

# **Translating the essence of healing: Inscription, interdiscursivity, and intertextuality in U.S. translations of Chinese Medicine**

**Sonya Pritzker**

University of California, Los Angeles

*This paper examines the translation of Chinese medicine (CM) texts into English. In what I here call “living translation,” written translation in CM is approached as an ongoing process of reading, writing, communicating, and practicing that works to encode multiple dialogues with past, present and future actors. Translation in this framework is presented as a “conversation in motion,” an unfolding event in which authors draw upon morally grounded notions of medicine, personhood, and self in order to create CM through extended translations. In entering directly into the stream of these conversations, observing how different authors and translators approach the interdiscursivity of CM at the level of textual translation, I discuss the possibilities that this dialogic view of translation opens up for understanding textual translation as a living practice that directly mediates the ways in which CM is practiced in English-speaking populations.*

## **1. Introduction**

Chinese medicine (CM), including acupuncture, massage, herbal medicine, and Chinese nutrition, is becoming increasingly popular as a form of “alternative” or “complementary” medicine in the U.S. In many cases, this popularity is founded upon various notions of what constitutes health, what counts as “illness,” and how healing should ideally unfold. It is not surprising, then, that drastically different English-language translations of CM texts exist side by side. The differences inherent in these translations are amplified by the fact that there are currently no agreed-upon standards for translating CM into English. Heated debates are thus constantly arising over issues such as whether source-oriented or target-oriented approaches best suit the translation of CM into English, whether biomedical terminology should be used as a basis for translating ancient Chinese medical texts, or who—Chinese or Westerners, practitioners or scholars—should have epistemological rights to say what CM is (see Pritzker, 2012a). In this field, language becomes a tool for engaging in multiple dialogues that extend across time and space in an ongoing stream of interaction.

With this in mind, this paper examines the text-based translation of CM into English. This paper thus looks towards a single Chinese term, 精 *jing*, in order to demonstrate the many ways in which each translation of even a single term emerges as an inscription of the complex, morally and socially grounded interrelationship(s) between author, original, and

audience. The concept of “living translation” lies at the heart of my discussion. Living translation is first and foremost crafted after MacIntyre’s notion of “living tradition” (MacIntyre, 1981). MacIntyre, who recognizes the dynamic nature of tradition, focuses on the involvement of diverse and often disagreeing participants in the creation of tradition. Viewing translation through this lens reveals it as similarly ongoing, emerging in multiple acts of re-translation that position actors within a social world where participants have varying access to STs, and meanings are made and remade in open-ended “living narratives” (Ochs & Capps, 2001) that both continue and transform linguistic, personal, and social meanings. Living translation is further theoretically grounded in Jakobson’s distinction between “interlingual” and “intralingual” translation (Jakobson, 1966). Whereas interlingual translation is the term Jakobson (1966) uses to define what is commonly understood as “translation proper” or “an interpretation of verbal signs by means of some other language” (p. 233), *intralingual* translation refers to “an interpretation of verbal signs by other signs of the same language” (p. 233). In intralingual translation, then, concepts, interactions and perspectives are translated vis-à-vis a “circumlocution” that functions to define, paraphrase, and describe their meaning. Living translation sits at the intersection of these two forms of translation, incorporating the interlingual shifts between Chinese and English as well as the multiple interpretive moments where original Chinese terms and concepts are interpreted through extended intralingual English explanations.

Living translation also relies heavily on the Bakhtinian concept of “dialogicality,” wherein “there is a constant interaction between meanings,” in both text and talk (Bakhtin, 1981, p. 426). Through both interdiscursivity, understood as the mixing of genres, discourses or styles (Fairclough, 1992; Wu, 2011), and intertextuality, understood as the interpellation of texts with pieces of other texts (Fairclough, 1992; Kristeva, 1980), textual products of living translation thus unfold as a set of “conversations” that authors carry on with ST authors (see Gadamer, 2006)—as well as readers, students, and patients. These conversations further work to encode the language of CM in multiple formats that themselves carry on the process of living translation through their publication and consumption, variably reproducing the practice of CM through the mediated mixing of genres and styles of talk and the intermixing of strategically selected historical texts.

