Registerial Expertise in Traditional Chinese Medical Translation

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2 Translation complexities

This chapter discusses in general the multifaceted endeavour that involves recreating texts across cultures, languages, and individual differences during the translating process. Drawing some typical examples mostly from Chinese medicine, it probes how the translating process is significantly influenced by prevailing ideologies, both academic and political, indeterminacy, and typological gaps; and how translation holds great power when the translated works become canonical and shape future discourse.

Translation is a complex endeavour that demands a broad spectrum of expertise on the part of translator. Many unacquainted with the field often oversimplify translation as merely a linguistic operation between two languages. This misconception leads immature belief that anyone who has a good command of two languages can excel as a translator. In this chapter, I will utilize examples mostly from *Neijing* translation to elucidate the intricate dynamics and complexities of the "environments of translation" (Matthiessen 2001: 41). The objective is to foster understanding of the myriad challenges confronting translators, thereby providing readers – especially those outside the field of translation studies, with insight into the complexities involved in translators' work.

The nature of translation and the norms constraining a translator have been a long-standing topic that intrigues many scholars, leading to a rich body of research and debate over a number of issues, e.g. fidelity or faithfulness, translator's invisibility, equivalence, cultural norms and power. See more details in Toury (2021), Holmes (2000), Chesterman (2001), Venuti (2009), among others. What is essential in theorizing the nature of translation is to see beyond the operation of two texts/two languages into two cultures.

Translation is therefore far more than just a mechanical transfer between two languages. It is a nuanced intercultural process. When a translator engages in this intricate process, they're not merely swapping words, but navigating the intricate landscapes of two distinct cultural worlds. This endeavour entails not just rendering text in another language, but also entails the delicate task of reconstructing its original context, with an intricate interplay of various factors including the translators' own experiences construed in differing cultural

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frameworks, indeterminacies, typological differences, and temporal and evolutionary considerations of the texts themselves. Consider, for instance, the *Neijing*, a monumental work spanning over 400 years in ancient times; its translation requires a sensitivity to the vast temporal and cultural gulfs that separate its creation from our present day.

The complexity is further demonstrated by the intricate interplay between the translator's personal experiences construed from the cultural contexts of both the source and target languages. Every translator brings with them a unique set of cultural lenses through which they perceive and interpret the world. These personal experiences shape their understanding of the meaning of the text and might impact the choices they make when rendering it into another language.

Building upon the systemic linguistic concept of "stratification", the exploration of the translation complexity adopts a "top-down" approach, delving into context, semantics, and lexicogrammatical systems (Halliday and Matthiessen 2014). By initially sketching the broader historical and social backdrop of Traditional Chinese Medicine (TCM) translations, the discourse in this chapter elucidates the contextual challenges for translators before moving down into an examination of the typological differences between classical Chinese and English language systems.

2.1 Historical and social context

The rich history of Chinese medicine spans across more than 2000 years. Its development is always intricately woven into the fabric of socio-political and economic currents, during which many ebbs and flows marked by the embrace or estrangement by the Chinese authorities and the formidable presence of Western medicine have defined the basic patterns of TCM history (Taylor 2005). As a result, each era in this long history has shaped the translation of TCM by the prevailing political and academic ideologies of their time. These impacts can be effectively categorized into three significant periods: 1) 1920–1949; 2) 1950–1990; and 3) the 21st century.

In the initial phase, the translation efforts in Chinese medicine received scant attention in the West until Percy M. Dawson's work on the *Neijing,* notably his article "Su-wen, the basis of Chinese Medicine" published in the *Annals of Medical History* (1925). Following this, communication between TCM and the Western world stagnated for nearly five decades. Concurrently, a wave of young Chinese intellectuals were sent abroad to embark on an educational journey for modern knowledge, in the hope of bringing back modern knowledge to modernize China. The result was a movement advocating for a radical transformation from the so-called old-form knowledge, urging the adoption of Western methodologies across various spheres, including Chinese medicine (Lei 2000; Hu 2005).

At the dawn of the 20th century, the advent of Marxism, an ideology imported from Europe and ingeniously re-interpreted by Chinese intellectuals,

heralded a profound challenge to spiritual heteronomy, marking an unprecedented chapter in Chinese history. This ideological wave marginalized the spiritual dimensions of Chinese medicine, as noted by Taylor (2005: 6–7) and Unschuld (2010: 231). The Chinese government, who thought China was in a desperate need of a basic, nation-wide health infrastructure, fervently tried to modernize and establish such a comprehensive, Western-style healthcare infrastructure across the nation. Subsequently, plans were set to establish Western medicine hospitals such as the Peking Union Hospital; proposals were made to do away with the old form of Chinese medicine, such as "*The Abolition of Old-Style Medicine in Order to Clear Away the Obstacles to Medicine and Public Health*"[1] (March 1929).

The situation was further escalated by the upsurge in economic activity in Western countries and later the outbreak of the war between China and Japan in 1937. In responding to the chaos, many efforts were made to maintain the healthcare for the increasing number of patients from the war, leading to an assimilation between Western medical knowledge with Chinese medicine – a hybrid medicine (Huang and Zhang 1989: 47; Taylor 2005: 7; Shang and Wen 2016: 28–30). At this stage, Chinese medicine was constantly defending its role and status in the Chinese healthcare system, trying to win back its rightful place in the Chinese political and social spheres (Li 2011). However, under such a turbulent political environment, all these endeavours were hardly able to survive and take root. All were short-lived. Translation activities came to a halt, slipping into a dormant stage and waiting for another nurturing environment from a new social-political environment to resurface to the Chinese healthcare system.

The second stage witnessed a revival of TCM translation. After Mao took the leadership of China in 1949, Chinese medicine gained national support from the Chinese Communist Party (CCP) and became part of Mao's revolutionary plan in the development of TCM (Taylor 2005; Hsu 2009). As part of Mao's political strategy for the new-born China to survive in a world where supremacy cannot be achieved without analytical science, TCM translation was once again resumed. It was during this time that what is now called TCM was officially established – a product of the time that sought to do away with the ancient cultural and ideological roots (Croizier 1976; Unschuld 2010).

