, this is especially true. As practitioners engage with patients, they use language as a tool for calming the patient, for exacting promises regarding self-care, and for creating new connections. In the textual history of Chinese medicine, language is furthermore often enacted as a network, where terms only make sense in relation to their neighboring terms (for example, “rheum” can only be

understood vis-à-vis phlegm or edema) [12]. When considering a translation of Chinese medicine, it is useful to keep these multiple ways of understanding language in mind, looking to see how the translator has handled this issue. Translations that rely primarily on a referential approach to language—by relying simply on dictionaries to translate concepts—often fall short of capturing the meaning and intention of an original text. This can be a thorny issue, however, because some of the other ways in which language is understood, especially in classical Chinese texts, are often contested. This is another reason why it is useful to include scholars who are familiar with the history and cultural context of the text being translated.

VIII. Specific Issues for Consideration in the Translation of Chinese Medicine

(a) Source-Oriented Vs. Target-Oriented Translation

The issue of source-oriented versus target-oriented in the translation of Chinese medicine is important to consider. This issue is also referred to as foreignization versus domestication, and can be explained with the following questions:

“To what extent do the translators ‘acculturate’ the original, that is, make its methodological approach, intellectual and clinical categories, taxonomy, etc. readily accessible to the target culture by adapting its conceptual lexicon and structures? To what extent do translators maintain the conceptual lexicon and structures of the source culture, sacrificing smooth diction in order to indicate to readers that they are, in fact, reading a translation from another culture rather than an original document?” [1: p.7]

This issue is a critical one in the translation of Chinese medicine. It has been hotly debated in multiple circles, with various parties arguing, on one side, that a rigorous source-oriented approach to translation in Chinese medicine is the only way to reproduce original ideas, including clinical notions, without change [5]. Others have argued, however, that change is unavoidable as Chinese medicine is transmitted to the West, and that target-oriented translation is therefore most appropriate [13].

Generally speaking we agree with the authors of the ACLS Guidelines that “the translator [should seek] a middle ground between clarity and distinctiveness of form” 1: p.8]

“The manner in which ideas take shape and find verbal expression differs from culture to culture...Translators must create the means to relay the peculiarities of the source language and culture without alienating readers of the target language and culture...There is no set answer to the question of where they should position themselves between the two extremes: each text is sui generis. As a rule of thumb, however, the translator should stretch the stylistic confines of the target language as far as they will go to reflect the peculiarities of the source language, and stop just before the result sounds outlandish in the target language. In other words, the translation needs to be comprehensible, but need not read as if it were written by [someone] in the target culture. The goal should be to make the text as plausible as possible in its own terms.” [1: p.8]

In Chinese medicine, this balance is often difficult to find. Western desires for a gentle, alternative, holistic medicine, for example, often present a challenge for source-oriented translation of classical Chinese medicine, where military metaphors and

gender biases remain strong [14, 15]. What is a translator to do, for example, when a Chinese text includes statements that he or she does not agree are appropriate in the contemporary West? In such cases, it is often helpful to rely upon footnotes in order to discuss the societal shifts that may make certain statements inappropriate, rather than changing them directly in the text. In a text without such notes, it is difficult to tell what may have been excluded or adapted.

(b) Style and Punctuation

The style of Chinese medical writing is important to consider when thinking about translation in Chinese medicine. The authors of the ACLS Guidelines thus write that:

“The ‘spirit’ or ‘genius’ of a language influences the way its users write...Translators must keep in mind that syntax bears a message. Its message may not be as direct as that of, say, terminology, but it does influence the way we perceive and unpack an argument.” [1: p.8]

Chinese, in particular, often has a distinct rhythm and syntax that creates mellifluous sentences using either five word or seven word structures [16]. In translation, these structures are difficult to reproduce, especially because “most Chinese medical classics were written in the classical literary style and without punctuation” [17: p.10]. However, it is often possible to create translations that echo the rhythm of Chinese without, as the authors of the Guidelines write, “disrespecting the structure of the target language.” [1: p. 8] In reading a translation, it is important to take note of how the translator has dealt with the issue of style, and if something feels too

familiar, it is useful to question whether the style has been adapted more than it should have been.