In this sense, living translation also builds upon the dialogic view of interpretation or spoken translation put forth by Wadensjö (1998), a perspective that challenges the traditional binary distinction of “source” and “target,” and demonstrates that translation is actually achieved in the conversation between two parties. By focusing on interpretation, rather than written translation, Wadensjö especially highlights the real-time interactive unfolding of translation. Applying this perspective to the crafting of texts, however, opens up the possibility that each author of Chinese medical texts

is engaging in a “scribal culture” (Montgomery, 2000, p. 19) that extends from China to the U.S. and to Europe and beyond, and spans thousands of years of discourse and practice. Within this scribal culture, answers to age-old questions about source and target, the morality of translation, and the ideal method of translating are answered and re-answered in inscriptions that themselves live on in interpretations by readers.

The process of mapping these conversations becomes important here, primarily because the living nature of textuality in CM only begins with the way the texts are written. It continues in the social life of the texts, and the way they are taken up (Iser, 1978; Poulet, 1969; Ricoeur, 1976; Sterponi, 2004). This perspective complicates the traditional boundaries separating text from non-text, as “extratextual” factors permeate the interpretation and use of texts along sometimes unexpected lines (Hanks, 1989). For scholars of translation who focus mostly on texts, it opens up the possibility of looking at the entire enterprise of publication within CM as a continuous, creative event where people are involved in a set of conversations that are themselves indexes of living history. What is especially relevant in CM is that the translated material is also enacted upon living bodies as healing practice. So in addition to considering and assessing the multiple ways in which certain instances of translation participate in acts of cultural violence through the strategic domestication of key concepts (Venuti, 1992, 2000, 2005), living translation further demands an appreciation of translation as it occurs “in action,” (see Zhan, 2009). From this perspective, it becomes possible to be a direct witness of the link between translation and practice in the growing field of CM.

After first reviewing the concept of textuality in CM in China and the U.S., the paper examines the ways in which authors working to create English-language texts variably draw on different types of morally grounded conversations to create vastly different translations of 精 *jing*, or “essence.” I conclude with a discussion of how living translation opens up the possibility of bringing a more dialogic, involved perspective to the analysis of textual translation. I further argue that, with this close examination or mapping of the interdiscursive and intertextual dialogicality in specific translations, it becomes possible to understand the link between textual translation and practice, including both diagnosis and treatment, in the field of CM.

## 2. Textuality in CM

CM, wherever it is practiced, is a deeply textual tradition. In contrast to biomedicine, where even the most recent textbooks are considered suspect because of the rapidly changing knowledge in the field (Konner, 1987, pp. 14–15), in CM classic texts, memorized and recopied over hundreds of years, are considered canonical and authoritative. For centuries following

the creation of these classic treatises, scholar-practitioners have offered diverse commentaries interpreting the material. Rather than offering straightforward translations or even explanations, commentaries are also used as opportunities for authors to generate innovative strategies for utilizing classical wisdom in treating patients (Furth, 2007). As Karchmer explains, this has to do with the cultivation of a certain clinical and literary style for Chinese physicians. “To become a virtuoso CM doctor,” Karchmer (2004) thus writes, “is to learn how to ‘make a text your own’” (p. 219). The classic texts in CM are, in this sense, simultaneously authoritative and open to interpretation, at once grounded in an inscribed “chain of authentication” (Agha, 2007, p. 218) and yet innovative at the same time.

In addition to classical texts and commentaries, CM also boasts a rich and varied case study genre. In case study texts, individual physicians provide evidence in the form of specific illness events—usually listing symptoms, diagnosis and prognosis, treatment, and results. Within case studies, it is still common practice to cite specific passages from canonical texts in the textual performance of expert knowledge. Even in the standardized textbooks that are common in contemporary China, classic texts are quoted liberally. Newsletters, pamphlets, and popular texts on CM today, in both Chinese and English, are likewise constructed as a simultaneous conversation with the documented past of CM, as well as with the desired future. Contemporary texts in both languages are also shaped by the complex relationship between CM and biomedicine that has developed over the past century (see, for example, Karchmer, 2004; Scheid, 2001, 2002; Taylor, 2004). Here, for example, biomedicine’s reliance on experimentation and anatomical knowledge has challenged CM, which is less rigidly defined by the terms of modern medical “science,” to validate its claims on truth, illness, and the body.