Following the Great Leap Forward, Chinese medicine underwent full institutionalization and standardization within the framework of the CCP. Its integration into the primary healthcare system marked a pivotal moment, forging a harmonious union between Chinese and Western medical practices. And such integration of modern and traditional therapies within a unified healthcare delivery system garnered international attention. As a result, TCM has emerged as a burgeoning research topic and has become the focus of extensive media coverage (Veith 1950; Monachino 1956). After lying dormant for nearly half a century, the revival of Chinese medicine translation sparked renewed interest among Western medical historians. For instance, the American medical historian Ilza Veith's translation "*The Yellow Emperor's Classic of Internal Medicine*" (1949/1966/2015) was produced in such context.

In the 1970s, Mao's political strategy continued pushing the course of Chinese medicine to be developed in a way that could serve to build China as the world header. The unanticipated medical episode involving James Reston (1909–1995) – a reporter of the New York Times, who made a trip to China to cover President Nixon's visit to Beijing (1972) – happened to serve Mao's agenda without much awareness. Reston was diagnosed with acute appendicitis, which led to his choice of Chinese acupuncture from Dr. Zhangyuan Li for his treatment. Following a 20-minute session of needle therapy and moxibustion, Reston experienced a significant alleviation of pressure and encountered no further recurrence of the issue. Subsequently, Reston documented this experience in his article "Now, About My Operation in Peking" (Reston 1971). Published alongside the Apollo 15 launch on the front page of the *New York Times* on July 26, 1971, Reston's account inadvertently fuelled an "acupuncture fever" across the United States in subsequent years, earning him the moniker "Oriental Apollo". A considerable number of individuals in the US, disillusioned with the perceived rigid anti-spiritualism of Western biomedicine, embraced TCM as a natural and holistic alternative medicine. This sentiment led to a notable surge in the demand for acupuncture and Chinese herbal treatments across the country (Stone 2014).

The enthusiasm for acupuncture persisted throughout the 1990s, coinciding with a resurgence of interest in alternative medicine across the United States. Driven by approximately one-third of Americans utilizing alternative therapies, TCM schools and clinics offering practices like Tai chi and acupuncture experienced significant growth in the US (Hui et al. 2002). Eventually, acupuncture was integrated into Western medicine, becoming a recognized and widely utilized therapeutic modality. Under such a social environment, TCM clinicians living in the US took the lead in producing clinically oriented translations of Chinese medicine classics to facilitate their clinical practices. For instance, Maoshi Ni's "*The Yellow Emperor's Classic of Medicine*" (1995), and Liansheng Wu's "*Yellow Emperor's Canon Internal Medicine* (1997). This social influence on translation choices is exemplified by the prominence of the word "acupuncture", which notably appeared most frequently (1,342 occurrences per million words) in Ni's translation. This stark contrast with translations from regions unaffected by the acupuncture fever underscores the cultural context shaping language usage. For instance, Unschuld's translation of the same text, undertaken in Germany where the acupuncture fever was absent, notably doesn't seem to utilize the term "acupuncture". This serves as a compelling demonstration of how language usage is deeply influenced by cultural contexts.

In the third stage into the 21st century, Chinese medicine remains deeply intertwined with the priorities of the political realm, as noted by Xu and Yue (2009: 133). A noticeable shift of Western interest towards the cultural dimensions of Chinese medicine, together with China's burgeoning economic strength, have driven the Chinese government to mark its emphasis on traditional Chinese culture, including its medical heritage, as a tool to enhance

the country's "soft power" (Jiang 2017: 1). Consequently, the translation and dissemination of Chinese medical culture have taken centre stage in China's intercultural communication efforts, spearheaded by numerous government-led initiatives and projects.

One notable example is the establishment of the International Institute for Chinese Medicine (IICM) in Beijing in 2005. This institution serves as a pivotal platform for the global propagation of Chinese medical culture and knowledge through academic exchanges, collaborative research endeavours, and comprehensive training programs. Furthermore, a significant national undertaking in China was the creation of the National Library of Chinese Classics (bilingual), a project designed to acquaint the world methodically and thoroughly with traditional Chinese culture. Central to this endeavour was the translation of Chinese classics, which was deemed a crucial national imperative. In 2000, the "*Neijing*" was included in this library, prompting the government to enlist Zhaoguo Li, a linguist and professor at Shanghai Normal University, as the designated translator (Li 2006: 64). Another English rendition of the "*Neijing*" thus emerged at the dawn of the 21st century and provoked many critics to comment on this translation.

During this period, Chinese medicine experienced a notable expansion into numerous Western nations. The Chinese government formalized this outreach by signing Memoranda of Understanding (MoU) with over 80 countries, including Italy in 2004, France in 2007, and Australia in 2014. As its popularity surged in the West, Unschuld, a distinguished German medical historian, undertook the task of re-translating the "*Neijing*", producing yet another English version titled "*Huangdi Neijing Su Wen: An Annotated Translation of Huangdi's Inner Classic*" (2011). This translation aimed to provide not just a linguistic rendering but also a contextualization of the ancient civilization that birthed Chinese medicine. The growing global interest in Chinese medicine gradually facilitated its integration into the Western medical system as a complementary form of medicine, as highlighted by Lin et al. (2018: 1) and Chan et al. (2015: 67–68).

