

Issues Surrounding the Translation of Chinese Medical Texts into English

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Introduction

This essay is based on a comprehensive analysis of conditions that significantly inform the translation of Chinese medical texts into English. Because of limited space this analysis is not presented in its entirety (expanded version available at www.aacom.org). However, several distinct circumstances must be considered when addressing the problems surrounding the translation of Chinese medical texts into English. These are the facts that Chinese medicine has been a text based practice since antiquity, that distinctive authorial conceits informed the production of classical Chinese texts, that the processes of engaging classical texts from the linguistic perspective of different historical periods present specific problems of their own, and that the contemporary production of marketing of texts both in China and the English speaking world are distinctively and historically determined. These topics are discussed in greater detail in the full text version.

In this essay we will examine formal translation theory and then explore the issues in Chinese medicine text translation and how formal translation theory might be applied to support the development of the field of Chinese medicine translation. We will discuss the development of the Council of Oriental Medicine Publishers (C.O.M.P.) and its role in the development of Chinese medicine text translation. Finally, we will conclude with a discussion of the debate over translation types in Chinese medical text translation and the argument for formal, denotative or functional translations.

Translation of classical and modern Chinese medical texts into English, has, in the last 20 years, set the stage for an often heated and generally lively discussion. This debate has crystallized over the question of the choice to use denotative / functional translations that use a standardized terminology freely available to readers in the form of a glossary versus the use of connotative translations where terminology is more loosely glossed, and where the text is interpreted by the author for his/her perception of the audience that is being addressed.

“Although driven by different considerations, the terminological choices made by both Chinese and non-Chinese authors and translators of Chinese medicine texts have greatly affected what students and practitioners learn and understand about Chinese medicine.”

The Nature of the Problem & Perspectives on Translation

Systematic analysis carried out by the authors suggests that over the last 20 years, within the field of Chinese medicine, several issues concerning the translation of Chinese medical texts into English can be identified. These include:

- *For texts translated by native Chinese speakers and published in China:* Oversimplification of material; Errors and poor English; Use of biomedical terminology for Chinese medicine concepts
- *For texts translated by native English speakers:* “Scholarly” vs. “Clinical” translations; Free or loose translations (connotative) vs. Formal (denotative) translations; Interpretive use of language depending upon context vs. standardized terminology that refers to a published glossary
- *For all texts, there exists the issue of an understanding of the audience being addressed.*

Interestingly, these are issues that have been under discussion in the more formal realm of academic translation for nearly 70 years. While the fundamentals of debate are essentially the same, the issue in Chinese medicine is complicated by the fact that translations are informing clinicians who will use the information obtained from the textbooks to treat patients. In addition to an academic or theoretical understanding of the information, there is also the patient and their wellbeing which must be considered. These texts are, without a doubt, translating technical material. However, this material is complicated by the nature of the Chinese language, especially classical Chinese and by the nature of an individual author’s use of his own, personal clinical information in the form of case studies or interpretation of theory.

Formal Perspectives on Translation

Before further examining the specific issues of Chinese medical text translation, a brief discussion of the history of similar questions within the field of translation may be useful. The field of translation theory is far too large to be fully summarized, however a few notable arguments will be presented to clarify the debate that is on-going within

the field of Chinese medicine translation. We will examine the work of Walter Benjamin and his discussion of translatability and the task of the translator, and the work of Eugene Nida and his discussion of the two poles of translation and the factors that inform the type of translation that a translator does as well as his definitions of the audiences that might be addressed. The work of these two authors, though not representative of the entire field of formal translation theory encompass the issues that are present in the translation of Chinese medical texts.

Since the middle of the eighteenth century, translators and translation theorists have worked to encourage a “respect for the foreign in the original source-language text”¹ By 1923 when Walter Benjamin’s “The Task of the Translator” was first published this sense of responsibility to the original was pre-eminent. Assuming this responsibility, Benjamin asks the next relevant question: is the audience for whom the translation is being done to be considered when making linguistic choices? His answer is an emphatic no. “If the original does not exist for the reader’s sake, how could the translation be understood on the basis of this premise?”² Benjamin goes on to discuss the ‘translatability’ of a text as the basis for whether or not it should be translated. His view is that “translation...serves the purpose of expressing the central reciprocal relationship between languages...If the kinship of languages is to be demonstrated by translations, how else can this be done but by conveying the form and meaning of the original as accurately as possible. [emphasis added]”³ and finally, “The task of the translator consists in finding that intended effect upon the language into which he is translating which produces in it the echo of the original.”⁴ Benjamin argues that fidelity to the original does not mean the demise of freedom in translation. Rather, freedom in translation comes when the fidelity to the pure language of the original text is such that the translator is able to “liberate the language imprisoned in a work in his re-creation of that work.”⁵