### **2.1. Intertextuality and interdiscursivity in CM in China**

From the above, we see that texts in CM are both richly intertextual and deeply interdiscursive. They are invariably built “with respect to other text occasions” (Silverstein, 1996, p. 81). The intertextuality of Chinese medical texts thus unfolds in the process by which each text in CM, even each *term*, is oriented towards a host of other texts (see Bauman, 2004) as specific authors explain the meaning of the body, illness, and healing by interpellating particular products with ample quotes from classic and modern texts. Texts in CM also demonstrate a high degree of interdiscursivity, where alongside intertextual citing of historical and contemporary sources, authors actively weave together multiple styles and genres in the creation of a single product. In so doing, they simultaneously use intertextuality and interdiscursivity to legitimate their claims vis-a-vis

dominant forms of biomedicine, as well as contributing to and participating in an elaborate conversation that spans both space and time. In this, Chinese medical texts can be considered “multiply dialogical” (Irvine, 1996, p. 151).

From this perspective, texts in CM can productively be approached as revelatory of an ongoing “architecture of social relations” (Silverstein & Urban, 1996, p. 14). Far from being a rigid sedimentation of abstract ideas, textuality in CM is “a mode of social action” (Hanks, 1989, p. 103) in which author-practitioners simultaneously draw upon their experience as well as the work of past scholar-physicians to respond to other texts, communicate with future practitioners, and create innovative practices. In this sense, textuality is approached by participants as a personally meaningful “social relation” (Farquhar, 1994, p. 206) that is as structured by the intentions, hopes, moral imperatives, and politically situated struggles of authors. These “extratextual factors” seep into the language of the books, and “indicate that the boundaries of text are best conceived as extremely permeable, incomplete, and only momentarily established” (Hanks, 1989, p. 105). The set of theories and practices known today as CM can thus be understood as an emergent process of complex interaction, where the living, breathing practice of medicine is always and constantly engaged with the written record.

## **2.2. Chinese medical texts in translation**

English translations of CM, like in Chinese, include direct translations of classics, translations and original commentaries on classics, translations of case studies, and translations of contemporary textbooks. There are composite texts based on other translations, spiral-bound teacher-organized texts, and original texts introducing CM to students, patients, and the public. As in Chinese, there are also scholarly journals, newsletters, and pamphlets. Each of these “translations” regularly organizes itself around a series of quotes from classic Chinese texts, sometimes gathering such material from other translations and sometimes from original sources. Many of the English texts are also written as guides to clinical practice, and most also discuss Chinese medical concepts in terms of their biomedical “Others.” As in Chinese, then, each English language text in CM is a richly interdiscursive inscription of multiple conversations with past, present, and future actors, each with complex allegiances to various political, moral, and cultural communities of practice.

Each translated text thus also indexes a multiply dialogic and heteroglossic conversation that unfolds between the author-translator and the original. In this sense, the writing of Chinese medical texts, whether they are direct translations or adaptations, is first constituted by the ways in which particular authors approach and understand the Chinese material, especially the way they tackle its inherent intertextuality and

interdiscursivity, its embeddedness in thousands of years of Chinese texts and practice, and its complex relationship with biomedicine. Translated texts are also necessarily created in dialogue with other English-language texts, with the other authors they seek to complement or contrast, and of course, always with the scientific biomedical paradigm they either seek to challenge or to support. Finally, each text is also created as a conversation between the author-translator and his or her imagined audience, with their desires, their demands, and their language always shaping translation decisions. In all of these cases, the crafting of texts is undertaken with particular strategies, particular ideologies of what it means to translate authentically, what it means to heal, and what it means to be historically or clinically accurate each of these “conversations” emerges within the text in a way that draws readers into certain styles of thinking about and practicing CM. As such, they deeply influence the ways in which CM is brought to life in the English-speaking world, and can thus be considered living translations.

### 3. Inscribing essence

In this article, we enter directly into the stream of these conversations, observing how different authors and translators approach textuality in CM. Through a detailed examination of three translations of the concept of 精 *jing*, I show how a single Chinese term is translated over time in multiple texts. Although most authors use the English term “essence” in order to translate *jing* interlingually, their intralingual explanations of what such a translation *means* differ considerably. Observing these productions from the perspective of living translation reveals how translation comes to life in the real-world practice of creating texts for reader consumption.

