

## Why the Fuss About Terminology?

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Opinions presented in the CHA forum appear to indicate that many people do not fully understand the terminological issues in Chinese medicine. In the paragraphs that follow, I attempt to show how the fuss about terminology in Chinese medicine has arisen and why it is in people's interest to take the matter seriously.

To understand the basic problem of terminology, let us imagine that inhabitants of an imaginary country called Happyland have realized that knowledge about plants among English speakers might be valuable to them. Happylanders have some knowledge of plants. They know plants as things that are green, have roots in the ground, require sun and water to grow, produce seeds, etc. Much of their knowledge has been derived from the importance of plants in their diet and efforts to produce more food for their own survival. But the people of Happyland realize that Westerners know a hell of a lot more about plants than they do and thus decide to acquire Western botanical knowledge. Very few people in Happyland speak English, so the obvious choice for them is to translate botanical literature from English into Happyspeak.

The main problem for the translators assigned to do this work is that because Western botanical knowledge about plants is much more detailed, they do not have words in their own language that let them talk about plants in the way botanists do. Happyspeak has words for leaf, stem, root, flower, and seed, but it does not have words for hilum, cotyledon, pistil, and stamen. To transmit all the knowledge of English-speaking botanists to Happyland, Happylanders will need to learn all the anatomical parts that interest botanists. So that Happylanders can talk about those anatomical parts in their own language, their translators have to give names to all the parts of plants that botanists recognize. The simple logic behind this is that it is difficult to talk about something unless you have a word for it. Of course, you can refer to things by describing them ("the thing that looks like a little bean sprout in the center of a flower"), but it is much more convenient to use a specific word—just like the English vocabulary of botany. So the Happyland translators have the task of naming all the parts of plants in Happyspeak. In other words, they are devising equivalents in Happyspeak for the English botanical terms.

Until Happyspeak has developed a full botanical terminology it is difficult, if not impossible, for Happylanders to learn about and discuss botanical knowledge in their own language. As their translators work to create equivalents in Happyspeak, they have to coin new words (or borrow words from English). One problem that usually arises when knowledge is transmitted to another language is that different translators choose or coin different terms. So while cotyledon, hilum, and stamen are things (or concepts) that are each represented by a single name in English, Happyspeak could end up with several different translations for each of these concepts. This of course is very confusing to any Happylander trying to learn botany. Experience shows us that there is usually an initial state of flux with a new terminology, but this is usually resolved as people respond to this confusion and standardize terms. If the transmission of botanical knowledge to Happyland is to be successful, Happyland must devise methods for choosing and encouraging acceptance of a standard botanical terminology.

What has happened throughout known history of the cross-cultural transmission of knowledge is that one or two of the most experienced translators produce a list of equivalent terms. This enables other translators to access these equivalents so they do not need to re-invent new terms. For a time, there may be different lists used by different translators and much discussion about terms, but sooner or later one terminology naturally becomes dominant because it stands the test of time by being sufficiently comprehensive, as well as easily available. In a profession that is highly structured, term choices may be made by standards committees and bilingual lists may be issued by appropriate public bodies.

In the transmission of Chinese medicine to the West, we are still very much in the initial stages of transmission. Different people use different terms as English equivalents for Chinese terms, but one terminology—the only comprehensive terminology that is both freely available and serviceable for many translators—is being widely adopted by writers who have learned Chinese. Of course there is a continuing discussion about terms, and people are attached to the terms they use. Not everyone will switch terms for the purposes of standardization. And as it happens, there is no professional body that commands sufficient authority to arbitrate terminological issues. This is normal. What is clearly unique regarding the transmission of Chinese medicine is that there are voices suggesting that Chinese medicine does not possess a terminology of more than a couple of hundred terms and, furthermore, that we don't need to have standardized English terms. Some people even hold the opinion that we don't really need to bother about terms at all. In other words, we are in a situation that is exactly like Happylanders saying that they want to learn botany, but they don't think that there is any need to have standardized terms for hilum, cotyledon, pistil, and stamen. Some people in the Western community of Chinese medicine apparently believe that there is no value in having English terms to represent all the concepts encountered in Chinese texts.

In the transmission of knowledge from one community to another, such as the transmission of Western learning to other language communities, no one has ever made such a claim. No Chinese, for example, has ever been known to claim that it is not necessary to devise new terms in Chinese to facilitate the transmission of electrical engineering. All Chinese have been happy to accept that technical knowledge requires technical terms, and that China cannot learn about electrical engineering unless it develops the linguistic vocabulary in which it can be recorded and discussed. Far from that, the Chinese have been very careful to standardize their vocabulary of electrical engineering to insure that there is no confusion in the transmission and translation process.

