Language Referencing in the Teaching of Chinese Medicine

How Teachers' Use of Language Reflects Their Perception of the Characteristics of Chinese Medicine

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Introduction: Is Language Important?

As practitioners of Chinese medicine, we tend to be more fired up by the reality of practice than by the language of theory. For the majority of English speaking practitioners of Chinese medicine in Britain, learning and practising Chinese medicine is more than a full time job, leaving limited time and energy available to pursue an understanding of Chinese language and of the cultural and philosophical roots in which Chinese medicine is based. However, Chinese medicine has attracted many of us in the West, not only because it seems able to provide helpful techniques for medical intervention, but also because it seems to offer a systematic intellectual basis for holistic medical diagnosis; what Porkert has called 'systematic correspondence' (Kaptchuk 1983, Porkert 1974, Unschuld 1985).

The Chinese medicine of systematic correspondence is founded in the philosophy and knowledge base of the literate Chinese medical traditions in China. Along with Ayurveda, Chinese medicine is one of the two great literate medical traditions of the world (Bates 1995). Although it is in itself an aggregate of differing theories from a wide geographical area and spanning over 2000 years of history (Scheid 2002), as a body of knowledge it is distinct from other non-literate forms of medical practice in China, and the literate doctor scholar (*ru yi*) was distinct from the itinerant formula doctor *(zhou fang yi* or *fang shi*) (Flaws 1992) or the folk healer such as the Taiwanese *dang ki* (Holbrook 1974 p.97). As such, it has been taken more seriously by modern health care professionals in the West than some shamanic healing modalities from other cultures (Helman 2000 p.57).

In any sophisticated literate tradition, language is of primary importance to the expression of theory, and thus is particularly important in the teaching and communication of the discipline. As one of the respondents of this study put it:

> There is a quote in Lao Zi[1] that goes something along the lines of: 'You need a hook to catch a fish, but once you've caught the fish you don't need the hook any more and you can concentrate on the fish. You have to set a snare to catch a rabbit, but once you've caught the rabbit you can forget about the snare.' You need words to grasp ideas, but once you've got the ideas you don't need the words any more.[2]

This study, based on interviews with twenty practitioners, teachers and authors of Chinese medicine, examined respondent approaches to the importance of language in the teaching of Chinese medicine, ranging from the view that it is practice which is important, not language, to the view that theory and practice, like language and understanding are inextricably linked in a circular relationship, and that language is central to the preservation of Chinese medicine itself.

> Chinese medicine...[is] a kind of the medical system that has been developed and practised at least for a thousand years...it's a kind of a miracle. Why and how it's still being practised for a thousand years and without interruption, although we have lost lots of the traditional medicine or folk medicine from the human being's history, most of them vanish... So I think why, to answer this question, is the language itself. It's still surviving! So I think the key issue is it has its own terminology.

The non-standardisation of the language of Chinese medicine in the West reflects a rich melting pot of different approaches to the discipline itself. One of the most interesting things to come out of this study was that since our understanding of what we do is expressed in the language we use, our language use is a reflection of what we perceive Chinese medicine to be. Thus, the respondents were unable to talk about their approach to language use without talking about what they wanted it to express, and whether they felt language to be important or not depended a lot on their approach to the question 'what is Chinese medicine?'

The massive popular success of holistic medicine in Britain generally has triggered a professionalisation process across holistic medical disciplines, leading to the statutory regulation of osteopathy and chiropractic, with acupuncture and herbal medicine soon to follow. While this has the exciting potential to bring holistic medicine to the wider population, it also brings us the challenge of preserving the integrity of our discipline. What this integrity consists of is a question answered differently by different respondents. It is informed by the nature of Chinese medicine in China and other oriental countries, by the way Chinese medicine has historically been transmitted to the West by pioneering individuals (Andrews 1996, Croizier 1965, Eckman 1996), and by contemporary influences that the discipline is subject to, both in China (Farquhar 1994, Fruehauf 1999, Sivin 1995) and in the West. In this study, the respondents' approaches to language and perceptions of problems with language use reflected how they placed themselves within the traditions of Chinese medicine.

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What is Language Referencing?

In order to explore perceived problems with current terminological usage, this study looked at different approaches to the translation of Chinese medical terminology, delimiting this category by specific focus on language referencing. Language referencing is defined here as the linking of the English language we use to a set of Chinese concepts that constitute an accepted technical vocabulary used by the Chinese medicine profession in China (Wiseman 1999, Wiseman and Zmiewski 1989).

Because of plurality of practice in China, although continuity from past to present is established semantically through word usage, neither the present nor the past is homogenous (Scheid 2003 after Raymond Williams 1983). This means that words are, in practice, understood only according to context (see also Hsu 1999, 2000 on the polysemy of the concept *shen*). However the texts of Chinese medicine are identified by Kovacs (1989 pp 86-7) as Fachsprache (technical texts), comprising over 80% technical words, and although the meanings attributed to words used can vary, the language of Chinese medicine in Chinese is a sophisticated and precise shorthand, honed by thousands of years of use and used and understood by professionals (Wiseman 1999).

The choices for the English speaking profession of Chinese medicine that arose from the data were a) referencing directly to this Chinese standard, b) referencing to an English terminology closely based on the Chinese standard (i.e. standardisation of translation), or c) not referencing to this standard terminology at all.

The Main Study: Research Question, Methods and Methodology

This study set out to explore the reasons for apparent inconsistencies and insufficiencies in terminology use by teachers of Chinese medicine, how new work on this subject (Wiseman and Boss 1990, Wiseman and Feng 1998) was being greeted by experienced teachers and practitioners, whether it might be possible or desirable to move forwards with this as a profession, and if so, how. My research aims gradually narrowed down into an investigation of a) whether language is perceived as a problem in the teaching of Chinese medicine and b) whether language referencing in Chinese medicine is possible, and if so, desirable. The research question which emerged was 'What are the reasons for language referencing in the teaching of Chinese medicine in English?'

As a piece of interpretative research, this study was informed by the constant comparative method of simultaneous data analysis and collection of grounded theory (Glaser and Strauss 1967 p.102). A semi-structured interview protocol was used, the nature of the research being that data emerged as the interviews progressed, such that each interview informed the interview proforma of subsequent ones. The interview questions were asked in a flexible semi-structured way to allow for the emergence of new themes (Burnard 1991, Fontana and Frey 1998, Powney and Watts 1987). Questions were asked in the areas of a) terminological choice b) Chinese language teaching and language referencing, c) problems with student comprehension, d) postgraduate devel-

opment needs and e) the essential nature of Chinese medicine.

Purposive sampling was used to pre-select respondents both for their similarities and for their differences (Chenitz and Swanson 1986, Glaser and Strauss 1967 pp.49, 55):

Similarities: the respondents were all traditionally trained practitioners of Chinese herbal medicine and/or acupuncture. All work in Britain and, with one exception, all were experienced practitioners who have made a significant contribution to the field of Chinese medicine and who have a lot to say about language use.

while western knowledge gets its status from other knowns, the knowledge of Chinese medicine gets its status from the person who knows it

Differences: the respondents came from different ethnic backgrounds, had differing degrees of fluency in reading and speaking Chinese, different approaches to the teaching of Chinese medicine (Worsley Five Element, TCM (Traditional Chinese Medicine) etc.) and different emphases on teaching, practicing or writing. Because of their significant influence on the attitudes to language of future professionals in the field, the college principals (including University heads of department) of all the colleges accredited or in the process of being accredited by the BAAB (British Acupuncture Accreditation Board) at the time of interviewing, with the addition of a head of department at Middlesex University, were included.

From the above it can be seen that the scope of the study was limited in several ways. Practitioners and teachers not working or teaching in a traditional way, such as those acupuncturists who are doctors or physiotherapists, were excluded. For such a practitioner there is little connection with the Chinese knowledge base and therefore the language in which this knowledge base is couched has questionable relevance. Practitioners who are neither teachers nor authors were also excluded, since the aim of the study was rather in its emphasis on language use in teaching than in practice. To enable the study to be bounded, teachers and authors working only oversees were excluded, and for practical reasons, Chinese practitioners without good fluency of English were also excluded. Finally it should be noted that since this study mainly represented respondents who have made a significant contribution to the field of Chinese medicine, it may not represent the views of the majority of practitioners on the ground. There is consequently scope for taking this research forwards into the wider community of Chinese medicine professionals.

Research Findings

To Reference or Not to Reference?