The texts examined below were chosen for this analysis because they are widely used in Western, English-speaking CM educational programs, usually four-year courses of study that include both lectures and clinical internships. As such, the texts are drawn upon to teach specific concepts to students who will use such concepts in clinical practice. Because all of texts examined here are hybrid productions emerging out of personal experience, readings of other texts, and desires to shape practice in different ways, I do not present them in the traditional format of ST/TT comparison. Instead, I approach the texts from an anthropological perspective that relies on the examination of the social, cultural, and historical factors influencing the production of specific works of translation. This broader data informing the analyses was collected as part of a two-year ethnography of translation in CM, where I conducted open-ended interviews with translators in China, the U.S., and Europe, attended multiple translation seminars and debates, and followed several students

and teachers as they learned the language of CM in translation in one California program (Pritzker, 2011, 2012b, in press).

Before proceeding—and at the risk of creating my own necessarily partial and oversimplified translation of CM—I will venture to introduce a few key Chinese medical concepts to help ground the following discussion. First, and very generally speaking, the Chinese medical body is considered to be a dynamic, interconnected whole, where each organ and each bodily substance is always actively engaged in a process of balancing and rebalancing vis-à-vis every other part of the material body as well as the emotions, thoughts, and physical environment. Diagnosis in CM unfolds as an assessment of the patterns of flow within this system, essentially naming the overall picture or constellation of patterns and presentations that together reflect the unique interaction of constitutional, environmental, lifestyle, and psychosocial processes in each individual. Healing, through herbal formulas, acupuncture treatments, massage, and dietary recommendations, aims at encouraging the body to recalibrate according to its own particular needs. The accurate assessment of the body's environment is thus a critical step in designing a treatment for a specific individual.

The term I examine below, *jing*, is understood to be, along with *qi*, blood and fluids, one of the most fundamental substances in the human body. *Jing* lies at the root of a great many diagnostic patterns related to symptoms as diverse as fatigue, urinary incontinence, sexual disorders, and poor memory, and is affected differently by a vast array of Chinese medicinal substances (primarily herbs) and acupuncture points. Practitioners' understanding of *jing* is a critical component of the way they approach not only diagnosis and treatment, but also the creation of formulas and acupuncture treatments for related conditions. In the context of this article, however, *jing's* importance not only emerges as a result of the particular definition evidenced through various translations. As we shall see below, the translation of *jing* further functions as an index for the whole of the way certain authors guide readers towards particular types of practice. In this sense, the translation of *jing*—including the ways in which intertextuality and interdiscursivity are variously enacted in the interlingual and intralingual definitions of the term—serves as a rich example of the ways in which translation acts to mediate practice in contemporary CM.

### 3.1. Example one: *Elemental essence*

Essence, in its widest sense, is anything essential to the maintenance of life. *Elemental Questions (sù wèn, jīn guì yán lùn)* states: 'Essence is the basis of the body.' (Wiseman & Ellis, 1996, p. 23)

This first example derives from translators who are well known as being committed to linguistically precise translations based on specific terms in original Chinese texts. The writing is a series of simple, declarative sentences, peppered with Chinese characters, pinyin, and extensive footnotes embedded within each chapter. It is a direct translation of a specific Chinese ST, and in particular the standard national first-year textbook addressing basic theory in CM, although “there are substantial additions from a variety of sources intended to make the text easier for Western readers” (Wiseman & Ellis, 1996, p. ix). As such, it reproduces the intertextuality of the original Chinese, with straightforward, declarative quotes from classic texts embedded seamlessly within the body of the text. The text, entitled *Fundamentals of Chinese Medicine*, is consciously intended to be used as a textbook for American and European students learning CM.

This translation strategy is reflective of a distinctive and very public philosophy of translation. It is a philosophy that is based on the source-oriented, “foreignizing” method of Chinese medical translation developed by Nigel Wiseman. This translation philosophy is based on the belief that in order to “transmit Chinese medical knowledge to the West, we must translate, not reinvent” (Wiseman, 2002, p. 22). Relating the need for a source-oriented approach to the esteem in which the translator holds the TL and culture, Wiseman further argues that a source-oriented approach is the only proper way in which to maintain an appropriate respect for genuine Chinese medical wisdom.