(c) Period-Specific Language

Chinese medical texts range from classical to contemporary productions, and vary significantly in terms of the use of classical Chinese language. Classical Chinese, especially classical medical Chinese, is comprised of unique grammar and structure that require a deep familiarity in order to interpret and translate. It is critical that translators be trained in basic classical grammar patterns when translating a classic text or even a modern text that includes many quotes from or allusions to classics. Furthermore, especially in the translation of classics, many of which also include commentaries from various time periods, it is important to understand that translators must also have some insight into the historical, literary, and poetic allusions that are invariably included in these texts. This requires a basic historical and cultural sensitivity. Training in classical grammar as well as history is therefore important to consider when taking on the task of translating, or when evaluating a translation in Chinese medicine.

(d) Etymology

One of the most common issues in the translation of Chinese medicine relates to the use of etymology to explain specific Chinese characters or multi-character terms. Many adaptive translations use character etymology as a basis for explanations that extend for multiple pages and often relate ancient Chinese ideas to contemporary issues and culture. This approach to “translation” is problematic in that it is not always the case, in any language, that “the actual meaning of words can be determined by investigating their origins” [18: p. 92-3]. Kovacs thus points out that many authors in Chinese

medicine, in using character etymology as the basis for the transfer of meaning, may be committing the 'etymological fallacy' [19]. Chinese characters, in other words, often mean a great deal more, as they are used in the context of a text or a clinical interaction, than the etymology conveys. Likewise, many characters are built from meaning-based radicals and phonetic components that do not in and of themselves convey meaning. Although they can sometimes provide a useful starting point, it is advisable to be wary of extensive reliance on etymological descriptions in the translation of Chinese medicine.

(e) Polysemy

In Chinese medicine, terms often have more than one meaning [5]. Even in single texts, the same single terms do not always function in the same way, nor do they refer to the same thing. Dealing with this polysemy, or multiple meanings, is a major challenge in the translation of Chinese medicine. In other technical fields, one can say that a translator should always translate the same word in the same way. However, in Chinese medicine there are cases when this is not appropriate. In the translation of a single text, it is possible to suggest that a translator can handle this issue by observing that distinct meanings of polysemous terms can be objectively identified, such that it remains possible to maintain consistency throughout the text.

(f) Dealing with Technical Terms

The prevalence of technical terms is one of the prime distinguishing features of Chinese medical texts. It is therefore important, when considering a translation, to review how a translator has dealt with these terms. Three approaches to devising equivalents for technical terms are (1) accepting the term as a loan-word, that is, borrowing it outright (for example,

using words such as *qi*, *yin*, or *yang* in their pinyin form without translation); (2) providing the term with a loan translation, used mostly in the translation of complex terms such as "kidney yin xu" or "kidney yang vacuity";[5] and (3) using an English word, either a technical term borrowed from biomedicine, or a word that in regular use does not constitute a technical term.

It is further important to consider whether and how a given translator or team of translators has drawn upon any of the available standard term lists for Chinese medicine. Although not yet in widespread use, these lists are available from the World Health Organization (WHO), the World Federation of Chinese Medical Societies (WFCMS), and in Wiseman and Feng's Practical Dictionary of Chinese Medicine [20-22]. There are many discrepancies between these standard terminologies, and at present, there is no authoritative standard set of terms, although there have been efforts to create a reference database that links the various terminologies used in each system together [11]. Debates about which list is most appropriate for the translation of Chinese medicine are still quite active [9, 23-26]. The choice of standard terms for translation is therefore far from a simple issue. Differences exist in personal preferences, especially when one must decide between using certain technical Chinese medical terms that are translated vis-à-vis biomedicine in one proposed standard and vis-à-vis a more traditional approach in others (see below).

Generally speaking, no matter which standard terms are chosen, it is important to consider whether translators have specified at the outset of their text which standard terminology set they drew most widely upon, and why. If a specific translator has chosen to eschew the available lists of standards, which is currently

often the case, it is further important to discern whether or not he or she has provided any method for linking chosen terms to such standards, or better yet, to the original Chinese.