However, this integration prompted a new concern: the standardization of TCM translation. Medical experts and linguists alike began grappling with this issue to ensure the consistency and accuracy in translating TCM concepts and terminology, a challenge highlighted by organizations like the World Health Organization (WHO 2007: 1; Pritzker 2011: 75–76). As a result, the issue of ideal or best translator become a hotspot and brought a war between clinicians and medical historians. Clinicians may argue that translators who are practitioners of TCM can provide valuable insights into the practical application of TCM principles and terminology in clinical settings. They also prioritize translators who have first-hand experience with TCM diagnoses, treatments, and patient care. Conversely, medical historians contend that translators with a background in historical research and linguistic analysis are better equipped to accurately convey the cultural and historical context of TCM texts. They emphasize the importance of preserving the original meaning and nuances

of ancient Chinese medical culture and philosophy, which can be crucial for understanding the development and evolution of TCM over time.

2.2 Ideologies and social distance

The translation of TCM grapples with significant challenges, particularly concerning its spiritual and folk dimensions. In Western biomedical circles, there's often a tendency to dismiss TCM as pseudo-science (Eckman 2014: 41). Consequently, translators are caught between two opposing forces: the expectation to maintain faithfulness to the original text, which means to encompass its spiritual and metaphysical aspects (Baker and Saldanha 1998/2009/2020: 508), and the pressure to conform to Western biomedical standards that requires the traditional (often thought of as superstitious) aspects to be omitted to make Chinese medicine sound more "scientific". This dichotomy leads to a delicate balancing act, where translators must navigate between preserving the authenticity of TCM and aligning it with Western scientific criteria. This tension highlights the complex interplay between cultural, social, and ideological factors in TCM translation. Take the translation of 祝由 zhù yóu for further understanding.

Practices like 祝由 zhù yóu were common in ancient China and were deeply embedded in the cultural and spiritual beliefs of the time. From a scientific standpoint, this practice seeks to address mental health issues by connecting with spiritual entities, which may seem alarming, mysterious, and superstitious. The Chinese government, particularly in its interactions with the Western world, often seeks to portray an image of modernity and scientific progress. The tension arises when such traditional practices clash with modern scientific paradigms, particularly in the realm of international diplomacy and public image. As such, there may be pressure to downplay such traditional practices in a way that aligns with such ideology. Translators, consciously or unconsciously, may be influenced by such social, political, and ideological expectations and insert their own translation bias into the translated texts.

For instance, Wu and Wu (1997: 73), representing a Chinese perspective, translate zhù yóu as a method for transferring the patient's thoughts and spirit to the source of the disease, suggesting a more benign or even therapeutic purpose. Li (2005: 161, 168), commissioned by the Chinese government, goes further to justify zhù yóu as a primitive form of psychological treatment, emphasizing its utility and validity rather than its superstition, as indicated by him: "obviously the so-called zhù yóu in ancient times was not simply superstitious practice, but a primitive psychological treatment". Such translation successfully manipulated the audience's impression to view zhù yóu as a legitimate and effective treatment method, nothing abnormal. Contrastingly, scholars like Veith and Unschuld, who are not bound by Chinese governmental influence, maintain a more honest view. Their translations depict zhù yóu as a ritualistic practice involving invoking the gods or shamanistic therapy, reflecting its original superstitious connotations (Veith 1966: 150; Unschuld 2011: 219–220).

The translation complexities as illustrated in this example are inherent in translating and interpreting cultural practices, especially when they involve elements that may be considered peculiar. Finding a balance between such cultural and ideological tension is a complex task. It requires a translator to have a deep understanding of the specific context from which such tension arises.

Another thing to deal with is the gap or social distance between Chinese medicine and Western biomedicine mindsets, characterized by profound differences in philosophical foundations, diagnostic methods, treatment approaches, and cultural contexts. In Chinese medicine, the emphasis is on achieving harmony and balance within the body, mind, and environment. Diagnosis in TCM involves analyzing various factors such as pulse, tongue, and overall symptomatology to identify patterns of imbalance rather than specific diseases. In contrast, Western medicine is rooted in scientific empiricism and reductionism, focusing on identifying and treating specific pathogens or physiological abnormalities. Translators may face the challenge of balancing the integration of contemporary biomedical science with the principles of Chinese medicine while providing medical guidance (Keji and Hao 2003; Zhang et al. 2016; Tsang et al. 2013). As a result, a translator may be found to be indecisive regarding whether to seek ST-based (foreignization) or TT-based (domestication) in translating (Venuti 1995/2017). Foreignization prioritizes maintaining the foreignness or uniqueness of the source text in the translation, preserving the integrity and authenticity of the source text, thus offering readers exposure to foreign cultures and perspectives. Domestication involves adapting the translation to conform more closely to the linguistic and cultural norms of the target language and culture.

Scholars who prioritize fidelity to the source text (ST-oriented) are mostly historians, medical anthropologists, and linguists. They contend that translations of Chinese medical texts are overly simplified by clinicians, and they fail to capture the essence of the original Chinese medical concepts. According to Wiseman (2000: 6), such translations do not preserve the integrity of traditional Chinese medicine, making them less useful for Western practitioners seeking to understand its established frameworks and methods, as noted by Garvey (2013: 28). Conversely, clinically trained translators often argue that biomedicalized translations are superior in the sense that they provide easier and clearer clinical guidance, although critics such as Pritzker et al. (2014: 15) and Codish and Shiffman (2005: 146) caution that these translations may lead to confusion and potentially inappropriate medical practices due to inconsistent explanations.

This delicate task involves navigating the relationship between the social and academic expectations, which becomes almost impossible for any translator who desires to maintain both. A decision favouring either side has to be made on the sacrifice of the other. When translating Chinese medical texts into the Western context, translators must consider the differences in medical paradigms, diagnostic approaches, treatment modalities, and cultural assumptions. This challenge becomes particularly pronounced from different

translation purposes. Translators must navigate the tension between preserving the degree of authenticity of the original text and at the same time adapting it to meet the needs and expectations of modern Western practitioners and patients.