The Tension between Source and Adaptation

Because of the respondent sample, certain core concepts such as *qi*, *yinyang* and the *wuxing* (five elements/phases/natures /qualities), were common to all respondents. There was general agreement that Chinese medicine is systemically holistic in nature, with related characteristics of pattern and relational thinking, the embracing of change, tolerance of contradiction and a systematisation of the resonance of humans with nature and spirit and of the resonance of mind, body and emotions. However, there was less agreement about the way what we do in the West fits into the historical traditions of Chinese medicine from China, and the tension between on the one hand the inevitability of adaptation and on the other the importance of source traditions, was reflected in the respondents' attitudes to language referencing.

Any form of language referencing to the Chinese lexicon implies recognition of the importance of the theoretical framework of Chinese medicine. Thus, for one respondent who did not see importance in retaining a link to traditional Chinese roots, language referencing was irrelevant.

> The question is, are we still doing something that's got anything to do with old Chinese? There's an enormous transformation that goes on with each generation, anybody who learns from somebody else is going to put in their own input, every college of acupuncture is going to put something new into it and should do. I shouldn't think for a moment we know what they did in 200BC... Isn't it time we accepted that we are doing English acupuncture, so then does the Chinese terminology matter?

For those respondents who did not place importance on the Chineseness of the tradition, whether the therapy works was seen as the main thing. The practical aspect was regarded as more important than scholarship. In a way, this approach resonates with ancient Chinese methods of knowledge transmission. In contrasting Chinese knowledge transmission with western, Bates (1995 p.3) describes the knowledge of western academia as centred on the known and grounded in how it is known (methodology), with experience set up in opposition to theory. Chinese and Ayurvedic medical knowledge, on the other hand, is centred on the knower and acquired through experience. While western knowledge gets its status from other knowns, the knowledge of Chinese medicine gets its status from the person who knows it.

In the West, the more powerful a profession, the greater the separation between practice and theory in its training (Eraut 1994 p.101), and in view of the pressure on Chinese medicine to conform to the western academic model, many of the respondents were concerned that its modern training pro-

grammes should retain this high priority on practical skills as transmitted from individual teachers (even though this may have been more widespread in the past in China than it is today (Fruehauf 1999)).

> I'm very much for a college education that involves a degree of apprenticeship or mentorship... because that's at the level of interaction.... Something which is subtle.... and which involves practical skills is really learnt through a level of transmission, and some of that transmission is actually being in the energetic field of the person doing it. And they may not necessarily be even doing anything... because the doing may be involved in being.

However, the importance of practical transmission does not invalidate a traditional approach to theory, and many respondents acknowledged the circular relationship that links theory and practice such that theory is the basis of further research and understanding which can continue to inform practice in

in order to consider ourselves part of that tradition we must all learn Chinese and go back to the Chinese sources

an infinite cycle of learning and internal synthesis (Kolb 1984 p.109) (see also Bruner's (1996) spiral curriculum and Benner's (1984) application of the Dreyfus model (Dreyfus and Dreyfus 1986) to the training of nurses.)

> All the time you have to teach a little, learn a little practically, then build on that and that's the best way. Otherwise it's like knowing all about music but never having picked up the instrument and played it.

With one exception the respondents were concerned to preserve and further links to our Chinese roots. For many respondents the fact that something works was not sufficient. The increasingly high profile of Chinese medicine demands research validation, but the problem is that with some rare exceptions (Chen, et al 1982, Yan, et al 1997), funding tends to support research into the effects of various specific interventions rather than the verification of the epistemology underlying the systematic correspondence of Chinese medicine itself (Buck 1999).

> We owe it to the tradition; it's almost disrespectful to the x million physicians of history who developed this system for us not to defend it. What we do is we validate the clinical effects and we say, oh yes, acupuncture can stop nausea and vomiting, isn't that funny? And.... all the large research foundations are continually talking about throwing large amounts of money into all that, when I think what we should be doing is research that tends to validate the tradition itself, because otherwise we're going to get an emasculated tradition where we've divorced the process - this herb lowers blood pressure, that herb is antibiotic, needling this point will stop somebody from vomiting - from what is its real power... The real strength of Chinese medicine is in the underlying paradigm set and nobody is defending the paradigm set, nobody... Acupuncture is not sticking needles in people. Acupuncture is sticking needles in people according to the established rules of how you do that.

If we simply extract what we want from the tradition and put it into our own context, we risk fragmenting the discipline in such a major way that its very survival is at stake.

> Chinese medicine becomes assimilated into western bodywork, to western psychotherapy or to western models of research, and they usually have a very heavy bias of natural science... You will have body work using acupuncture, you will have psychology using a little bit of acupuncture... we might have doctors doing medical acupuncture... so I think one or two generations of that development and Chinese medicine's gone. The moment you have access to Chinese... you can spend your whole life reading those Chinese books and you'll never get through them... If you work from there then it will be Chinese, the Chinese bit will come first and then you can assimilate... psychology, research, bodywork, will assimilate that to the foundation that you have.

That innovation, if it occurs at all, needs to be well rooted in sound foundations of scholarship, was generally agreed. As more people take on the role of scholar and more material becomes available, aspects of Chinese medicine become enriched and clarified. If teachers do not take advantage of this and fail to source their information, they effectively disengage their students from the knowledge base and fail to give them the tools to engage with the diversity of oriental medicine.

> Father Larre made a very powerful appeal to all schools who aspire to teach the Chinese traditions not to perpetrate their own personal inventions right as they may be, but to come back to the roots of Chinese classics and to appreciate that inheritance in that way. And to understand what they were doing in terms of rooting it back in the soil of an alive understanding of the classical texts.

Although most respondents were concerned with scholarship, one western respondent in particular held the view that the tradition of Chinese medicine is Chinese, and therefore in

order to consider ourselves part of that tradition we must all learn Chinese and go back to the Chinese sources.

> My information comes from a guy called MacIntyre.[3] His view is that what constitutes a tradition is that the people who belong to that tradition decide what constitutes that tradition, so who would be the people who decide what Chinese medicine is, that to me would be the most powerful group of people, which are the people in China. So the criterion would be, what do you have to know so that those people in China would consider you absolutely one of them, so that they would think you belong to their group of practitioners, and I would think, without speaking Chinese, they would never accept that.

Most of the respondents, however, emphasised the inevitability of adaptation that results from cross cultural transmission of a discipline. Chinese medicine in the West reflects the general approach of our local population to health, and takes account of patient expectation, local symptom presentation (Jewson 1976, Mechanic 1972, Zola 1966) and local aetiologies, all of which contribute to its adaptation. Because each individual internalises received knowledge to make it their own, a Chinese concept will be understood by a class of students in Britain according to their frame of reference (Bickerton 1990, Fauconnier 1985), and will necessarily be adapted in the process.

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> It inevitably takes on a western flavour, and you only have to sit in a class for half an hour to pick that up, particularly the discussions around lifestyle and the sort of things that we recognise as important in causing people's patterns and so on, that definitely becomes tweeked and westernised just because people feed their own experiences in.

> Chinese is the mother tongue of acupuncture... But you've got an American acupuncture occurring now... It's a very rich brew that's going on, and then you've also got people on the western side and I wouldn't diminish them, people involved in the British Medical Acupuncture Society... who are physicians.

On the one hand, adaptation reflects the political domination of American culture, and Chinese medicine both here and in China has been significantly influenced by western linear biomedical thinking (Andrews 1996, Fruehauf 1999). The respondents generally accepted the benefits this influence can bring, although they were concerned that biomedical diagnostic techniques should be understood within the context of the systematic correspondence of Chinese medicine, and that disease differentiation according to Chinese medicine should remain distinct from modern disease classification.

On the other hand, Chinese medicine in the West has been influenced by western psychology and the need for a holistic health care system. Despite modern scientific developments in the study of whole systems (Capra 1975, 1982, 1996, 2002, von Bertalanffy 1968, Weiss 1969), the Cartesian separation of epistemology and ontology endures (Melnechuk 1988) and with the exception of GP vocational training (Neighbour 1992), the omission of the spiritual and emotional and the separation of the spiritual from the material still seems to be rife in biomedicine (Engel 1988, Fabrega 1975, Helman 2000, Konner 1993, Tenner 1996). The success of alternative and complementary medicine in the West attests to the public need for a holistic health care system (Gordon 1980, Hastings 1980, Siegel 1986) in which the concentration of the physician is on supporting health rather than curing illness.

> Having been a western physician I can use the symptomatic bit that I have, as it were, so no interest. So what I'm offering must be alternative. Alternative root and branch ... I freely admit to matching with this kind of [Five Element] acupuncture because it corresponded to my prior prejudices about health rather than illness, and then the philosophical things emerged later.