(g) Biomedicalization

One of the most debated issues in the translation of Chinese medicine is the issue of biomedicalization. Here, you have many translators arguing that Chinese medicine must be put into modern medical terms in order to avoid being seen as a relic in the contemporary global medical world [25-27]. In other cases, you have translators arguing for a more traditional approach to translation that captures original meanings in the framework of classical medicine [3-5]. In evaluating a translation, it is useful to ascertain where a translator falls on this spectrum, and whether he or she has maintained consistency throughout the text. It is not always easy to discern. In translating a contemporary integrative medical text, for example, many biomedical terms may have been used in the original Chinese text. In translation, biomedical terms are therefore appropriate. In the translation of a classical text, however, the inclusion of biomedical terms often signals an adaptive translation that could have benefited from the participation of a more classically trained translator. This is another area in which it is useful to look for translations created using a team approach, with relevant experts providing guidance on when and where to relate the language of Chinese medicine to biomedicine. Relationships do exist here and are important to convey. However, generally speaking this is not something that the translator should try to accomplish in language in the context of a translation. When a translator does seek to link traditional translations with biomedical terms, one solution that has been proposed involves the inclusion of dual translations for certain terms [23].

This can most easily be applied to disease names, for example using the dual translation “wind-fire eye/acute conjunctivitis” in order to facilitate the link between a traditional condition in Chinese medicine with a biomedical diagnosis.

(h) Clinical Relevance

Another pertinent issue in the translation of Chinese medicine has to do with its clinical relevance. Many of the texts that have been and will be translated in this vast field are not merely scholarly productions. This was addressed in part above, in section IV (What distinguishes Chinese medical texts from texts in other fields?). As a specific issue bearing upon the translation of Chinese medicine, it is worthy of consideration here as well since translating clinically oriented texts often presents unique challenges. One aspect of this challenge relates to form. In other words, the form that an original text takes is often related to its usefulness in the clinic. For example, small notebook-like texts can comfortably be placed in doctors’ professional coat pockets. In translation, if possible, such form should be replicated, although English translations will in most cases be considerably longer than the Chinese simply due to the orthographic resources of each language (characters versus words). Style also comes into play here.

VIII. Final Considerations in the Evaluation & Choice of Translation

The process of evaluating a given translation of Chinese medicine by consumers (students, practitioners, researchers) is complex, especially if they do not know any of the source language. Even when they do, evaluation can be complicated because of the lack of clarity in many translations about what has been adapted, what information is the translator’s own clinical perspective, and what is included in the original.

So how can readers judge the quality of translated texts? Especially when consumers do not have access to the original texts or even the original language, this is a challenging task. One way to evaluate translations is to consult multiple translations of an original work. Even when this option is unavailable, however, the considerations we have enumerated in this document can help, if only to make consumers more aware of what they are reading and utilizing in their clinical practice. This awareness is particularly critical, we feel, because consumers of Chinese medical translations are often also participants in the translation process, as textual knowledge is made real through practice and as Chinese concepts are explained to patients and other interested parties. Given this fact, blind trust in translations produced by translators with multiple agendas is no longer a viable option. When reading a translated Chinese medical text, whether it is intended for use in clinical practice or not, it is important to consider the questions and issues we have examined in this document. Who is the translator, for example, and did he or she work alone or with a team? Was this team sufficient for the range of material included in the text? How did the translators approach the issue of domestication or foreignization, and did they explain their approach? How did they deal with technical terms and/or standard terminology? How, moreover, did the translator(s) handle style, punctuation, biomedicalization, and/or the need for extensive commentary?

There are many more important questions that are relevant in the translation of Chinese medicine. The present document is intended to serve as a basis for generating more of these questions, and to serve as springboard for further discussion among all stakeholders within this complex field. The most important issue at this juncture

is that all participants increase their awareness of the many factors that contribute to the production of a translation in Chinese medicine. It is our hope that such awareness leads to the development of more field-specific guidelines for the high-quality translation of clinical Chinese medicine. Because of the range of the field, such guidelines must be relatively flexible, taking into account the ways in which specific texts will each demand an adaptable approach to translation. They must also, however, articulate a clear path for handling some of the complex issues such as domestication, period-specific language, style, and genre. It is our hope to have sparked a conversation that will eventually lead to the collaborative establishment of such guidelines.

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APPENDIX

Additional Reading

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