In Wiseman and Ellis’ translation of essence, this translation philosophy shapes the work at many levels. The intertextuality in the ST, for example, is reproduced both in the use of quotes and the inclusion of classic text names in pinyin with tone marks, as well as in the footnotes that define terms using Chinese characters. Their translation of *jing* reproduces the general and somewhat ambiguous Chinese statement about the centrality of *jing* in the process of living. In choosing here not to “reinvent,” Wiseman and Ellis are thus asking readers to learn how to think about essence, and to diagnose and treat patterns related to essence, in the same way that the Chinese students are encouraged to think about it.

At another level, Wiseman and Ellis also produce their work in a dialogue with the other translations they see available, translations that they complain do not include proper glossaries, use standard terminology, or translate exactly based on a single authentic Chinese text. In this sense, the final product that they generate is already also interdiscursively linked to other foreign-made products. In this case, it is a morally situated conversation that asks readers to alter their perspective on language in CM. As such, in addition to being a direct translation, it is simultaneously a critical dialogue, a challenge to readers to shift the basis upon which they approach the source. Through this example of living translation, then, CM is produced as a historically referenced, textually grounded practice with a



definite terminology and a straightforward set of meanings that is linked directly to the practice of CM as it occurs on the ground in China.

### 3.2. Example two: *The poetry of essence*

Essence, the translation of the Chinese word *Jing*, is the texture that is specific to organic life...Essence is a kind of deep, “soft,” “juicy” potential inherent in living beings which forms and fills the life cycle as it unfolds. (Kaptchuk, 2000, p. 55)

This translation emerges from a paperback book, elegantly illustrated and produced in a contemporary font. Like the Wiseman and Ellis text, it is also written as an introduction to the basic concepts of CM, covering everything from Chinese medical anatomy to treatment. The target audience includes English-speaking students of CM, but here it also includes other, more public audiences—patients and everyday interested readers. And so in contrast to the first text, it also includes chapters on the art and philosophy of CM, complete with poetic discussions of the nature of truth and the spirituality of treatment. It is extremely popular and has already come out in a second edition.

The writing in this text is poetic and flowing, and, like the first text, is interspersed with some Chinese characters and some pinyin transliterations, as well as many literal illustrations of various parts of the human body with one or more meridians depicted along the isolated chest or leg. It is not a direct translation of any single Chinese text, emerging more as a hybrid built, as the author explains it, out of years of studying Chinese classic texts, seeing patients in hospitals and clinics, and working with academicians at Harvard. It has emerged, he explains in his introduction, as a result of personal experience as well as scholarly encounters with science, medical history, and anthropology. It has also developed, he writes, in interactions with patients who “have demanded that my practice of CM embody authenticity and relevance” (Kaptchuk, 2000, p. xxiv). In this sense, Kaptchuk’s *The Web That Has No Weaver: Understanding Chinese Medicine* is a text that is deeply interdiscursive at many levels: social, cultural, textual, personal. The final result emerges out of this interdiscursivity as a decidedly practical and moral project, a living translation that seeks to provide an authentic and “relevant” medical guidebook,

For Kaptchuk, then, text creation is an act of *hope*. It is a social action geared towards the development of clear strategies rather than the “hermeneutic” teasing out of “intellectual problems” (Kaptchuk, 2000, p. xxv). In this sense, the text is a conversation in which Kaptchuk engages his readers by inviting them into a “distinct” world of CM, which he frames as a different ethos of body, illness, and healing. Rather than challenging

readers to learn about the historically situated practice of CM, however, it takes them on a narrative journey that produces CM as a complementary and alternative medical practice with holistic techniques and a foundation in poetry.

In contrast to Wiseman and Ellis, then, Kaptchuk refuses to ask his readers to formulate their practice of CM, and their understanding of “essence,” as a direct copy of those of Chinese practitioners. Instead of relying fully upon any one original Chinese text in interpreting *jing*, then, Kaptchuk mixes genres (poetic, literary, medical), weaving a hybrid definition of the term that locates “essence” amongst familiar Western metaphors of depth, softness, and “juiciness.” In so doing, he allows his readers to situate *jing* within an emerging and hybrid Western paradigm of the body/self—a “radically distinct” model in which the depth, uniqueness, and individuality of the self demands recognition in order to be deemed relevant and authentic (see Barnes 1998). Here, the space opens up for the practice of CM to change and “grow,” through translation, according to the radically distinctive medical system that English-speaking readers feel that they need *now*.