The twentieth century western development of the psychological disciplines in the West has not been matched in China. For instance, in Taiwan the Chinese patient has no faith in the efficacy of talking therapy, and consequently psychological therapies do not flourish there (Kleinman 1980).

> Chinese culture is not perfect... there are areas where it's very, very unsophisticated particularly on an emotional level... People talk about they love Chinese medicine because it integrates body and mind and it's true, fundamentally it does, but I would say on lots of levels its understanding of the mind is absolutely primitive compared to kind of late 20th early 21st century western culture, and that of course affects the way we look at what we're doing, we experience the medicine, we experience ourselves, and the language ultimately we might want to choose to talk about it. That seems to be a factor, and how much relation that's actually got to terminology I don't know, there are certainly controversial words like depression.

This is a rather peculiar situation, since in their use of Chinese

medicine, Chinese practitioners seem to be practicing a systematically holistic discipline in a rather linear way, while Western practitioners are adapting Chinese medicine to make it conform to their needs for holistic health care using their expertise in Western psychology (Blackwell and Hougham 2001). However, many aspects of the practitioner-patient relationship can be seen in terms of Chinese medicine theory (Larre and Rochat de la Vallee 1990), and Blackwell and Hougham (2001) show how reflexive practice can be approached in such a way that it honours the roots and diversity of acupuncture traditions and argue eloquently for a strengthening of the links between the western approach to the therapeutic relationship and the source philosophy and practice of Chinese medicine.

> Another area [of confusion] is all the area around the five spirits and the mental-emotional stuff, which again requires more translation work in the first instance, but then that's extremely cultural, and translating that across is a very interesting challenge. And yet I think it's such an important area for us in the West.

there's a big difference between a humble but grotty Chinese take away and someone using Chinese cooking on a high level

As long as it is taken in the context of the Chinese tradition as a whole, adaptation was seen by the respondents as positive, and tolerance of change was regarded as an intrinsic characteristic of Chinese medicine itself.

> Although some things are lost in translation from culture to culture there's also an enriching that goes on. Things move around the world like that and tend to attract new ideas and I find that quite exciting really. That's very much the nature of Chinese medicine, that they've always been incorporating ideas that arrive from elsewhere and building them in. It's not an exclusive thing in any case.

> There's a big difference between a humble but grotty Chinese take away and someone using Chinese cooking on a high level, and not just doing it authentically Chinese, but doing it authentically English Chinese. Authentic means true to themselves and true to the fact that we're in the year 2000 and in this culture and want to use a certain amount of indigenous stuff.

Perceived Problems with Current Language Use

To the respondent not interested in the link to the Chinese traditions or in the teaching of diverse styles of practice, there was no perceived confusion with terminology since words used are a given English terminology that have an accepted meaning. Thus the preferred referencing option was not to reference.

> The words for emotions we use are fear, anxiety, sympathy. They're all translated into English so there's no problem with confusion.

However, even within the Five Element tradition, some respondents were less comfortable with this.

> Although pensiveness and overthinking are clearly good descriptives for things that happen to do with earth and that kind of obsessional thinking... sympathy is definitely the emotion. And when you work with someone who's got an imbalance in their earth, sympathy is what they respond to... So it's clearly accurate to use the word sympathy in this context, but what is the Chinese antecedent? I don't feel comfortable to have one [term] where it's, ah well it doesn't matter what the Chinese said about it.

For the majority of the respondents, both the diversity of teaching within Chinese medicine, and the lack of terminological standardisation of English translations make it hard for a student to avoid misunderstanding. Problems identified by the respondents with language use in the teaching of Chinese medicine can be related to the use of language a) to facilitate depth of understanding of concept, and b) to facilitate clear differentiation of concepts. These categories are not exclusive, since clarity of delineation of concept is a prerequisite for depth of understanding. Rather they represent two useful steps towards further understanding.

Problems with understanding depth of concept

In spite of the fact that Chinese medicine is a technical language not necessarily understood as such by the layman in China, unlike the Latinisation of modern western medical terminology, many concepts are expressed using a metaphorical meaning of vernacular terms (Unschuld 1986 p.5). Although Chinese philosophical terms may also be difficult for a modern Chinese student, there are Chinese medical terms that are easier for a Chinese than for an English student to understand and accept, since they reflect a recognisable environmental reality and a specific social ideology (ibid. p.6). This was highlighted by one of the Chinese respondents.

> If you talking about fire you in West if you explain liver fire flaming up and they will feel confused, how can I get fire? But Chinese

people they know if somebody's angry and shouting they say 'don't be fire', like you say 'don't be upset', which means don't lose your temper, but Chinese say 'do not lose your fire', so they know fire it's in the culture, they speak like that.

The difficulty of preserving cultural and philosophical allusions in translation arises in part because one English word can never encapsulate the whole meaning of a Chinese character. Equally, English words may have their own associations inappropriate to the Chinese term. Examples with which we are generally familiar include the *xu* and *shi* pairing, which in Chinese implies a non-judgmental relativity of quality not generally associated with the English words deficiency and excess. The *wu xing* imply correspondences in both time and space not implied by the word element, and organ names in Chinese imply a sphere of functional influence (Porkert 1974 pp.107-196) not implied by the western use of organ names. *Qi*, *yin*, *yang*, *shen* (mind, spirit) *gui* (ghost, spirit), *hun* (*yang* soul, ethereal soul) and *po* (*yin* soul, corporeal soul) are all concepts that defy translation.

A further example which may be less familiar is the translation of *li* as law. Scheid (2002 p.51) highlights Needham's translation of this term as 'pattern' and as 'organisation' and cites the following explanation of the term:

> '*Li* [pattern] is a natural and unescapable law of affairs and things... The meaning of 'natural and unescapable' is that [human] affairs, and [natural] things, are made just exactly to fit into place. The meaning of 'law' is that the fitting into place occurs without the slightest excess or deficiency.' (Needham 1956 pp.563-64)

Misunderstanding of this concept can easily arise if the translation 'law' is used in isolation.

> JR Worsley, who was a very strong imperious person, was very strong in insistence upon the law of the five elements or the law of husband and wife, and he obviously knew what he wanted to talk about, but the confusion in people's western minds!... The whole idea of the laws is something rather open to misinterpretation because we think in the West because we come from a Judao-Christian tradition... of some kind of God-given law, of a whole load of potential baggage in that way, instead of laws as *li*, as perceptions of the inbuilt structuration of things which gives form to their life and gives a sense of why their interrelationships maintain their vitality.

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Tonification and sedation are typical examples of confused terminology in various ways. Firstly the word sedation is an example of a historical mistranslation that can be traced back to Felix Mann (Mann 1962, Wiseman 1999 pp.87-9). In English to sedate means to put to sleep, but the term in Chinese is *xiao*, which means to disperse and has the quite opposite connotation of moving vigorously. Secondly, tonification and sedation have been applied in a blanket way to several different Chinese treatment principles, resulting in omission of terms from the lexicon. One respondent indicated an awareness of these problems and despite habitual usage had embraced change.

> We used the word sedation when sometimes we meant sedate, but sometimes we meant reduce and sometimes we meant disperse, and lately we've decided to use dispersion instead of sedation. And also the problem is we use tonification to describe both the function of certain acupuncture points called tonification points and also use it to describe a needle technique, which is confusing, because then students would ask a question like can you ever sedate a tonification point?

An area with great potential for confusion and misunderstanding is that of point names. Often a point will contain either direct or veiled reference to the point's function, and the profound meaning of the point names was extolled by Sun Si Miao (Sun Si Miao 625) (Ellis, et al 1989 p.ii).

> On one hand you've got people who completely focus on...what they call the function of the point and on a whole range of ways of seeing it that are selective from different texts and from different periods of Chinese medicine, doing something genuine with the point. On the other hand you've got people plucking points out of the air like some sort of mad poet, sometimes with the most tenuous relationship to the needs of the patient.

The mad poet effect is exemplified by one of the respondents who emphasised the need to respect the Chinese tradition, and shows how easily misunderstanding can arise if the source is not understood and respected.

> Lu 7, *lie que*: one translation that went around a few years ago was 'listing deficiency', listing as in leaning over. And then I came across a practitioner who, I think even in print, said this was a good point for people who couldn't remember lists, like shopping lists, and for me this was...just symbolic of the whole problem, to lose the track so easily because of that person believing in themselves so much...that whatever they thought would be true and that that was what the medicine was about, that you were totally free to make stuff up. That's terrible to the tradition and that's why we need to have the scholarship, and then once we've got that...we can come on and start to say in what way are our patients different.