Forty years later, although not writing in regard to this area specifically, Eugene Nida⁶ clearly delineated some of the issues with which modern translators of Chinese medi-

cine are currently grappling. Nida discusses two poles of translation: “free or paraphrastic translations as contrasted with close or literal ones.”⁷⁷ Within these two poles there clearly are a variety of alternatives, ranging from a strict one-to-one correspondence to a “close formal and semantic correspondence...generously supplied with notes and commentary” to a translation where the translator is “not so much concerned with giving information as with creating in the reader something of the same mood as was conveyed by the original.” A formal equivalence translation is directly focused on the message of the original author, both in terms of form and content. Here “one is concerned that the message in the receptor language should match as closely as possible the different elements in the source language.” This type of translation requires a significant glossary that refers to the variety of different contexts in which a specific work might appear and that “permits the reader to identify himself as fully as possible with a person in the source-language context, and to understand as much as he can of the customs, manner of thought and means of expression.”⁷⁸

In a free or paraphrastic translation the translator is less concerned with matching the message between the source and receptor languages than he/she is with the dynamic quality of the text. In other words, he/she is concerned that the “relationship between receptor and message should be substantially the same as that which existed between the original receptors and the message.”

Nida's discussion continues with the idea that there are three primary factors that inform differences in translations. These are: the nature of the message, the purpose or purposes of the author and, by proxy, of the translator and the type of audience. Messages may be more or less focused in content or in form, or they may be equivalently focused within both. The purpose of the translator should be essentially equivalent to that of the author, but this is not always the case. Finally, in contrast to Benjamin's assertion that the audience should not be a determining factor in a translator's decision making process, Nida explains that one's audience must determine, to some degree, the type of translation to be done. He clearly outlines the 4 basic audiences that may be addressed by a translation and their ‘decoding’ ability. These are: “(1) the capacity of children, whose vocabulary and cultural experience are limited; (2) the double-standard capacity of new literates who can decode oral messages with facility but whose ability to decode written messages is limited; (3) the capacity of the average literate adult who can handle both oral and written messages with relative ease; and (4) the unusually high capacity of specialists (doctors, theologians, philosophers, scientists, etc.) when they are decoding messages

within their own area of specialization.”⁷⁹ In Chinese medicine text translation the debate over the audience being addressed is polarized between those translating for an average literal adult and those translating for a specialist in the field of Chinese medicine.

From the 1960's to the present, translation theory has continued to discuss the translatability of texts, the nature of translations and the extent of interpretation that occurs in any given translation. The field of Chinese medicine text translation must continue to work to resolve the fundamental issues of text translation and the questions of our audience, of the existence a technical vocabulary within the field of Chinese medicine and of the value of connotative vs. denotative translations.

Translation Theory as it relates to Chinese Medical Text Translation

At this point, further illustration of the Chinese medical text translation issues will help to clarify how an understanding and relationship to formal translation theory may aid translators of Chinese medical texts in their work.

Chinese publications and the problem of simplification

Texts published in China, like *Chinese Acupuncture and Moxibustion* or the *Library of Traditional Chinese Medicine* suffer from errors of inconsistency and inaccuracy as well as simplification and the liberal use of biomedical terminology. Works on Chinese medicine from China have been translated either by Chinese physicians who are not linguists but know some English or by individuals who speak English as a second language but do not know much about Chinese medicine. After the translation is ‘complete’ they are sent to a native English speaker for ‘editing’. The skill and fluency with the learned language is rarely sufficient to have the ability to access the nuances of language in the learned language. If the translator is a physician who knows English, their English is generally limited to the technical terms of biomedicine. If the translator is more skilled at language but has no understanding of medicine, then the translator often does not understand the meaning of the word in its context in Chinese medicine.. Thus, when a word is translated, they are unaware of all of the contexts in which a character might be used. Finally, few of these individuals are trained in the techniques of translation. They do not understand the possible need for consistency of terminology nor do they understand that, in a relatively technical text, the less interpretation and the more denotative the translation, the better.