Consider the diagnosis method 望闻问切 (wàng wén wèn qiè – look, hear, ask, and feel). This method emphasizes holistic assessment, incorporating observations of physical appearance, listening to sounds such as the voice or breathing, asking questions about symptoms and medical history, and feeling the pulse or touch to feel various parts of the body such as abdomen and areas of pain or discomfort. In TCM, a person's complexion is considered the "banner of the mind and spirit" (Maciocia 1994/2022: 725), reflecting not only their physical health but also the state of their mind and spirit. Practitioners observe various aspects of the complexion, such as colour, moisture, and texture, to gain insights into the individual's overall well-being. When doctors differentiate between conforming and opposing colours according to the Five Elements[2], they observe changes in complexion and other physical characteristics that correspond to imbalances in the body's Qi (vital energy) and the Five Elements. A radiant and hydrated complexion typically suggests a state of well-being of both mind and spirit, whereas any abnormal changes in complexion may signal the presence of illness, whether it's of recent onset or has been lingering for some time.

The primary challenge for translators lies in distinguishing between morbid and normal colours in facial diagnosis, a task that even TCM practitioners find challenging. According to TCM facial diagnosis theory, there are five morbid colours – reddish, blueish, yellow, pale, and darkish – each corresponding to the health status of five organs: the heart, liver, spleen, lungs, and kidneys (Li et al. 2009: 392). However, this method of facial diagnosis has received criticism for its subjective and intuitive nature, heavily reliant on practitioners' personal experience and knowledge (Zhao et al. 2014: 1).

In attempts to address this issue, medical scholars have explored quantitative and objective methods (Zhao et al. 2014: 3–10; Lin 2020: 22–24). Critiques of these methods point to the challenges of standardizing colour categorization across different practitioners and settings, and inconsistencies are often found in the application of quantitative methods. This is because colour perception and categorization can also vary significantly across different cultures and languages, therefore, the issue might not be medical, but linguistic and cultural. For instance, how could a practitioner explain to a patient from Africa about his/her complexion based on TCM morbid and normal facial colour categories. This colour categorization issue, rather than being a medical problem, might have more to do with linguistics.

Language is inherently indeterminate, meaning it is not characterized by clear-cut boundaries (Crystal 2008: 23). Such indeterminacy is particularly evident when different language systems are compared with one another. For instance, consider the word 赤 (chì), which is translated simply as "red complexion" (Li 2011: 198), without any indication of pathology. However, in

the context of TCM facial diagnosis, translating the morbid complexion 赤 (chì) requires an understanding of the nuanced differentiation between colour and gloss. This includes not only the colour's reddish hue but also factors such as the skin's shine, smoothness, and reflectivity (Zhao et al. 2014: 1–2). Translators with no clinical training of colour interpretation in TCM have often struggled to provide a precise description of the morbid complexion for diagnostic purposes.

Another significant challenge arises in describing pulse conditions within TCM. For example, terms like 喘 (chuǎn) and 坚 (jiān) directly translate to "gasping" and "firm" respectively. However, using terms like "gasping" to describe a pulse condition deviates from conventional medical descriptions and doesn't fully capture the nuances of the condition within the language. In Western biomedicine, terms like "rapid" and "firm" are more commonly used to describe pulse conditions.

Medically trained translators may have recognized this discrepancy and opted for Western biomedical terms and explanations. For instance, they may translate 喘坚 (chuǎn jiān) pulse as "a rapid and wiry pulse", often accompanied by explanations such as 心痹 (xīn bì) or "obstruction of the heart Qi" (Ni 1997: 124). Conversely, translators without medical training may adhere strictly to literal translations, failing to convey the significance of contemporary Western medical terminology in their translations. Pulse-feeling diagnosis is a unique aspect of TCM and is often only fully understood within TCM scholarship. This presents a complex problem in translation due to registerial differences, the broader context of cultural integration, as well as the constant evolution of medical semantics.

2.3 Language indeterminacy

Our language is filled with all forms of indeterminacies. The fact that language indeterminacy is inherent in any language system can present itself as either a formidable obstacle or linguistic opportunity for translators to make their own choices. On one hand, it can be a formidable obstacle, as capturing the exact nuances, cultural connotations, and intentions of the original text can be incredibly difficult, if not impossible. On the other hand, indeterminacy can also be seen as a linguistic opportunity for translators to exercise their creativity and demonstrate through different choices by their expertise. Translators draw upon their deep knowledge of both the source and target languages of their cultures, to form possible candidate interpretations from which one final decision has to be made. This can be a very challenging task with many tensions facing the translator.

Given that the source of indeterminacy lies not just in the language system per se but can be attributed to other sources, e.g. metaphysical, epistemic factors, the kinds of indeterminacy realized in language can be such a challenge in the sense that translators have to fill in these gaps. If indeterminacy arises because the world itself is fuzzy, as in the view of quantum

physics (Torza 2020: 4251), there is no way in the language to reveal the exact configuration of the elements of reality. Translation of such cases could be more indeterminate as such cases could easily fall into philosophical debate. Such indeterminacy is permeated in Chinese medical texts as manifested in its metaphysical concepts. An epistemic view adds in another layer of perspective when dealing with indeterminate cases, holding that indeterminacy arises from human ignorance, or inexact knowledge (Williamson 2002: 202). The issue revolves around the epistemological authority and understanding, which suggests varying levels of certainty ranging from mere possibility to absolute certainty. These levels are determined by the speaker's assessment of the likelihood of the event in question. Considering the epistemic mechanism underlying a gradual change to event predictability, the epistemic view often welcomes non-arbitrary decision-making in borderline cases as a way of solving the problem, especially when the sharp boundaries of its application are unknowable. The degree of event predictability is likely to be related to the speaker's epistemic commitment. Indeterminacy only emerges when our intuitions are unable to clarify the specific extensions of imprecise terms (Williamson 2002: 217–230). When dealing with such kinds of indeterminate cases, translators' epistemic knowledge/domain knowledge is a key factor impacting his/her translation choices.