### 3.3. Example three: *The science of essence*

‘Essence’ is the material base of the human body and of many of its functional activities. (Deng et al., 2005, p. 35)

This text is a hardcover, thick textbook from China, one of the first translations of CM that originally appeared in 1987. The preface to the Revised Edition, from which this translation of *jing* is derived, highlights the international, authoritative status of the text, which has been and continues to be required in most Chinese medical programs in the U.S., and is heavily drawn upon in the crafting of state and national board exams in the U.S. The text is comprehensive, covering basic theory, diagnosis, and treatment, but also going into a great deal more depth than either of the texts examined so far with regards to needling methods and the treatment of specific biomedical disease categories such as “dysmenorrhea” and “nocturnal enuresis.” The text was originally “compiled” under the supervision of the Chinese Ministry of Public Health in the 1980s. Based loosely on *Essentials of Chinese Acupuncture* (a Chinese textbook) and supplemented by “the results of many years of teaching and clinical experience,” the foreword states, “*Chinese Acupuncture and Moxibustion* was continually revised, substantiated and perfected” (Deng et al., 2005, *Foreword*). This text, also known as “CAM,” is thus clearly a compilation that blurs the line between translation and original product. It is an inherently intertextual and interdiscursive product that incorporates quotes from ancient physicians and classic texts, translating them basically into an

English that also makes liberal use of biomedical terminology. The first edition, and to a certain extent the revised edition, is poorly edited, with many grammatical errors, typos, and awkward statements. The many illustrations that it includes, however, are extremely realistically rendered, and often include colored depictions of specific organs, muscle groups, and meridians.

The translation philosophy supporting the production of this text is, like the others we have examined thus far, richly interdiscursive and deeply moral. The foreword talks about “enriching the world’s science and culture,” a project that is linked to the legitimation of CM as a viable mainstream scientific and cultural product (Deng et al., 2005, *Foreword*). In terms of its intertextuality with classic, source knowledge, it commonly quotes the classics as a legitimation strategy as well as a tactic of cultural representation. The book leverages a scientific, rational interpretation of these classics, however, in translating them into contemporary scientific terms. As a hybrid product emerging out of the ongoing conversation with imagined consumers, the text produces CM as a modern science and technical practice. By linking *jing* to bodily “materiality” and “functionality,” then, CAM offers Chinese medical students and practitioners the opportunity to think about “essence” in contemporary biomedical terms like “genetics” or “pathophysiology.” It is clear that with this step, the authors are seeking, through a living translation, to shape a distinctly modern interpretation of CM where it can be seamlessly integrated alongside biomedicine in contemporary practice.

#### **4. Discussion and conclusion**

That the library of texts in CM is richly intertextual in its reliance upon the selective quotation of other texts, and interdiscursive with respect to multiple academic, clinical, social, and historical genres, is indisputable. In this paper, I have shown that this inherent interdiscursivity challenges different translators to construct meaningful texts that somehow capture a particular slice of this giant “mangle of practice” (Pickering, 1995). I have shown that the way this emerges is far from arbitrary, that this project is informed by each authors’ particular engagement with various ideologies of authenticity, morality, and hope, and by conversations with real and imagined audiences. Where Wiseman and Ellis (1996) espouse ideologies of source-oriented translation, and take original texts to be authentic, Kaptchuk (2000) focuses more on the authenticity of the contemporary moment, and the way that he sees CM as a remedy for the existential pain affecting contemporary Westerners. Deng et al. (2005), on the other hand, translate with the authenticity of biomedicine in mind, and imagine they are speaking to readers who, like them, want to find a role for CM in the great scientific world of healing. Visions of humanity, philosophy, and poetry

play a role in all of these perspectives. The desire to shape practice, to influence minds, to contribute to the advancement of science or the evolution of consciousness, all of these things are very real factors shaping the choices that translators make and the particular pieces of the conversation that they highlight with their texts. In this sense, translation in CM is a living practice in which present, past, and future authors carry on meaningful dialogues with their students, their patients, and their biomedical colleagues.