So the questions to be considered are these: How is Chinese medicine different from botany or electrical engineering? And what is it about the Western Chinese medical community that makes people claim that one-to-one English equivalents for Chinese terms is unnecessary? Since Chinese dictionaries of Chinese medicine contain over 30,000 terms, it ignores reality to argue that Chinese medicine does not have a terminology. The opinion that “Chinese medicine has few terms that need set equivalents in English” or the view that “Chinese medicine possesses only a few basic terms that require set equivalents in English” are hard to support when we look at what terminology the Chinese have found useful. By looking through *A Practical Dictionary of Chinese Medicine*, you can easily see distinctions and subtleties that are not to be found in the freely-translated literature. Just look at the entry “disease,” where you will see a list of disease names (certainly not a complete list) appearing in the basic Chinese literature. Consider how many disease names you encountered in your training as a Chinese medical practitioner. Look under pain, and consider if your training has enabled you to distinguish as many types of pain as Chinese practitioners believe they must. Look under diarrhea, and see how many of the seventeen types listed there you could discriminate unaided in the clinic. Of course, you could say “Wiseman et al., made it all up” or “Chinese medicine is not really as complicated as all that.” But isn't it much easier to believe that the number of terms needing carefully devised English equivalents has been grossly underestimated in the early stages of transmission? After

all, it is much easier to ignore details than to create them out of thin air, and indeed it is more profitable since increasing the complexity of the subject matter adds to the production expenses of books and places them at a disadvantage in the marketplace!

How simplification in transmission takes place is easy to understand. While it is difficult to imagine how a coherent account of botany could be achieved without words for hilum, cotyledon, or stigma, it is possible to provide a coherent account of Chinese medicine that omits vast amounts of detail. Areas of symptomatology, diseases, and methods of treatment, for example, comprise broad and general notions as well as very specific concepts. Often the specific concepts can be simplified, and particularly in symptomatology, many of the generic terms have English equivalents that seem so familiar that they are easily mistaken for lay words. For example, among the symptoms of cold sensations described in Chinese medicine there are several that we can refer to with the familiar word “chill,” Chinese medicine distinguishes at least four concepts that we distinguish as “aversion to cold,” “aversion to wind,” “fear of cold,” and “abhorrence of cold.” Of course, it is possible to say that these all loosely correspond to chill, so that the translator can use chill as the equivalent for all of these terms, and where this approach fails, can describe the differences without giving each type a definite label in English. But to ignore the detail to is adopt translation practices that are only suitable for a general readership wishing to have a rough idea of Chinese medicine, but definitely not suitable for students seriously wishing to gain as deep an understanding of the subject as possible. The examples can be multiplied many times. For example, generalized sweating (not considering the many forms of localized sweating) has numerous distinctions: spontaneous sweating, night sweating, profuse sweating, desertion sweating, etc., which can only be distinguished clearly if we have set names that everyone—students, practitioners, translators—can recognize. The white or pale complexion has three divisions, all of which could be called white or pale; the red complexion has two main distinctions. Even if translators explain the differences between these, the message can only “stick” in students’ minds when there are labels for each of them. In methods of treatment, we see the same conceptual differentiation that requires the careful use of terms. For example, transforming stasis is a general term denoting the elimination of blood stasis, while breaking stasis is a term that means elimination of blood stasis with very powerful agents. Translators may think they can get away without a term for powerful elimination, but if they always translate the two Chinese terms (in fact there are more than two) with the same English term, then important indications about what medicinals to use will be lost.

This kind of simplification by no means only affects symptom, disease, and treatment terminology. It is also seen in basic terminology. Recently, I attended a first-year TCM department lecture on diagnosis at Chang Gung University. The teacher, Zhāng Jiā-Xí (張家錫), who is an eminent scholar from Sichuān Medical University, spoke about the functions of the lung in terms of the three characters used to describe them in Chinese—the characters equivalent to diffusion, depuration, and downbearing in the *Practical Dictionary* terminology. The discussion would be easily understood by students familiar with that terminology. But to explain the discussion to people who are used to thinking about the lung in the less accurate terms of “the lungs disperse and descend,” one would first need to explain that there are three key words in Chinese, not two as in popular English textbooks. Clearly, terms that might be good enough for introductions to Chinese medicine are not necessarily serviceable for a deeper level of inquiry. What would be the point of having one terminology for beginners and another for advanced students?