Language indeterminacy is a crucial platform to examine translators' expertise, especially the epistemic one. A more in-depth discussion of the nature and forms of indeterminacy will be provided in Chapter 4. For now, this section will continue to proceed with detailed examples illustrating the challenges in the translators' decision-making process of indeterminate cases in Chinese medical texts.

One of the features of Chinese medicine distinct from Western medicine is the unique TCM terminologies that are deeply rooted in classical Chinese philosophy. Very often, these concepts embody vague notions encompassing a spectrum of meanings (Maciocia 2015: xxii). Bridging the communication gap between Chinese and Western medical paradigms has proven to be a tremendous challenge to the translator (Graham 2015).

For instance, Qi is a fundamental concept in TCM, often translated as "vital energy" or "life force". However, its meaning extends beyond mere physiological energy to encompass broader metaphysical and philosophical implications. Qi is believed to flow through the body's meridians, regulating health and vitality. It has a deep philosophical root in Chinese Taoism, according to which, Qi is understood as the dynamic and ever-changing force that animates existence. It represents the underlying substance that gives rise to all phenomena, manifesting in various forms and qualities. Qi is not merely physical energy but encompasses a broader metaphysical and spiritual dimension, connecting the individual to the natural world and the whole cosmos. Therefore, in Chinese medicine, Qi often reflects the interconnectedness and interdependence of all things in the universe, thus embodying the principle of harmony and balance and emphasizing the need to align with the natural flow

of Qi to achieve health and well-being. Translating Qi into Western languages requires careful consideration of deep connotations from ancient Chinese philosophy and its applications in TCM theory and practice.

Another concept is Yin and Yang which also originated from ancient Chinese philosophy, particularly Daoism (Taoism) and Confucianism. It represents a fundamental duality and complementary relationship that characterizes the natural world and all phenomena, symbolizing qualities such as darkness and light, cold and hot, passive and active, and male and female. In TCM, Yin and Yang are essential for understanding the balance and harmony of the body's systems. The development of disease is often attributed to a disordered state of human functions. Therefore, TCM views health as a state of balance and harmony within the body, where the vital energies of Yin and Yang are in equilibrium, and the flow of Qi (vital energy) is unobstructed along the body's meridians. When this balance is disrupted, either by external factors such as pathogens or internal factors such as emotional stress or poor lifestyle habits, it can lead to an imbalance of Yin and Yang and blockages in the flow of Qi. The treatment of diseases therefore often involves restoring the balance between Yin and Yang within the body.

Translating the concept of Yin and Yang from Chinese to English poses a significant challenge due to the rich cultural, philosophical, and metaphysical implications associated with these terms. The cultural significance and their historical and philosophical context may not have direct equivalents in other languages and cultures. The fact it involves multifaceted meanings and encompasses a wide range of concepts, such as light and dark, passive and active, feminine and masculine, confront the translators to make either general or explicit choices among all possible interpretations. Moreover, the broad applicability of Yin and Yang across various disciplines, including traditional Chinese medicine, martial arts, philosophy, cosmology, and others, requires translators to possess a registerial familiarity of these fields and their respective terminologies.

The conceptual indeterminacy can be further investigated in terms of the processes involved. This is important because eventually medical practice needs explicit guidance that can cause action to whoever use these concepts. Tao – the Way – for instance, teaches that humans should be in harmony with Tao and nature (Chen 2001: 271). The processes involved in Taoism is often called 知 (to know). This raises questions about whether readers should simply acquire knowledge about Taoism or if they should also consider altering their values and perspectives on health, or even change their lifestyle. Tao/the Way stands as a cornerstone metaphysical concept in ancient Chinese philosophy, revered as the "source of all things". Yet, it presents a paradox, as it embodies both mysticism and practicality. The Way is described as "constantly doing nothing, yet there is nothing it does not do". Following the Way could entail adopting a non-interfering stance towards the world, allowing natural processes to unfold. Alternatively, it might also involve practical actions aimed at achieving desired outcomes, such as practicing Tai chi, martial arts,

adjusting lifestyle habits, or consuming specific herbal teas. Understanding the influence of Taoism on health is crucial in our modern medical context, where health is defined not only as the absence of disease and pain but also as encompassing good physical, psychological, moral, and social functioning (Sun et al. 2013: 706).

The translations of the *Neijing* reveal the inherent uncertainty and conceptual indeterminacy within its teachings. In Ni's translation, Tao is depicted as the "*Way of Life*" necessitating *active practice*, emphasizing practical engagement. Conversely, Li and Unschuld translate Tao as the principles for fostering health and essential knowledge, highlighting the cognitive aspect, and suggesting a potential shift in mindset through the *knowing* of Taoist philosophy. These varied interpretations underscore the complexity of conveying ancient wisdom and the multifaceted nature of Taoist principles.

By the same token, how do we approach Yin and Yang is ambiguous in the source text. In Veith's translation, Yin and Yang are portrayed as the two principles in nature that only require understanding. However, in Li's translation, they transform into rules that individuals should adhere to, either through mental processes or by taking actions. Similarly, in Unschuld's translation, Yin and Yang become a principle necessitating people to "model their behaviour". When it comes to TCM, the audience in English-speaking countries is not just fascinated about its ideas and philosophy, they want to know what to do as well. This uncertainty leaves readers unsure about what knowledge or actions are necessary to maintain a healthy lifestyle.

Cases of indeterminacy like these permeate various aspects of TCM language system. The Tao and Yin Yang serve as prime illustrations, highlighting the intricate semantic challenges inherent in translation. Yet, the complexity extends beyond mere semantics, encompassing contextual, cultural, and historical dimensions of language evolution. In the translation process, decisions are influenced by a myriad of factors: context (such as translation purpose, power dynamics, ideology, and societal norms), semantic shifts over time, and variations across registers. This renders translation a multifaceted domain where translators navigate a landscape rich with linguistic possibilities.