Besides the obvious problem of an insufficient and potentially inaccurate text, simplifications such as those that appear in these two sets of books point to two

peculiarly Chinese viewpoints regarding Chinese medicine.¹⁰ First, there is the concept that Chinese medicine is a scientific system that can be detached from the cultural trappings of its theory, making theory essentially meaningless. Translations of textbooks by authors who take this viewpoint work hard to make their texts appear as “scientific” as possible, using the language of biomedicine and equating Chinese medicine concepts with biomedical constructs. The idea that Chinese medicine has a scientific nature is, according to some, what permits Chinese medicine to be taught to foreigners and to be spread across the world. At the same time, there is the very commonly held feeling that, because Chinese medicine is a medical system which is so dependent on its theory and that theory is so deeply imbedded in Chinese language and culture, therefore, a non-native Chinese, a ‘foreigner’ can never really learn and understand the depth of Chinese medicine even if they can read and speak Chinese. These two highly disparate views may be expressed by the same person at different times or in different contexts, and have a deep impact on the translation of texts in China. If the language that is used is more “scientific” i.e. more “Western” then the medicine will make further inroads into western culture. This westernization, coupled with a simplification of the theory for the Western student, will allow the Westerner to learn the technique and have a very superficial understanding of the theory. This then reinforces the idea that a non-Asian cannot really understand Chinese medicine. The translation of the medicine into a new culture thus becomes not a translation but a simplified interpretation. This has contributed to the generally poor understanding of the complexity and depth of the clinical practice of Chinese medicine outside of Asia.

References

1. Schulte, Rainer and John Biguenet, eds. Introduction. *Theories of Translation: An Anthology of Essays from Dryden to Derrida*. Chicago: University of Chicago Press, 1992, pg. 3
2. Benjamin, Walter. (Harry Zohn, trans) “The Task of the Translator.” *Theories of Translation: An Anthology of Essays from Dryden to Derrida*. Chicago: University of Chicago Press, 1992, pg.71 – 82.
3. Ibid, pg. 74
4. Ibid, pg. 77
5. Ibid, pg. 80.
6. Nida, Eugene. “Principle of Correspondence.” *The Translation Studies Reader* Ed. Lawrence Venuti. London: Routledge, 2000. 126-140
7. Ibid, pg. 126.
8. Ibid pg. 129
9. Ibid pg. 128
10. Ergil, Marnae. *Learning Strategies*.

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Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) Medical Nomenclature

By Steve Given, LAc



The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) represent fifty schools across the United States. These schools include practitioners and scholars

working in diverse traditions and languages including Traditional Chinese Medicine, Five Element Acupuncture, Japanese Acupuncture and French Energetic Acupuncture among others.

It is the position of the CCAOM that the continued growth and success of this profession results in part from this diversity in practice and scholarship within academic institutions of acupuncture and Oriental Medicine. The specifics of scholarship, including the study and translation of classical and modern texts are best left to the individual scholars working in the field. It is not in the interest of academic institutions or the profession as a whole to infringe on the basic academic freedom of scholars within these institutions, especially in an area of study such as translation, where there remains significant disagreement on the transliteration of specific characters and phrases, or the process of translation itself. The creation of a translation standard without broad agreement among scholars working in the field would constitute such an infringement. The ability to gain consensus at this point on such a far reaching topic is highly problematic.

Academic freedom is enshrined in the accreditation standards for schools of

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acupuncture and Oriental medicine. One of the goals of accreditation is to “to protect institutions against encroachment which might jeopardize educational effectiveness or academic freedom.” The American Association of University Professors (AAUP) endorsed a statement published in 1940 that includes the following statement.

“Academic freedom is essential to these purposes and applies to both teaching and research. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental for the protection of the rights of the teacher in teaching and of the student to freedom in learning. Further, the AAUP states “The common good depends upon the free search for truth and its free exposition.” In an institutional environment where academic freedom is paramount, decisions regarding the work of the academy, including translation, must be left to the individual scholar.

Translation within academic institutions of acupuncture and Oriental medicine are motivated by diverse goals. Translation is done with the goal of publication, as an aid in teaching and clinical training, and to support research and scholarship in the field. The success in achieving each of these goals depends on the skill and judgment of the translator in effectively translating the

text in question with as much fidelity to the meaning of the original as is possible, and creating the most readable text in light of the original text.

Note: This is the full position paper submitted by Dr. Given on behalf of the CCAOM.

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Note: This excerpt has been taken from the full position paper submitted by the authors. This comprehensive document can be accessed at www.aacom.org. Attendees of the Asian Medical Nomenclature Debates – October 19 2006, the Wigwam Resort and Spa – 8:00 AM – 5:30 PM, Litchfield Park (Phoenix) AZ, will receive a binder of all position papers submitted.

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