When Chinese medical discourse is kept to the generic level, terminological complexities are kept to a minimum. Very few terms need to be explained to students, kept track of by writers, or proofed and tracked in expensive glossaries full of Chinese characters. But the conceptual detail that is important for developing clinical proficiency is lost. When one attempts to ensure that all the concepts are transmitted to English speakers by increasing the complexity of the English

terminology, the problem of which terms to use becomes a burning issue and the need for standardizing terms cannot be ignored.

The ways in which methods of treatment are described also pose the danger of simplifying meaning. Methods of treatment are usually described in terms of a verb followed by an object (clear heat, supplement yīn, etc.). Very often, different verbs with one and the same object produce differences in meaning. For example, 祛湿 *qū shī*, dispelling phlegm, is a generic method of treatment (removing any form of phlegm), whereas 化湿 *huà shī*, transforming phlegm, 燥湿 *zào shī*, drying dampness, and 利湿 *lì shī*, disinhibiting dampness, denote the dispelling of dampness in the upper, center, and lower burners, respectively. The Chinese term 养 *yǎng* is a synonym of 补 *bǔ*, supplementing, but it is only used to denote the supplementation of yīn. Thus, 养心 *yǎng xīn*, nourishing the heart, specifically denotes supplementation of heart yīn. Unless fixed correspondences are found for all these different verbs in English, the subtle distinctions implied by the Chinese terms will not carry over into English. Translators who do not believe Chinese medicine has a terminology and translate the action verbs in treatment principles according to context are simply destroying all the nuances in the original Chinese terms.

It cannot be emphasized enough that the terminological issue is not merely linguistic. Those who recognize that Chinese medicine possesses a large set of ideas, each of which requires an English equivalent, believe that concepts can only be transmitted if there are standardized English labels for them, and that efforts to minimize terminological problems by simplification prevent Westerners from fully understanding Chinese medicine. In other words, those who oppose the need to deal with terminological problems are claiming that a simplified form of Chinese medicine is adequate for Westerners, a notion for which there is absolutely no evidence.

Why would they do this? Simply put, it is very much easier to present Chinese medicine in this simplified form: The market for simplified books is always larger and simplified books are much easier and less expensive to produce. There is no need to spend a lot of time and money preparing dictionaries or glossaries to explain the terms used. And, of course, the many people who think of Chinese medicine as only a hands-on art that is based on intuition rather than on book-learning are glad to have things simplified. But the fact is that Chinese medicine is not simple. The terminological issue is not just about which English terms to use or whether we should all use the same terms or not. It is also about how much accuracy and detail we need to work effectively in clinic. The voices saying that there really is no terminology are effectively suggesting that they want Chinese medicine to be as simple as possible for as wide a readership as can be reached. When translators say that there is no terminology of Chinese medicine, they are effectively saying, "There is no more to Chinese medicine than I say there is." Readers who have no knowledge of Chinese, and cannot see how Chinese medicine is presented in Chinese books, have no choice but to believe them.

The more rigorous approach to translation aims to improve the long-term acquisition of knowledge, to help people learn more about Chinese medicine. This approach makes the subject matter more complicated, but in the end it will give Westerners a clearer understanding of the subject. What's more, it will enable practitioners to decide for themselves what is useful knowledge among the details, without having all the detail removed from sight in the translation process. When English terms are carefully chosen to represent Chinese concepts accurately in all their subtle distinctions, people can choose what is applicable for themselves. When terms are published in comprehensive bilingual lists that any translator can access (or buy for \$87.50), all translators can apply the same terminology without depending on others. When an ever expanding body of literature is created by multiple translators all using the same terminology with the same degree of rigor, students will know that a particular term in one text has the same meaning as the same term in another text. When terms are defined in a dictionary, students find they are learning the meaning of terms wherever they are encountered. All the fine distinctions

between different diseases, different symptoms, and different methods of treatment will pop into relief when the whole community has a terminology in which to learn about them and talk about them. Any translator who translates Chinese terms freely provides access to no other literature than his or her own. When you read them, you are learning only their own interpretation and must depend upon them for any further explanation.

The point I have been trying to make is that terms are not just words, but things that represent the concepts upon which our knowledge is based. Moving toward careful terminological management is like the introduction of manure fertilization, crop rotation, and irrigation canals into agriculture. It is a good bit more work than primitive farming, and some people resist the change. But foresighted people can see it will have wide-ranging benefits for society. Developing a terminology that closely matches the Chinese initially creates extra work for everyone, but in the end it will make the delivery of Chinese medical knowledge much more efficient. The terminological debate is not a question of exactness for exactness's sake, but a question of the quality and quantity of knowledge that is transmitted to the West.