The preservation of cultural allusions was not a universal priority, however, and two of the respondents had reservations about its validity in a western context.

> If we have undue respect for the original Chinese, how much are we trying to stay in another culture? You know, you have a soya-bean curd coating on the tongue. If you have a foxy hernia like disorder where the origin of the fox part is that if you say fox to a Chinese person - apparently...the idea of the image is the fox kind of sticks its head out the hole and retreats back in and sticks its head out the hole and retreats back in and sticks its head out the hole and retreats back in. Sly and ...coming and going. And that's the nature of that type of hernia.

On the other hand, for some respondents one of the main points of a training in Chinese medicine is to help the students to attain a way of looking at things that is relational, and thus allows them to change their thinking from linear to pattern orientation. The need to challenge student preconceptions and the potential of Chinese medicine to facilitate a change of mindset, particularly from linear to non-linear thinking, was emphasised by several respondents as desirable. Language is one tool to use in this, and is one of the ways to promote depth of understanding.

tonification and sedation are typical examples of confused terminology in various ways

> The main thing is to turn the mind and open the mind and Chinese language does this. The aim is not to know Chinese, the aim is to open the mind. Language is a basis. The concepts and ideas are not native to English and can only be understood through the characters. After that the same thing can be done through calligraphy, *qi gong*, painting, many things.

Problems with clear differentiation of concept

Problems in clear delineation of concept can occur either because terms become confused or because terms get lost and therefore omitted.

> The students hit problems that they may not even recognise, where two books appear to be saying the same thing in different language and they won't necessarily realise that actually in

> Chinese that's the same thing, or the other way around of course, that actually they might sound the same in English but be different in the original language, so both those things.

There comes a point, typically when students start to learn Chinese herbal medicine, when the language they used for acupuncture is no longer adequate. Ideally additional learning would be in the form of expanding understanding and adding relevant detail, however, students currently have, to a certain extent, to relearn the language they use in order to expand their theoretical knowledge. This problem would not arise if the language used from the beginning took consistent account of future detail.

Two types of omission can be identified in the teaching of Chinese medicine. The first is omission that arises from conscious choice, and the second is that which arises by default.

with greater clarity in the differentiation of treatment principle vocabulary, the way is open for us as English speaking practitioners to better understand Chinese doctors' approaches

A college syllabus will contain those elements of the plurality of Chinese medicine deemed useful by that college's approach, and several respondents commented that omission is a function of teaching, and to do with decisions around syllabus content. The second type of omission happens by default and is a result of translation. If the same Chinese term is translated in different ways by different translators, or even by the same translator in a different context, confusion can result. If on the other hand, two (or more) different Chinese terms are translated using the same English term, a Chinese term can get lost and omission can result. This is far more insidious and difficult to pinpoint than confusion. Treatment principle vocabulary is a general area where more precise differentiation would be an advantage.

> The students often flag that one. 'Do I have to get the right word?' The reason we don't require them to is that I know that our original material that we give them is not consistent, so there's a job for the future is to tie up the terminology there, so that certainly it's consistent with whatever system we're using.

> People use the word clear [*qing*] all the time for all sorts of things instead of clear, well that should be related to heat... Little things like that come up all the time, and I think that confuses students because if you say clear then some are thinking, oh well, they mean heat...and others are thinking it's a general context.

It is useful to know that since clear (*qing*) is only used for heat, to clear phlegm implies the treatment of hot phlegm. Misuse of a technical term such as *qing* was highly amusing to one Chinese practitioner.

> So clear cold! [big laugh]. I don't use clear for cold. For cold I use eliminate. If it is external cold I use eliminate cold or dispel cold and for internal cold and *yang* deficiency I use warm cold. I don't use clear! ... You can use disperse cold.

With greater clarity in the differentiation of treatment principle vocabulary, the way is open for us as English speaking practitioners to better understand Chinese doctors' approaches. For instance in the differentiation of the different ways to move *qi*, Master Jeffrey Yuen[5] explains rectify (*li*) *qi* as implying a moral aspect to moving *qi*, with a related implication of combining liver with lung points, while to regulate (*tiao*) *qi* is merely to give the body the chance to change with no judgement attached, and to course (*shu*) *qi* implies setting the wind in the sails of a ship, and thus the angle of the needling is all important.

Another example of imprecise differentiation is the concept of stagnation for which there are many different words in Chinese medicine, which are rarely differentiated in English.

> My feeling is that often what you get is the sense that there is just general stagnation, and that word covers a multitude of sins, only unfortunately you can't articulate what the sins are.

Stagnation (*zhi*) of food is distinct from stagnation (*yu*) of liver *qi*, which is translated by Wiseman and Feng (1998) as depression. *Yu* is a term that as well as being sometimes undifferentiated, is very hard to translate accurately. A comparison of western and Chinese respondents' attitudes to the translation of *yu* as depression reflects the greater degree of Chinese than western acceptance of the westernisation of TCM.

> Even the word that's usually translated as *yu*, depression, now the western sense of being depressed has become associated with the word depression. Actually that emotional state has only become attached to the word in the last 80 years and before that time it just meant stuckness and stagnation and it's not the same, the Western concept of depression, the psychiatric concept of depression is not congruent linguistically with the concept of stagnation.

> Like the *yu*, it is a kind of depression, if you are talking about descriptions of *yu*, *yu* symptoms or *yu* syndromes, that's almost like here depression, I think that's ok.

The translation 'full' for the Chinese concepts *man*, *bao*, *pi*

and *shi* is an example of both omission and confusion, omission in the sense that students may not become familiar with the existence of some of these concepts, and confusion in that these concepts are not clearly delineated.

> Fullness is *bao*, fullness is understandable. The other thing maybe you don't understand is *pi*, the word is difficult to explain. The feeling here [indicates epigastrium]... *pi* is kind of uncomfortable, possibly full feeling but uncomfortable and not necessarily a full sensation, so there's no exact English word which can be used to explain it... *Xu-shi* is not a feeling; it indicates the nature of a pattern. People here now accept *shi*

most of my students find it very hard to understand that superficial and floating are both translations of the Chinese *fu* pulse

> and *xu* but...in pronunciation people find it difficult to find the xu and the *shi* correctly in Chinese. I would prefer using excess and deficiency, it's clear...[but] it doesn't say anything about the quality, so in this case of course deficiency and excess are not exactly explaining the full meaning... If you use full to say *man* and then you use full to express an excess condition people will definitely get confused. But in my translation I use full to indicate *man*, I use excess to indicate the pattern, but if you use full-type then it's difficult.

An example of confusion of concept arises if there are multiple translations for the same Chinese word. Despite repeated telling, most of my students find it very hard to understand that superficial and floating are both translations of the Chinese *fu* pulse. Confusion here is compounded by the fact that it is not uncommon for a Chinese word, as is the case with the *fu* pulse, to have both a general and a specific meaning. The *xu* pulse is another such example, and can mean a generally forceless pulse or a specific pulse which is floating and forceless (Flaws 1995). There should be no problem with this in translation, since both meanings of the *xu* pulse can easily be explained. However, there is a further pulse quality that is *wu li* (without strength). It is not clear from the literature that there is a difference between the general sense of the *xu* pulse and the *wu li* pulse, and there can be confusion when different translators approach this in different ways. Maciocia, for example (1989) uses Empty (capitalised) to denote the specific *xu* pulse and empty-type or empty (non-capitalised) to denote the general meaning of both the *xu* pulse and the *wu li* pulse. Flaws (Flaws 1995), after Wiseman (Wiseman and Feng 1998), uses vacuous to denote the specific and non-specific *xu* pulses, and forceless to denote the *wu li* pulse.

There is a further pulse, the *ruo* pulse, which is a specific pulse with the characteristics deep, fine and forceless and which is translated by Flaws (1995 p.28) as weak and by Maciocia (1989 p.170) as Weak. Thus for Maciocia the teacher needs to make a distinction between empty (*xu/wu li*) and Empty (*xu*) and between weak (*xu/wu li*) and Weak (*ruo*), although empty and weak are identical. For Flaws the teacher is given separate English words for each Chinese one, whether or not the Chinese concepts have different meanings, thus there is weak (*ruo*), vacuous (*xu*) which can either have a general or a specific meaning, and forceless (*wu li*).