Understanding textuality and translation as living practices, themselves zones of encounter with far-reaching implications, compels a series of questions related to the social politics of translation in CM. Who or what, we might ask, is being “conquered” in each form of translation? Where might the original lie in the stream of interdiscursivity that is textuality in CM? If we can agree that the original “melts away” in this constant recitation and strategic quoting of past scholars, does it then become acceptable simply to translate only what seems to matter in the moment? These are not just “linguistic” questions. The source-oriented versus target-oriented question, for example, generates serious cultural and political disagreements about what the epistemological foundation for “source” should be. When it comes to translating texts, then, translation is a deeply *moral* issue linked to the respect one proffers to the source culture/author vis-à-vis the language one uses to reproduce the work in a faithful (or unfaithful) manner in another context. As Judith Farquhar (1994) notes, in CM, it is also a *personal* and *social* issue, as past authors and physicians are approached as personal teachers with whom one develops an intimate relationship. The questions of authenticity, biomedicalization, and commensurability are also equally embedded in the everyday social, cultural, personal, and moral lifeworlds of participants, made all the more complicated by the fact that, in the continuous reproduction of textuality in CM, there are always multiple sources and multiple targets.

Whether or not they explicitly address these issues, inscriptions emerge from the ways in which authors engage with these types of moral, social, personal questions. In this engagement, original material is re-inscribed with particular values and affective, epistemic, and moral stances. Each text is not equally interdiscursive with every community, and authors must choose who to talk to and what about, which of the multiple sources and multiple targets they want to engage, and the type of practice they seek to generate. Translators also have to work consciously to establish their own authority within these communities, and their very right to translate, through various kinds of evidence (Pritzker, 2012b). The texts themselves can thus be approached as indexes of the living practice that is CM. As such, living translation is already, even at the “static” level of text, a conversation in motion.

## References

- Agha, A. (2007). *Language and social relations*. Cambridge: Cambridge University Press.
- Bakhtin, M. M. (1981). Discourse in the novel. In M. M. Bakhtin (Ed.), *The dialogic imagination: Four essays by M. M. Bakhtin* (pp. 259–422). Austin: University of Texas Press.
- Barnes, L. (1998). The psychologizing of Chinese healing practices in the United States. *Culture, Medicine, and Psychiatry*, 22, 413–443.
- Bauman, R. (2004). *A world of others' words: Cross-cultural perspectives on intertextuality*. Malden, MA: Blackwell.
- Deng, L. Y., Gan, Y. J., He, S. H., Ji, X. P., Li, Y., Wang, R. F., Wang, W. J., Wang, X. T., Xu, H. Z., Xue, X. L., & Yuan, J. L. (2005). *Chinese acupuncture and moxibustion* (2<sup>nd</sup> ed.). Beijing: Foreign Languages.
- Fairclough, N. (1992). *Discourse and social change*. Cambridge: Polity.
- Farquhar, J. (1994). *Knowing practice: The clinical encounter of Chinese Medicine*. Boulder: Westview.
- Furth, C. (2007). Introduction: Thinking with cases. In C. Furth, J. T. Zeitlin, & P. C. Hsiung (Eds.), *Thinking with cases: Specialist knowledge in Chinese cultural history* (pp. 1–30). Honolulu: University of Hawaii Press.
- Gadamer, H. G. (2006). *Truth and method*. J. Weinsheimer & D. G. Marshall (Translated into English. German original *Wahrheit und Methode*, 1975). London: Continuum.
- Hanks, W. (1989). Text and textuality. *Annual Review of Anthropology*, 18, 95–127.
- Irvine, J. T. (1996). Shadow conversations: The indeterminacy of participant roles. In M. Silverstein & G. Urban (Eds.), *Natural histories of discourse* (pp. 131–159). Chicago: University of Chicago Press.
- Iser, W. (1978). *The act of reading: A theory of aesthetic response*. Baltimore: The Johns Hopkins University Press.
- Jakobson, R. (1966). On linguistic aspects of translation. In R. A. Brower (Ed.), *On translation* (pp. 232–239). Oxford: Oxford University Press.
- Kapitchuk, T. J. (2000). *The web that has no weaver: Understanding CM* (2<sup>nd</sup> ed.). New York: McGraw-Hill.
- Karchmer, E. (2004). Orientalizing the body: Postcolonial transformations in CM. Retrieved from Proquest: Dissertation and Theses Full-Text. (AAT 3170467).
- Konner, M. (1987). *Becoming a doctor: A journey of initiation in medical school*. New York: G.P. Putnam's.
- Kristeva, J. (1980) *Desire in language: A semiotic approach to literature and art*. New York: Columbia University Press.
- MacIntyre, A. (1981) *After virtue* (3<sup>rd</sup> ed.). Notre Dame: University of Notre Dame Press.
- Montgomery, S. L. (2000). *Science in translation: Movements of knowledge through cultures and time*. Chicago: Chicago University Press.
- Ochs, E., & Capps, L. (2001). *Living narrative: Creating lives in everyday storytelling*. Cambridge, MA: Harvard University Press.