2.4 Typological distance

The process of translation is fraught with tension by typological differences between languages. Typological distance in translation studies, as highlighted by scholars like Catford (1965/1978: 33), and Dimitrova (2005: 159, 234), significantly influences how translators approach the task at hand. Languages vary in terms of their structures, lexicons, and many other typological features. The greater the typological distance between two languages, the more difficult it is to produce a natural translation.

Classical Chinese presents a unique set of challenges when compared to English. Its language structure is highly isolated; syntactical pattern is perpetually contending in the tension between the demand for grammatical

clarity and the absence of essential grammatical markers delineating syntactic functions (Harbsmeier 1981; Pulleyblank 2010). Translators face significant challenges by the typological distance between classical Chinese and English. The most typical ones are: 1) the segmentation of sentences, zero or implicit conjunctions, and functional conjunctions; 3) the ambiguity surrounding anaphora; 4) mood and modality; 5) tense and aspect, among others. I will illustrate a few typological peculiarities of classical Chinese.

Sentence segmentation. Classical Chinese is renowned for its challenging punctuation conventions. Most ancient Chinese texts lacked punctuation or clear delimiters to indicate the end of words or sentences. This can lead to indeterminate outcomes and variable interpretations in translation. Translators are always facing great difficulties in making decisions regarding the meaning unit (Wang et al. 2016; Han et al. 2018; Xu et al. 2019). Veith, a well-recognized translator of *Neijing*, points out: "classical Chinese constantly presents a great many problems. Punctuation is completely unknown and there is no indication whatsoever as to where one sentence ends and the next one begins, and the same Chinese sentence admits many grammatically different interpretations" (1966: xii–xiii).

Consider this sentence: 阳气者,**烦劳则张精绝辟积于夏**,使人煎厥 (Gloss: yang qi topic marker annoying labour will extend essence exhausted accumulation in summer make people jianjue). Essentially, this sentence elucidates the pathological correlation among overwork, Yangqi, bodily fluids, and the condition known as Jianjue. Several Jue-related syndromes, such as cold extremities, insomnia, and hearing loss, can be examined. The syntactic relationships within the phrase "张精绝辟积于夏" (zhāng jīng jué pì jī yú xià) are ambiguous. One viewpoint suggests inserting a comma after 张 zhāng, implying that overwork causes the hyperactivity of yangqi. Another argues for a comma after 绝 (jué), indicating that overwork leads to the depletion of bodily fluids (Chen and Tang 2016: 1055–1056). A third perspective suggests placing the comma after 积 jī, implying that the preceding physiological changes result from the excessive indulgence in sexual activities (Hu 1983:20). This issue rests entirely on the translator's discretion and poses a considerable challenge, as decisions regarding sentence segmentation and punctuation confront all translators.

The challenges presented by the indeterminate syntactic structure as in the discussed text highlight the intricacies of translation, particularly in conveying nuanced medical concepts and relationships. In addressing this issue, translators must carefully consider the meaning and context of the text that have both been lost in the past, drawing upon their linguistic expertise, and understanding of medical problems. Such cases make the collaboration with experts in both classical Chinese and medical fields necessary for valuable insights and perspectives. Scholars in natural language processing have been working on this issue (e.g. Yu et al. 2021), providing models such as word2vec, Long Short-Term Memory (LSTM), and Viterbi algorithm to label character positions and achieve successful word segmentation in TCM texts.

Although an innovative approach as such holds promising ways for improving the efficiency of word segmentation in TCM texts, challenges still prevail. Translators still play a crucial role in bridging linguistic and cultural gaps in TCM translation.

Implicit conjunction. The unique conjunction system of classical Chinese, characterized by structural approximations and implied connectives, also presents a significant challenge in determining the logical relations between clauses during translation. These implicit conjunctions, often referred to as "zero conjunctions" (Mei 2018: 185–188), complicate the process of identifying and interpreting the relationships between different parts of a sentence, especially in comparison with English (Kiel, 1990). The absence of explicit conjunctions requires translators to rely heavily on their understanding of classical Chinese grammar and syntax, as well as their knowledge of the cultural and historical context in which the text was written. Consider this example: 病为本，工为标，**标本不得，邪气不服**，此之谓也 (Gloss: disease is root work is branch, branch root not gain, evil qi not obey this of is sentence marker).

The phrase "病为本，工为标，标本不得" (bìng wéi běn, gōng wèi biāo, biāoběn bùdé) employs a parallel structure to convey the idea about the relationship between 本 běn and 标 biāo. The analogy of biāo and ben underscores the interconnectedness of various factors in disease treatment, highlighting the importance of addressing both the root cause and symptoms. However, the logical connection between the clauses is implicit, relying on the reader to infer the relationship between "标本不得" (biāoběn bùdé) and "邪气不服" (xiéqì bùfú). This relationship is unclear, partly having to do with the interpretation of the word "工" gōng, which could be understood as "doctor–patient relationship" (Ni 1995: 54) or simply "work". Depending on how the translator understands "工" gōng in classical Chinese and in light of its registerial connotation in Chinese medicine, the logic connectives can be *when*, indicating a realis (real) relation between the two, or *if*, indicating a conditional relation that is irrealis (unreal or hypothetical). Translators then have to convey not only the literal meaning but also the cultural and contextual significance of the text. This involves capturing the implicit connections between concepts like "标本不得" (biāoběn bùdé) and "邪气不服" (xiéqì bùfú) and elucidating their implications for the doctor–patient relationship in the context of disease treatment.

The distinction between the doctor–patient relationship being realis or irrealis in its connection to the healing of a disease holds immense significance in clinical practice, particularly when it comes to medical accidents. In situations where the doctor–patient relationship is perceived as directly influencing the healing process, a doctor may be held partially responsible in the event of a medical accident. Conversely, if the relationship between the doctor–patient dynamic and the healing of a disease is considered irrealis or not directly influential, the grounds for attributing responsibility to the doctor in the case of a medical accident may be less clear. Without a perceived causal link between the doctor–patient relationship and treatment outcomes, accusations of negligence or malpractice may lack a substantive basis.