Hua (transform, resolve) can also be used in a general sense of eliminating pathological fluids such as dampness or phlegm from the body, or as one of the three specific types of elimination of pathological fluids, the others being *li* (draining, disinhibiting) and *zao* (drying). *Yuen* (ibid.) suggests that hua implies spleen involvement, while disinhibit implies lung involvement in promoting urination. In this context a problem of confusion also occurs between authors, since Maciocia translates *hua* as resolve, while Wiseman translates *hua* as transform and uses resolve as a translation for *jie* (resolve or release the exterior). The teaching of fluids is an area highlighted by two of the college principals as historically riddled with all kinds of lack of clarity.

How to Reference?

That there should be some sort of acknowledged base-line terminological reference was seen by the majority of respondents as beneficial. Once such referencing is in place, deviations can occur as desired.

> I suppose I see it like Latin based words. You can use them and they can be absolutely precise and accurate, but if you want to make yourself understood you use Anglo-Saxon words because that's the way we communicate... So I think you are going to have to have somehow two languages, the proper language and...the used language. But I still think the teaching has to come close to the proper language because that's what people come to learn.

For those respondents who could see the advantages of some kind of language referencing, their prioritisation either of clarity of understanding or of depth of understanding influenced their preferred choice of language referencing. Those who prioritised depth of understanding generally tended to advocate referencing to the Chinese, preferably using characters and not just *pinyin* transliteration, or learning the whole of Chinese language. To those for whom the clear differentiation of medical technical concepts and modalities was prioritised, the preference was either referencing to an English terminology or

to the *pinyin* transliteration of Chinese terms. It cannot be said, however, that those who prioritised clarity of differentiation were not interested in depth of understanding, rather they may be working within an environment that makes teaching/learning Chinese or referencing to Chinese characters difficult to put into practice.

Referencing to an English Terminology

Using an English language lexicon as a base-line reference implies the use of a standardised translation. According to Wiseman (1999 p.1) the transmission of Chinese medical knowledge is severely hampered by the lack of a standardised English terminology. Standardised literal translation using philological translation of the technical language of Chinese medicine has the goal that each Chinese pictograph be systematically translated by one English word that can be used as far as possible in all contexts (word for word pegging) (Kovacs 1989, Unschuld 1989, Wiseman 1999, Wiseman and Zmiewski 1989), and emphasizes clarity and continuity of concept, with the avoidance of confusion and omission.

The big advantage to referencing to a literal standardised translation is that there is no need to learn Chinese. Use of basic English is favoured by most practitioners, who are not linguists or scholars and just want to get on with treating people. Such a standard has to be rigorous within itself, clearly referenced to the Chinese and capable of expansion as the student reaches an advanced level of understanding. In Britain the de facto standard has been Maciocia (1989, 1994), and some respondents see it as adequate, or use it for historical or habitual reasons. The standard laid out by Wiseman in A *Practical Dictionary of Chinese Medicine* (Wiseman and Feng 1998) and used by American publishing houses such as Paradigm Publishing and Blue Poppy Press is more detailed, and has the advantage that each English translation is clearly referenced to the Chinese terminology. Thus a student without knowledge of Chinese can use it as a reference to access the Chinese concepts, so that if so desired, the means are there for further study of these concepts. Bensky's terminology is also sometimes used in this country (Bensky 1986, 1990, 1998).

However, there are problems with standardisation, both politically and academically. The political and economic implications of adopting any one particular English translation system create heated debate on this subject, since standardisation is a way of investing power in the authority which creates the standard, and it is clear that such a decision cannot be made by any one person or group but must be set with ref-

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erence to all the texts and all the branches of the profession.

In contrast to the western lexicons, which are generally promoted by an individual or small group, Chinese English language lexicons are created by committees working towards standardisation of the English translation of exported traditional Chinese medicine (CEMD 1987, Xie 1984). One Chinese respondent was in favour of standardisation but nevertheless accepted the political implications, and suggested that the climate in Britain is not currently ripe for it.

> It is true now people use different ways of translation and there is a need...to standardise it... Because the TCM is so popular in the West and people get different ways of translation, which is not very good... I would say it's...very important that translation should be standardised. Now people translate TCM books in their own ways that don't agree with each other, but who can do that? Who is the authority? And only, for instance, if there should be a university or college of TCM in England which is the highest school of authority, and the people who practice Chinese medicine should graduate from that school and the other people are not allowed, or if you are practitioners already but you have to get further training from that school... And then this is authority, and the people believe it and all the books published by this school are also authority, then you can do it, but I don't think you can do it right now.

the whole concept of standardisation of translation can be seen to run counter to the climate of diversity that is currently allowing multiple approaches to Chinese medicine to flourish in Britain

There are problems with the Chinese approach to standardisation. Often the English is not idiomatic and can be quite humorous, which is why traditional translation theory favours translating into rather than out of the mother tongue (Wiseman 1999). Another problem is that although it is generally accepted in the West that the type of translation most suitable for Chinese medicine is literal translation, i.e. the use of ordinary English words to translate ordinary Chinese words used in a medical context, in China there is a tendency towards westernisation; the use of modern western disease labels to translate concepts expressed by ordinary Chinese words.

Despite the need for consensus, the whole concept of standardisation of translation can be seen to run counter to the climate of diversity that is currently allowing multiple approaches to Chinese medicine to flourish in Britain, which in itself reflects the plurality of practice in China, but which runs counter to the prevailing trend of standardisation in China (Andrews 1996). There was a general feeling among those western respondents who recognised the inevitable adaptation of Chinese medicine to the West, that a standard language risks to fix our understanding and practice and halt the development of the profession.

> Is there any reason to standardise anything? Can't we just have a form of medicine that people do differently, Japanese, Korean, English?...It feels to me like a totalitarian state is being clamped on if I have to start writing articles that I have to put in a certain way. You are not allowing freedom that way. In England possibly we've won the battle for the right to do whatever we want to...but in China I'm not so sure about it being acceptable, if it's politically important for them to be close to western medicine... Do you want standardisation? It's a big question. I see this with horror. You can get a WHO list on the internet of acceptable terminology and I think if we start like that there is no development possible.

Academically the main problems with standardisation are those described above: a) that one English word can never adequately convey the whole meaning of a Chinese pictogram and b) that connotations of certain English words get in the way of understanding. To minimise these problems certain techniques such as the use of capitalisation and the coining of unfamiliar English words have been used. The inherent problem with capitalisation is that since Chinese medicine is written in a technical language, taken to its logical extreme it would lead to capitalisation of all parts of speech (nouns, verbs, adjectives), which becomes unwieldy. For this reason, capitalisation has often been abandoned (EJOM (*European Journal of Oriental Medicine*) writing protocol).

Unfamiliar or newly coined words are useful because they force a definition from scratch and we therefore have to think afresh about what the concept actually means.

> Talking about *qing*, the colour appropriate to spring being something which is both blue and/or green...a vast range really... What seems to be talked about is the nature of a colour which reflect the return of life at that time of year, which manifests...as what happens on the trees when life returns and the sap rises and suddenly heaven is attracting everything and nourishing everything into its renewal and into its expansion. Now to translate that just as 'cyan', it's interesting, yeah I like that, but does it create its own problems? I think it does.

Unfamiliar or coined words can, however, be seen as unnecessarily difficult to understand or interfering with the natural flow of the English language and therefore ugly. Readability

and natural flow of language was seen by the respondents as very important, and a criticism of Wiseman's work was his coining of new words and occasional use of what were seen as clumsy, user-unfriendly constructions. There is also the problem that Chinese practitioners or westerners who do not have English as their first language may not understand newly coined or convoluted English. However, with use, certain coined words are becoming normal technical words, and more and more lecturers are using them naturally. If the students are taught in a certain way in the first instance, they will always understand that terminology.

Although diversity of terminology can lead to confusion there is a sense in which the richness of having several translations for a Chinese concept is seen as a positive advantage to comprehension. It stimulates debate about meaning, which is extremely useful in trying to communicate concepts that are from a different culture, and there is a richness that comes out of that that can aid understanding.

> I don't think it's a realistic project [to standardise translation] particularly as the field of Chinese medicine is full of awkward individualists – no chance! I'm not sure whether it should be either, because I also think that's the nice thing about reading something in Giovanni and something in Bob Flaws and something in Father Larre, that they're all talking about the same thing and actually what you're getting is three perspectives on it, which is quite interesting. I think maybe if you standardised it too much you'd actually lose all that.

Because of the relational nature of Chinese language and the importance of context in determining the meaning of Chinese concepts, many of the respondents expressed reservations about the extent to which pegging can be done or is desirable in practice.

> You can't insist on English equivalents for Chinese concepts, you have to insist on a contour... The same character can have different meanings in different contexts. You need to give all the explanations. You cannot translate word for word, you will never use it. There is a need to keep the freedom to translate in a way that gets inside the Chinese.