- Pickering, A. (1995). *The mangle of practice: Time, agency, and science*. Chicago: University of Chicago Press.
- Poulet, G. (1969). Phenomenology of reading. *New Literary History*, 1(1), 53–68.
- Pritzker, S. E. (2011). The part of me that wants to grab: Embodied experience and living translation in U.S. Chinese medical education. *Ethos*, 39(3), 395–413.
- Pritzker, S. E. (2012a). Standardization and its discontents: Four snapshots in the life of language in CM. In V. Scheid & H. MacPherson (Eds.), *Authenticity, best practice, and the evidence mosaic: Integrating East Asian medicines into contemporary healthcare* (pp. 75–88). London: Elsevier.
- Pritzker, S. E. (2012b). Living translation in U.S. CM. *Language in Society*, 41(3), 343–364.
- Pritzker, S. E. (in press). *Living translation: Everyday language and the search for resonance in U.S. Chinese Medicine*. Oxford: Berghahn.
- Ricœur, P. (1976). *Interpretation theory: Discourse and the surplus of meaning*. Fort Worth: Texas Christian University Press.
- Scheid, V. (2001). Shaping Chinese medicine: Two case studies from contemporary China. In E. Hsu (Ed.), *Innovation in Chinese medicine* (pp. 370–404). Cambridge: Cambridge University Press.
- Scheid, V. (2002). *Chinese medicine in contemporary China*. Durham: Duke University Press.
- Shanghai Medical College. (1975). *Shongyi Xue Jichu* (Essentials of Chinese Medicine). Shanghai: Commercial.
- Silverstein, M. (1996). The secret life of texts. In M. Silverstein & G. Urban (Eds.), *Natural histories of discourse* (pp. 81–105). Chicago: University of Chicago Press.
- Silverstein, M., & Urban, G. (1996). The natural history of discourse. In M. Silverstein & G. Urban (Eds.), *Natural histories of discourse* (pp. 1–20). Chicago: University of Chicago Press.
- Sterponi, L. (2004). Reading as involvement with text. Retrieved from Proquest: Dissertation and Theses Full-Text. (AAT 3169159).
- Taylor, K. (2004). Divergent interests and cultivated misunderstandings: The influence of the west on modern Chinese medicine. *Social History of Medicine*, 17(1), 93–111.
- Venuti, L. (1992). *Rethinking translation: Discourse, subjectivity, ideology*. London: Routledge.
- Venuti, L. (2000). Translation, community, utopia. In L. Venuti (Ed.), *The translation studies reader* (pp. 468–488). London: Routledge.
- Venuti, L. (2005). Local contingencies: Translation and national identities. In S. Berman & M. Wood (Eds.), *Nation, language, and the ethics of translation* (pp. 177–202). Princeton, NJ: Princeton University Press.
- Wadensjö, C. (1998). *Interpreting as interaction*. London: Longman.
- Wiseman, N. (2000). Reply to Buck and Maciocia. Retrieved from <http://www.paradigm-pubs.com/paradigm/refs/wiseman/JCMAnswer.pdf>
- Wiseman, N. (2002). Against anti-terminology. Retrieved from <http://www.paradigm-pubs.com/sites/www.paradigm-pubs.com/files/files/Anti-Term.pdf>

- Wiseman, N., & Ellis, A. (1996). *Fundamentals of Chinese medicine*. Brookline: Paradigm.
- Wu, J. G. (2011). Understanding interdiscursivity: A pragmatic model. *Journal of Cambridge Studies*, 6(2–3), 95–115.
- Zhan, M. (2009). *Other-worldly: Making CM through transnational frames*. Durham: Duke University Press.