Given the sensitivity of the doctor–patient relationship and the potential legal ramifications in medical accidents, clarifying the nature of this relationship becomes paramount. Translating and interpreting texts that touch upon this nuanced interplay requires careful consideration of both linguistic and cultural nuances, as well as an understanding of the broader implications for medical ethics and accountability. The pressures on translators, as demonstrated, are daunting.

Functional conjunctions. In classical Chinese, the distinction between content words (shizi) and empty words (xuzi) governing grammatical relationships (Pulleyblank 2010: 12) is crucial for understanding its grammatical structure. There are about 200 functional words in classical Chinese. 而 ér stands out as one of the most intricate and debated. Originally, before the Spring and Autumn period (771–476 BCE), 而 ér primarily indicated mood, balanced tone, or marked the end of a clause. However, through a process of grammaticalization, 而 ér evolved into a conjunction. Yet, its logical meaning often remains vague even for Chinese interpreters. Scholars such as Dawson (1984), Tiee (1983), Zuofeng Li (2004), Spranger, and Loetzsch (2011), and Mei (2018) have extensively studied its complexities and semantic nuances. The syntactic indeterminacy invoked by 而 ér challenges interpreters with its interpretations. Consider this sentence, "观权衡规矩, 而知病所主" (Gloss: observing weigh beam logical connective know disease was mastered). This example shows the logical relation between the diagnosing method and the location of specific disease, which are realized by two clauses connected by 而 ér.

The connection between two clauses through 而 ér in classical Chinese can take two forms: paratactic or hypotactic, indicating either extension or enhancement. Halliday and Matthiessen (2014) discuss this distinction, providing insights to how 而 ér might serve different semantic roles depending on its usage. A tactic difference as such may lead to different reactions to the diagnostic method of pulse palpation. The choice between a paratactic and hypotactic rendition of 而 ér can influence perceptions and reactions to diagnostic methods, particularly in the context of pulse palpation in classical Chinese medicine.

In a paratactic rendition, where 而 ér suggests an equal status of the two actions, the implication is that the examination of pulse condition and the diagnosis of disease are independent actions. Therefore, the result of pulse examination may not necessarily indicate the presence or condition of a disease. Consequently, this interpretation might lead to the diagnostic method of pulse palpation receiving less attention from medical professionals, as its relevance to disease diagnosis may be questioned. On the other hand, in a hypotactic rendition of 而 ér, which suggests that pulse examination is a means of diagnosing disease, the implication is that there is a direct relationship between examining the pulse and diagnosing the disease. This interpretation would encourage the utilization of pulse palpation as a diagnostic method, as it is seen as an integral part of diagnosing illnesses in Chinese medicine.

The different tactic choices may be the result of translators' awareness of this fact that pulse feeling is still an unjustified medical diagnosis method, and it is often regarded as "an unreliable physical sign" without "objective measurements" (Brearley and Simms 1992: 169). Translators' judgements about the reliability and efficacy of pulse palpation in the healthcare system can significantly influence their tactical choices in translating classical Chinese texts, potentially shaping perceptions and attitudes towards this diagnostic method.

Uncertainty of anaphora. The issue of uncertainty of anaphora in classical Chinese texts poses another significant challenge for the theoretical accuracies of Chinese medicine. Anaphora refers to the use of words or phrases that refer back to an antecedent within a text. In classical Chinese, the lack of explicit markers for reference can make it difficult to determine precisely to what or whom a term is referring. This indeterminacy can be particularly problematic in medical texts, where clarity and precision are essential for accurate diagnosis and treatment.

When the identities of referents are uncertain, it becomes challenging to interpret the medical concepts and instructions. This uncertainty can result in differing interpretations among practitioners and may lead to inconsistencies in diagnostic procedures, treatment protocols, and therapeutic outcomes. See this example "其生五，其气三" (Gloss: it generates five, it energy three, many violate this topic marker).

The example describes the formation of the universe and its connection to human health, drawing from ancient Chinese philosophy where human beings are seen as interconnected with the macro universe through the concept of Qi. According to 《易经》 *The Book of Changes*, Qi is the fundamental substance that shaped the universe and everything within it. However, the precise nature of Qi remains elusive (Lu 2013).

The pronoun 其 qí may refer to a specific type of Qi that follows certain rules and is involved in the processes of the 五 Five and the 三 Three, representing the processes of cosmic and human creation. The numbers wǔ and sān carry significant semantic weight in ancient Chinese philosophy, but their exact references are shrouded in mystery. This ambiguity makes it difficult for translators to determine the referential meaning. If 其 qí is vaguely rendered as "it", it is not clear what "it" refers to. One translation by Li associates 其 qí with 天气(Tiān Qì) and the interplay of Yin and Yang, offering a specific interpretation of the reference that links Tianqi and Yin Yang in the creation process. Another translation by Veith interprets 其 qí as "life and breath", suggesting that it is a substance akin to breath that animates the universe and everything within it. The referential uncertainty highlights cohesion issues in translation. A misinterpretation of the referent could result in erroneous diagnoses or inappropriate remedies, potentially affecting a patient's well-being. Since Chinese anaphora recovery relies heavily on real-world knowledge rather than syntactic functions, translators' knowledge and experiences play a crucial role in determining the referents of vague references.