Chinese Language Referencing

In view of the problems with standardised translation, referencing to the Chinese was the preferred option for most respondents. This can range from the use of a few Chinese loan words to extensive loan word borrowing, to the wholesale learning of Chinese language. The western respondent who strongly emphasised the need to place western Chinese medicine as part of the Chinese traditions held the uncompromising view that wholesale learning of Chinese is so vital to good Chinese medicine practice that without it we cannot say that we practice Chinese medicine.

> They must learn Chinese. There is no way for me, that they should not learn Chinese...if we want to be practitioners of Chinese medicine... Those people who speak Chinese, they have a different relationship to Chinese medicine. The Chinese speaker will tell you things you don't find in the western textbooks...he will use phrases that the Chinese use...he will have a broader knowledge base on the whole, because I suppose he will have a real core.

Reading Chinese has the advantages of a) enabling practitioners and teachers to evaluate the quality of the translations they use b) enabling access to the accumulated Chinese language medical literature of two thousand years, only a tiny proportion of which has been translated in to English. This ranges from extensive research literature published in modern Chinese journals to ancient classic texts, and encompasses the work of individual physicians throughout history.

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> Chinese language is very important because there are so many books in China, not only modern but also ancient and if you know the Chinese language then well, you will find that you are going to the ocean of TCM and what you have learnt here in the school taught in English is so limited.

However, whether this means all practitioners have to learn Chinese was seen by the majority of respondents as restrictive. The fact that, as practitioners, we do not have scholars translating this material for us, is a reflection of the youth and political status of the Chinese medicine profession in the West, and while we need scholars, it is a distinct skill from that of the practitioner.

> What we haven't got...is the scholars out there who are doing it for us. Because we're not universities with the whole back up from the scholars sitting there and translating texts for us all, so...we just need a lot more of that. And there's a lot more out there now, if you think what it was like twenty years ago.

Even one of the western respondents with the ability to read modern Chinese research questioned whether teaching Chinese language would really raise standards of teaching in the long run.

> Even though...because I've learnt the Chinese I could easily say yes [students should learn Chinese], I think that's a very good idea, but that's more elitist isn't it? No, I don't think so at all... I think people who've learnt Chinese and do it that way and try and lord it over the others will topple in time because it's not a prerequisite at all to study... I think it's an advantage to further study, but in time that will also diminish.

> In terms of teaching students, the more Chinese you use the better. That's why I don't see terminology as a problem... There is a danger... that supposing you adopt one terminology as the correct one and people start using it more and more, say you start calling *bi* syndrome impediment, after two or three generations of acupuncture students this word impediment will become totally common and familiar and you lose contact with the Chinese language.

Systematic referencing of English translation to Chinese concepts using *pinyin* and/or characters habituates the student to the *pinyin*, so that although reading Chinese texts necessitates learning much more Chinese language than a few medical words, the process has been initiated in early student days and can be expanded as required. Consequently, while it might be difficult either to teach the whole of Chinese, or to expect students to study medical Chinese from manuals (Unschuld 1994, Wiseman and Feng 1997), Chinese language borrowing is seen by many respondents as possible, practical and useful. And while for one respondent just using some Chinese words risks to emasculate the Chinese language, even a little Chinese was seen by others as a starting point.

> We should be knowingly starting them on that road [reading Chinese] from day one and we should be actually setting them up so that that's part of the routine of being a practitioner, part of continuing practitioner development.

In addition, in terms of communicating with non-English speaking practitioners, an English lingua franca for Chinese medicine makes little sense, and the use of Chinese terminolo-

Referencing to Chinese Loan Words

Because of the impracticality of forcing all practitioners to learn Chinese, most respondents favoured the use of Chinese loan word borrowing. While borrowing lends a freedom to translation, since one Chinese concept can be highlighted then extensively explained (Clavey 1995, Larre and Rochat de la Vallee 1987, 1990, 1994, 1995, 1996, 1997), its source language orientation means that it is not actually free translation as described by Newmark (1995), and therefore preserves the cultural and philosophical allusions of texts which are typically remote in time and/or space.

Chinese referencing enables terms to be referenced to source, but has the advantage over the use of standardised translation as a base-line reference in that it obviates the potential rigidity of word for word pegging, and this allows for the freedom, richness and diversity of translation that is so cherished by the respondents, while enabling the technical terms to be retained in Chinese (*pinyin* and/or characters) and extensively explained. Respondents not keen on coining new English words, tended to resort to the Chinese borrowing in addressing the problem of Chinese concepts not easily translatable by one English word.

> There's a really nice Chinese character called *chou*. *Chou* is a mixture of sadness, regret, depression, there isn't an English word for it because it's a number of emotions at once, and it's actually the radical for wheat with the radical for fire and with the radical for heart suggesting emotion and it's actually said to be derived from the feeling you get from watching stubble burning in the autumn and reflecting on that and realising that actually that's the end for us all. It's kind of a sadness, regret, the coming winter and the link with your own demise in the future...it's sometimes translated as anxiety as well, and it's all those things rolled into one that has one word. Now can you really choose an unusual English word and say that's what that is, and then look for it in your patients? You can only look for that symptom in your patients if you understand the concept and you've reflected on what it is.

there's a really nice Chinese character called *chou*. *Chou* is a mixture of sadness, regret, depression, there isn't an English word for it because it's a number of emotions at once

The use of Chinese connects the terms to the Chinese knowledge base and preserves the Chinese concept for future generations of students.

gy enables direct communication between practitioners regardless of native tongue (Maciocia, in Buck, et al 2000).

> If we want to make Chinese medicine truly international it's a bit Anglo-centric to attach so much importance to the way we translate it. What about the Italians? Impediment doesn't mean anything to them. So if we really want to make it international we have to stick to Chinese.

It was not the concept of Chinese language referencing generally that most respondents found controversial, since most colleges reference at least the key nouns like the different types of *qi*, but rather the extent to which it is used and the number of terms referenced. One of the problems with borrowing is that its widespread use can make a text appear impenetrable or clumsy. There is a difference between writing about Chinese medicine and lecturing on the subject, and writers who use translation in their written work might rather use Chinese language referencing in lectures (Maciocia, in Buck, et al 2000).

> When people say, oh these really weird words, or supplementation, all of those, they're nonsense words...but they just have meaning in context in the end, so use the *pinyin* and that holds all those meanings that are around... Now the only thing with that is it makes it sometimes difficult reading things in a fluid way. When students are writing something if you keep putting *pinyin* in, it changes the flow and we tend to say to people use English when they're writing essays.

Borrowing can be seen as hard to understand, although my own experience is that with systematic implementation from the beginning, it is no harder for a student to understand *pinyin* concepts than it is for them to learn the translations, and that after about six months they become used to it.

> There is a fear in the colleges it will scare students off, that they'll hate it, that it'll make a course too difficult. I think it will increase transparency. I find that actually I can use Chinese terms quite easily with the students and they're not scared because they know when they come on the course that we're going to be teaching the herbs and prescriptions in *pinyin* so it's less of an issue. Nobody has said, no you're using the wrong words here, I'm not going to run with this.

it is no harder for a student to understand *pinyin* concepts than it is for them to learn the translations, and that after about six months they become used to it

Widespread use of *pinyin* terms may also mean that those outside the profession such as western medical or academic professionals find the literature incomprehensible. This was seen by one respondent as a problem, but by another as an obscure advantage since it clearly delineates our technical language and can be accepted as such.

> Use of Chinese language actually improves the professionalism of the whole thing. I think that outside medical authorities looking at the acupuncture profession can't easily judge how professional our profession is. It might increase the professionalism... if we were seen to be serious enough to learn the terminology in the source terms. In a curious way if we translate them and talk about wind or heat or liver fire they fall badly on the medical ear because of unfamiliarity and are almost more alienating than if they were in Chinese.

The need to adapt the language with patients was stressed by many respondents, but that there are levels of language use does not mean there should not be a technical standard.

> I use the... layperson's language... I don't think it's important for a person who wants to know about acupuncture, Chinese medicine, or how to live a good lifestyle to be learning the Chinese language, so that's not even on my agenda, but if it were a textbook it might be different...The more we use *pinyin* the more we have to be careful that people don't put that over to their patients. It's a whole different thing in China because the two come together.

Referencing to the Chinese Character

In choosing the borrowing approach to translation, an author has to decide not only how many borrowings to incorporate but also whether to borrow the *pinyin* transliteration only or also to incorporate the character and make use of etymological character explanation, with the *pinyin* transliteration as a backup. This could be longform or simplified characters, but the longform is sometimes preferred because the etymology is clearer (Larre and Rochat de la Vallee 1995).

A problem with using the *pinyin* only as a reference is that it is simply the sound of the ideogram which in itself says nothing about the meaning. For this reason, those respon-

dents interested in using terminology to deepen understanding of concept advocated the use of characters with explanation. If the focus for teaching Chinese is on the students' understanding; opening the mind to new ways of thinking and expanding the depth and breadth of understanding, then character explanation is an effective tool, without going into teaching the whole of Chinese language (Larre and Rochat de la Vallee 1987, 1990, 1994, 1995, 1996, 1997).

it is the character that contains the cultural references of the concept and students like that

> You can use the traditional etymological explanation as a basket to put the explanation inside to help the memory. Then you can come back from time to time with another approach extending according to curriculum. You can teach this way at the very beginning... [Introducing] the characters [is important], yes, not the language. To turn the mind. After that it's not important unless a student chooses to go down that path... People sometimes take rare meanings of a character and it might be something very interesting but you have to come back to the centre. This makes students feel less insecure about things that are often misunderstood and creates a more general and better understanding.

Here the character is recognised as the ultimate reference in the sense of both clarity and depth of understanding, and respondents saw advantages to the use of characters in broadening understanding.

> The only way to translate is to let people who know what they are talking about have their own interpretation backed up by Chinese characters as the ultimate reference.

It is the character that contains the cultural references of the concept and students like that. Even without a deep study of character etymology, this approach is seen as enriching and a flavour of the character is not seen as difficult for a student to grasp.

> Just simple things like recognising when you have four dots underneath it's something to do with fire, and when you have three dots on the side it's water and people get excited about that. You look at the character for spring and there's the sun pushing up under the trees. Now that's much more powerful than just saying *chun*.

The question arises as to whether to use simplified or longform characters. If the aim is to access modern research literature, knowledge of simplified characters is useful, while, if the aim is to the explore the etymology of the ideograms longform is more useful, since the characters are in an older form and the etymology is consequently clearer. The problem with characters is one of resources. College principals were more in favour of the use of *pinyin* than of characters simply because a college may have neither the teachers nor the technology available to implement widespread *pinyin* referencing, let alone character referencing.

> We haven't got computers that can do that [characters]. That would be a nice idea as well, but that's another level again. I think we probably wouldn't.

Although language is of great importance in the communication of meaning, whether or not that meaning is successfully transmitted will always depend on how that language is used. Whether it is English translation, *pinyin* transliteration or Chinese characters, language will not guarantee understanding. If the teacher is not teaching meaning from his/her own source understanding, the meaning will not be transmitted.

> If you saturate the mind with Chinese characters without right meaning behind them that's just showing off without use. It's better to take some key characters – *qi, yin, yang*, maybe 50-200 – and study them deeply, not being led astray from the central line and ambience of the character.

Conclusion

In conclusion, language was not perceived as a problem by those respondents not interested in preserving links to the Chinese traditions, or by those who saw language as disconnected from and less important than practice. However, the mutual dependence of theory and practice was acknowledged by most, along with the need for the Chinese medicine profession as a whole to address the issue of terminology.

The concept of referencing was seen as desirable in general. Although they could generally see that use of a more precise English rendering of technical Chinese medical terminology would help raise standards of practice in those with no knowledge of Chinese language, the respondents were dubious about referencing to any particular English language lexicon as a standard. Consequently they preferred referencing to the Chinese, although the degree and type of referencing preference varied from the use of *pinyin* borrowing for a few main concepts to the widespread use of *pinyin*, to the use of character referencing, depending on whether they prioritised clear delineation of concept or depth of understanding of concept.

Most respondents did not see a problem with differing translations as long as the connection to the Chinese terminology remained in place, and felt that we benefit from the richness of diverse approaches. One respondent felt that the wholesale learning of Chinese was essential to being a practitioner, but all the others disagreed on the basis that Chinese scholarship is a skill distinct from that of being a practitioner, and we rather need scholars doing it for us.

language will not guarantee understanding

In practice, literal translation and Chinese language referencing are used together. There is a balance we are currently challenged to find, between a useful consensus towards the standardisation of translation of Chinese medical vocabulary into English, and a flexibility of terminology that allows for preservation of the Chinese allusions and richness of understanding, as well as for development and updating of language according to local needs. Too little rigour in referencing terminology to the Chinese concepts can lead to confusion and misunderstanding, divorcing practice in the West from the traditions from which it comes. Too much standardisation can stifle diversity and lead to rigidity and misunderstanding.

Because of the relative importance of language to theory rather than practice, this MPhil research project was limited to the study of teachers' attitudes to language use. It is my hope that future research might take this forward into the practice room to look at the effects of language use in teaching on future practice.

Footnotes

1. Chinese philosophical classic, the *Dao De Jing*, (Way of the Truth and the Virtue).
2. Respondent quotations from this study are indented throughout this paper.
3. MacIntyre, A.C. (1981) *After Virtue: A Study in Moral Theory*. Duckworth, London.
4. Seminar, April 2004 London

References

Andrews, B.J. (1996). *The Making of Modern Chinese Medicine*, 1895-1937. University of Cambridge, Cambridge.

Bates, D. (1995). Scholarly Ways of Knowing: An Introduction. In: *Knowledge and the Scholarly Medical Traditions* (ed. by D. Bates), pp. 1-22. Cambridge University Press, Cambridge.

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Addison Wesley, Menlo Park, CA.

Bensky, D. (1986). *Chinese Herbal Medicine Materia Medica*. Eastland Press, Seattle, Washington.

Bensky, D. (1990). *Chinese Herbal Medicine Formulas And Strategies*. Eastland Press, Seattle, Washington.

Bensky, D. (1998). *Eastland Press Draft Glossary of Chinese Medical Terminology*. Eastland Press, Seattle.

Bickerton, D. (1990). *Language and Species*. University of Chicago Press, Chicago.

Blackwell, R. & Hougham, P. (2001). Nei Guan The Inner Gaze: Reflective Practice in Acupuncture Traditions. *European Journal of Oriental Medicine*, 3, 4-13.

Bruner, J.S. (1996) *The Process of Education*. Harvard University Press, Cambridge, MA.

Buck, C. (1999). Can Biomedical Correlates of Chinese Medicine's Diagnostic Categories Such as *Yin* or *Yang* Deficiency be Demonstrated by Scientific Means? Unpublished paper.

Buck, C., Rose, K., Felt, R., Wiseman, N. & Maciocia, G. (2000). On Terminology and Translation. *Journal of Chinese Medicine*, 63, 38-52.

Burnard, P. (1991). A Method of Analysing Interview Transcripts in Qualitative Research. *Nurse Education Today*, 11, 461-466.

Capra, F. (1975). *The Tao of Physics: An Exploration of the Parallels Between Modern Physics and Eastern Mysticism*. Collins Publishing Group, London.

Capra, F. (1982). *The Turning Point*.

Capra, F. (1996). *The Web of Life*. Harper Collins, London.

Capra, F. (2002). *Hidden Connections*. Harper Collins Publishers, London.

CEMD (1987) *The Chinese-English Medical Dictionary*. People's Medical Publishing House, Beijing.

Chen, Dai, Song & Lu (1982). Exhaustion of Liver-Kidney and Internal Deposition of Damp-Heat Post-Hepatic Cirrhosis and Hepato-Renal Syndrome. *Journal of Traditional Chinese Medicine*, Vol 2, 227-236.

Chenitz, W. & Swanson, J. (1986). *Qualitative Research Using Grounded Theory*. Addison-Wesley, Menlo Park, CA.

Clavey, S. (1995). *Fluid Physiology and Pathology in Traditional Chinese Medicine*. Churchill Livingstone, London.

Croizier, R.C. (1965). *Chinese Medicine In The Twentieth Century Intellectual Revolution: The Tensions of Cultural Choice*. University of California, Berkeley.

Dreyfus, H.L. & Dreyfus, S.E. (1986). *Mind Over Machine: The Power of Human Intuition*. Basil Blackwell, Oxford.

Eckman, P. (1996). *In The Footsteps Of The Yellow Emperor: Tracing the History of Traditional Acupuncture*. Cypress Book (U.S.) Company, San Francisco, CA.

Ellis, A., Wiseman, N. & Boss, K. (1989). *Grasping the Wind*. Paradigm Publications, Brookline, MA.