Mood and modality. Another concern, especially for the translation of scientific texts, is the personal view and judgement expressed in translation where the voice of the translator as the translator's discursive presence often disguises itself as that of the author. This makes it hard for the reader to distinguish whose (the author's or the translator's) view is represented in translation, and consequently, the validity and trustworthiness of a translation is at risk because of the translators' personal views. The practice of Chinese medicine in English-speaking countries relies heavily on translated materials (Pritzker and Hui 2014). Multiple translated versions of one text have raised the question of the authority of the source of information. This affects both the reliability of translations and the credibility of Chinese medicine. As Chinese medicine has always been accused of being pseudo-scientific, the validity of TCM statements is a sensitive issue affecting the reception of Chinese medicine among Western medical communities (MacLennan and Morrison 2012: 225–226; Eckman 2014: 41–46).

Language encodes our view of the world. Every language has certain lexical and grammatical markers of personal stance. Amongst many language systems, the evidential or modal systems bear a great deal of weight on how personal views are expressed. Classical Chinese however is often understood as being very "impersonal" (Pulleyblank 2010: 13). Based on the discussions by Pulleyblank (2010: 20–22), Tournadre and LaPolla (2014), only a few are found that can mark off personal stance in classical Chinese:

1) mood markers
者 zhě, 也 yě, 矣 yǐ, 焉 yān, 而已 éryǐ, 尔 ěr, 耳 ěr, 夫 fū, 盖 gài, 唯 wéi;
2) modality markers
能 néng, 可 kě，获 huò，得 dé，必 bì，诚 chéng

Classical Chinese has very limited resources for stance taking as compared with English. Not only so, personal stance in classical Chinese is also distinguished from English by a smaller variation of the degrees of stance. The interpersonal interaction in classical Chinese is rarely marked by the mood system, so when translating classical Chinese into English, a great opportunity will rise for translators to encode their own subjective opinions and judgements into the translations, and the strength of the stance in their translations depends highly on the choices of translators. Such elasticity can lead to a great variety of options for translators' choices.

Tense and aspect. Tense and aspect in Classical Chinese present a sharp contrast with the tense system found in languages like English. In Classical Chinese, the expression of time is markedly different, often relying on context, adverbs, and syntactic structures rather than inflections on verbs. This peculiarity can lead to challenges and indeterminacy when translating into English whose tense is primarily marked through verb inflection like "-ed" for past tense or "-s" for present tense. Aspect, on the other hand, plays a significant role in conveying the temporal quality of actions. It refers to the way in which

the action or event is viewed in relation to time, focusing on whether the action is ongoing, completed, repeated, or habitual. Classical Chinese employs aspectual markers through particles and adverbs to convey these nuances. For instance, one of the most frequent aspectual markers in Classical Chinese is the particle "已" yǐ, which indicates the completion of an action. In the sentence "人已死" rén yǐ sǐ, the particle "已" yǐ denotes that the action of dying has been completed. However, it does not specify when the action occurred; the context or additional information must be provided for temporal clarity, which depends heavily on context and pragmatic inference to convey temporal information. Another example, "君子之道，人先已行之，而后言之" (jūn zǐ zhī dào, rén xiān yǐ xíng zhī, ér hòu yán zhī), is rendered as "the way of the noble person: people first have done it, and then they speak of it". Here, the particles "已" yǐ and "后" hòu indicate completion and sequence respectively. However, the absence of explicit tense markers leaves the timing of the action open to interpretation.

Classical Chinese also employs syntactic structures (e.g. parallelism and repetition) to convey temporal relationships. For example, the use of chronological ordering or temporal adverbs can help establish the sequence of events. While English relies on verb inflections to mark tense, classical Chinese expresses temporal relationships through aspectual markers, contextual inference, and syntactic structures. Such typological gaps can lead to indeterminacy when translating classical Chinese texts into English, highlighting the complex interplay between language, culture, and interpretation.

In a nutshell, translators face challenges of many kinds in navigating the complexities of recreating texts across diverse cultures, languages, and individual differences. Embedded within the translation process are nuanced power dynamics influenced by prevailing academic and political ideologies. Many more complexities are left unsaid. For instance, translators often find themselves at the intersection of conflicting interests, navigating not only linguistic differences but also ethical considerations and cultural sensitivities. This adds another layer of complexity to their already demanding task. All these challenges imbue the act of translation with profound significance. It shapes the canonical status, not only impacting the current discourse, but also future references that influence thought patterns. Undoubtedly, the role of a translator is fraught with tension trying to seek balance between contextual, semantic, and typological pressures. The study of translation inevitably will have to lean on a broad spectrum of disciplines, primarily from linguistics, history, and ideology, and many other domains.

2.5 Chapter summary

This chapter has discussed in great detail the complexities of translation. Exploring the *Neijing* translation dilemma reveals a critical insight and understanding of such complications, especially for the TCM "ideal" translation/translator debate. If we rely solely on a spiritual interpretation, as some

medical historians have done, it is likely to lead to a disastrous practical consequence. Conversely, focusing primarily on the practical significance, as clinician translators often do, may risk disregarding the rich traditions embedded in Chinese statecraft and wisdom, potentially stripping the text of its traditional Chineseness and values. Investigating the role of translators' registerial expertise in their choices may thus lend valuable insights for comprehending and leveraging different translations. Such discussion can shed light on the complexities of translation in cross-cultural communication and help us better appreciate the nuances and richness of different translations.

In view of such complexities, it is natural in any discussion of translation to ask what makes a good translator. However, while this question is pertinent, it won't be the focal point of this book. It is an issue to consider along the way as we work towards a map of the uncertainties/indeterminacies inherent in the process of translation, looking at languages across time, space, and culture, even with no final absolute conclusion to resolve indeterminacy. Considering translators' registerial preparation, it's possible that specific forms of registerial expertise can significantly influence the varieties and types of translations produced. Therefore, it will be a good test to see both interpretive and practical consequences of different translation choices.

Notes

1 In the spring of 1929, the Kuomintang (KMT) determined to start a medical revolution. The National Board of Health held the first public heath conference at which the Board unanimously passed a resolution to abolish Chinese medicine. One of the results from this conference was the proposal of this document.
2 Known in Chinese as Wu Xing/Wu hsing – the basic constituents of all things.