Engel, G.L. (1988). The Clinical Applications of the Biopsychosocial model. *American Journal of Psychiatry*, 137, 535-544.

Eraut, M. (1994). *Developing Professional Knowledge and Competence*. Falmer, London.

Fabrega, H. (1975). The Need for an Ethnomedical Science. *Science*, 189, 969-975.

References continued on page 22

References continued from page 21

Farquhar, J. (1994). *Knowing Practice. The Clinical Encounter of Chinese Medicine.* Westview Press, Boulder, CO.

Fauconnier, G. (1985). *Mental Spaces.* MIT Press, Cambridge, MA.

Flaws, B. (1992). Thoughts on Acupuncture, Internal Medicine, and TCM in the West. *Journal of Chinese Medicine,* 38.

Flaws, B. (1995). *The Secret of Chinese Pulse Diagnosis.* Blue Poppy Press, Boulder, CO.

Fontana, A. & Frey, J.H. (1998). Interviewing: The Art of Science. In: *Collecting and Interpreting Qualitative Materials* (ed. by N.K. Denzin & Y.S. Lincoln), pp. 47-78. Sage Publications, Thousand Oaks, CA.

Fruehauf, H. (1999). Chinese Medicine in Crisis. *Journal of Chinese Medicine,* 61, 6-14.

Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory.* Aldine, New York.

Gordon, J.S. (1980). The Paradigm of Holistic Medicine. In: *Health For the Whole Person: The Complete Guide to Holistic Medicine* (ed. by A.C. Hastings, J. Fadiman & J.S. Gordon). Westview, Boulder, CO.

Hastings, A.C. (ed.) (1980). *Health for the Whole Person: A Complete Guide to Holistic Medicine.* Westview, Boulder, CO.

Helman, C.G. (2000). *Culture, Health and Illness.* Oxford University Press, London.

Holbrook, B. (1974). Chinese Psycho-social Medicine: Doctor and Dang Ki: An Intercultural Analysis. *Bulletin of the Institute of Ethnology Academica Sinica,* 37, 86, 88.

Hsu, E. (1999). *The Transmission of Chinese Medicine.* Cambridge University Press, Cambridge.

Hsu, E. (2000). Spirit (Shen): Styles of Knowing, and Authority in Contemporary Chinese Medicine. *Culture Medicine and Psychiatry,* 24, 197-229.

Jewson, N.D. (1976). The Disappearance of the Sick-Man From Medical Cosmology, 1770-1870. *Sociology,* 10, 225-244.

Kaptchuk, T.J. (1983). *Chinese Medicine: The Web That Has No Weaver.* Rider Books, London.

Kleinman, A. (1980). *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry.* University of California Press, Berkeley, CA.

Kolb, D.A. (1984). *Experiential Learning: Experience as the Source of Learning and Development.* Prentice Hall, New Jersey.

Konner, M. (1993). *The Trouble with Medicine.* BBC Books, London.

Kovacs, J. (1989). Linguistic Reflections on the Translation of Chinese Medical Texts. In: *Approaches to Traditional Chinese Medical Literature* (ed. by P.U. Unschuld). Kluwer Academic Publishers, Dordrecht.

Larre, C. & Rochat de la Vallee, E. (1987). *The Secret Treatise of the Spiritual Orchid: Su Wen* Chapter 8. Monkey Press, Cambridge.

Larre, C. & Rochat de la Vallee, E. (1990). The Practitioner-Patient Relationship. Wisdom from the Chinese Classics. *Journal of Traditional Acupuncture,* Winter 1990-91, 14-50.

Larre, C. & Rochat de la Vallee, E. (1994). *The Way Of Heaven: Nei Jing Su Wen* Chapters 1 and 2. Monkey Press, Cambridge.

Larre, C. & Rochat de la Vallee, E. (1995). *Rooted in Spirit: The Heart of Chinese Medicine.* Station Hill Press, Barrytown, NY.

Larre, C. & Rochat de la Vallee, E. (1996). *The Seven Emotions.* Monkey Press, Cambridge.

Larre, C. & Rochat de la Vallee, E. (1997). *The Eight Extraordinary Meridians.* Monkey Press, Cambridge.

MacIntyre, A.C. (1981). *After Virtue: A Study in Moral Theory.* Duckworth, London.

Maciocia, G. (1989). *The Foundations of Chinese Medicine.* Churchill Livingstone, Edinburgh, London, Melbourne, New York.

Maciocia, G. (1994). *The Practice of Chinese Medicine.* Churchill Livingstone, London.

Mann, F. (1962). *Acupuncture: The Ancient Art of Chinese Healing.* William Heinemann Medical Books Ltd, London.

Mechanic, D. (1972). Medical Progress: Social Psychologic Factors Affecting the Presentation of Bodily Complaints. *The New England Journal of Medicine,* 286, 1132-1139.

Melnechuk, T. (1988). Emotions, Brain, Immunity and Health: A Review. In: *Emotions and Psychopathology* (ed. by M. Clynes & J. Panksep), pp. 181-247. Plenum Press, New York.

Needham, J. (1956). *Science and Civilisation in China.*

Neighbour, R. (1992). *The Inner Apprentice: An Awareness-Centred Approach to Vocational Training for General Practice.* Kluwer Academic Publishers, London.

Newmark, P. (1995). *Approaches to Translation.* Phoenix, London.

Porkert, M. (1974). *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence.* Massachusetts Institute of Technology, Cambridge, MA.

Powney, J. & Watts, M. (1987). *Interviewing in Educational Research.* Routledge and Kegan Paul, London.

Scheid, V. (2002). *Chinese Medicine in Contemporary China: Plurality and Synthesis.* Duke University Press.

Scheid, V. (2003). Remodelling the Arsenal of Chinese Medicine: Shared Pasts, Alternative Futures. *European Journal of Oriental Medicine,* 4, 36-50.

Siegel (1986). *Love, Medicine and Miracles.* Harper and Row, New York.

Sivin, N. (1995). Text and Experience in Classical Chinese Medicine. In: *Knowledge and the Scholarly Medical Traditions* (ed. by D. Bates), pp. 177-204. Cambridge University Press, Cambridge.

Sun Si Miao (625). *The Thousand Gold Piece Prescriptions.*

Tenner, E. (1996). *Why Things Bite Back: Technology and the Revenge Effect.* Fourth Estate, London.

Unschuld, P.U. (1985). *Medicine in China: A History of Ideas.* University of California Press, Berkeley, Los Angeles.

Unschuld, P.U. (1986). *The Classic of Difficult Issues.* University of California Press, Berkeley, Los Angeles.

Unschuld, P.U. (1989). Terminological Problems Encountered and Experiences Gained in the Process of Editing a Commentated Nan-Ching Edition. In: *Approaches to Traditional Chinese Medical Literature* (ed. by P.U. Unschuld). Kluwer Academic Publishers, Dordrecht.

Unschuld, P.U. (1994). *Learn To Read Chinese.* Paradigm Publishers, Brookline, MA.

von Bertalanffy, L. (1968). *General System Theory.* Braziller, New York.

Weiss, P. (1969). The Living System: Determinism Stratified. In: *Beyond Reductionism* (ed. by A. Koestler & J.R. Smythies). Macmillan Publishing Co, New York.

Wiseman, N. (1999). *Translation of Chinese Medical Terms: A Source-Language-Oriented Approach.* University of Exeter, Exeter.

Wiseman, N. & Boss, K. (1990). *Glossary of Chinese Medical Terms and Acupuncture Points.* Paradigm Publications, Brookline, MA.

Wiseman, N. & Feng, Y. (1997). *Chinese Medical Vocabulary.* Paradigm Publications, Brookline, MA.

Wiseman, N. & Feng, Y. (1998). *A Practical Dictionary of Chinese Medicine.* Paradigm Publications, Brookline.

Wiseman, N. & Zmiewski, P. (1989). Rectifying the Names: Suggestions for Standardizing Chinese Medical Terminology. In: *Approaches to Traditional Chinese Medical Literature* (ed. by P.U. Unschuld). Kluwer Academic Publishers, Dordrecht.

Xie, Z.-F. (1984). *Dictionary of Traditional Chinese Medicine.* Commercial Press, Hong Kong.

Yan, Jin, Zhang, Li, Shi, Chen, Li & Lin (1997). A study on Plasma Norepinephrine and Epinephrine Levels in TCM Liver Syndromes. *Journal of Traditional Chinese Medicine,* 17, 294-298.

Zola, I.K. (1966). Culture and Symptoms - An Analysis of Patients' Presenting Complaints. *American Sociological Review,* 31, 615-630.