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Standardization and Its Discontents: Translation, Tension, and the Life of Language in Contemporary Chinese Medicine

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Abstract Various attempts at language standardization have been central in efforts to integrate Chinese medicine into a global, mainstream medical framework. At the same time, language has also proven critical in efforts to integrate Chinese medicine into personal frameworks of meaning as students around the globe grapple with multiple translations. In an effort to convey some of these diverse experiences of standardization and plurality of translations, this article offers four "snapshots" in the life of language standardization in Chinese medicine. These snapshots are derived from extensive, multisited ethnographic research conducted over four years in diverse settings in both China and the United States. The article thus offers an appreciation of standardization as an ongoing series of human encounters, a complex web of human networks shaping the always changing answers to seemingly simple questions about the motivations behind standardization, the methods used to create standards, and the implications of standards in an increasingly "global" Chinese medicine. As such, it contributes to an emerging "anthropology of translation" that underscores the role of human relationships, power, understanding, and interaction in translation.

Keywords Chinese medicine · translation · standardization · language

1 Introduction: Framing Standardization

This article discusses English-language standardization efforts in the globalization of Chinese medicine, an intricate process deeply linked to translation, culture, and politics as much as to clinical practice. Taking an anthropological approach both to efforts to institute language standards and to movements that resist such standards, the article

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offers several ethnographic examples demonstrating the ways in which transnational relations of power, culturally shaped contexts of practice, and personal experiences of language influence the way standardization comes to life in the various lifeworlds of Chinese medicine in China, Japan, and the West. Theoretically, the article is grounded in an emerging "anthropology of translation" (see Pritzker 2012, in press) that underscores the role of human relationships, power, understanding, and interaction in translation (Liu 1995, 1999; Wadensjö 1998; Tymoczko and Gentzler 2002; Silverstein 2003; Schieffelin 2006; Heinrich 2008; Hanks 2010). From this perspective, the process by which English-language standards emerge in Chinese medicine can be viewed as a kind of "translingual practice" wherein the meanings of specific terms in Chinese medicine are negotiated and "[re]invented within local environments" (Liu 1995: 26). The purpose of this article is therefore not to provide an authoritative account of what standardization in Chinese medicine should or could mean, nor is it to offer a "solution" to some of the complex debates that surround the issue in multiple contexts. The goal, rather, is to take standardization in Chinese medicine as a complex "field of practice" (Scheid 2002: 54–55; see also Bourdieu 1990a, 1990b) wherein the process of making choices about standards is always tied to fundamental moral world-making (and -unmaking) projects (see Bowker and Star 1999: 6). Like the work of anthropologist Mei Zhan, this article thus attempts to capture Chinese medicine "in action" (Zhan 2009: 12), presenting a series of images and descriptions that emphasize the human interactions, political and moral commitments, and theoretical stances that make up the field of language standardization in Chinese medicine.

The hope for such an inquiry is to offer an appreciation of standardization as an ongoing series of human encounters, a complex web of human networks shaping the ever-changing answers to seemingly simple questions about the motivations behind standardization, the methods used to create standards, and the implications of standards in an increasingly "global" Chinese medicine. In this sense, the present article offers a view of the living nature of language standardization in Chinese medicine as it pertains to the meanings and implications of English-language standardization efforts and, in so doing, augments the literature on translation in science and technology studies by demonstrating how the translation of terminology in Chinese medicine not only acts as a conduit for the translation of contested knowledge into official discourse but also itself serves as a site for mapping the "tensions and resonances" (Haraway 1999 [1988]: 181) that shape the everyday experience of individuals in the field.

2 Background: Why Standards, and Why the Fuss?

Since at least 1995, many prestigious organizations, including the World Health Organization (WHO) and the World Federation of Chinese Medical Societies (WFCMS), as well as individuals in both Eastern and Western countries who practice, teach, and write about Chinese medicine, have become involved in efforts to develop an international standard English terminology for Chinese medicine. Despite differences in the precise terms chosen in such circles, the development of a standard is seen as a key step in the successful globalization of Chinese medicine, in the accurate translation of culturally grounded concepts, and in the transmission of clinical practices. As it stands, however, there is still no agreed-upon standard for the translation of

Chinese medical texts into English. The atmosphere surrounding terminology standardization is quite contentious, moreover, with arguments and disagreements over how to decide on a standard, how to enforce the standard, and what exactly standards mean. On top of this, there are still others who argue that terminology standards are fundamentally unethical. Debates around the globe have therefore been quite heated in the last five to ten years. In both Western and international debates, issues of power, authority, and the market articulate with theoretical discrepancies, making the situation of standardization in Chinese medicine especially volatile at the levels of policy development as well as daily application.

Passions run hot in the debates about standardization in Chinese medicine in large part due to the cultural contexts and structures of power where such standards are to be put in place. For example, in China and much of East Asia, practitioners of Chinese and other forms of traditional Asian medicine are struggling to be accepted alongside their biomedical counterparts (Scheid 2002; Karchmer 2010). In the West, the situation differs in that many practitioners of Chinese medicine are informed by a distinctly antibiomedical approach consonant with movements toward "complementary and alternative medicine" (Unschuld 2009; Ross 2011; Katz 2011), while others crave legitimacy in the eyes of biomedicine. In both China and the West, the tensions between these two standpoints emerge on a day-to-day basis, in language, practice, and policy making, often changing over time as individual practitioners navigate the complex terrain of practice.

In the following, I describe four cases in which the issues of language and terminology come alive in interactive moments where differentially located individuals are participating in the process of talking about, teaching, and planning the standardization of English-language knowledge in Chinese medicine. The data for this article is derived from extensive, multisited ethnographic research conducted over several years in diverse settings, including American and Chinese conferences on standardization in Chinese medicine, an American school of Chinese medicine, and the homes and offices of translators and scholars involved in standardization efforts in both China and the United States (see Pritzker 2011, 2012, in press). Because this whole process is emergent and has unfolded over more than ten years in multiple locales with vastly different social, political, and moral characteristics, I have included ethnographic snapshots capturing events in different times and places. Each snapshot, moreover, attempts to capture a process rather than a distinct moment.

2.1 Snapshot 1: Tokyo, Japan, 2005

> It is a damp, humid day in Tokyo at the end of June 2005. Experts on language, traditional medicine, science, and biomedicine from China, Japan, Korea, Germany, and the United Kingdom are gathered in a large meeting room at the behest of the WHO's Western Pacific Region (WPR). They have gathered today for a second time to discuss terminology standardization in traditional Asian medicine. Tensions are running high after a series of presentations from various perspectives have questioned and challenged core principles of translation from Chinese to English, the use of biomedical terminology to translate Asian medical terms, and the blending of Korean, Japanese, Vietnamese, and Chinese medicines into one terminology. The experts are currently rearranging

> their seats in order to break up into groups. Within these groups, they will discuss, debate, and argue over specific English translations for thousands of traditional medical terms. Tension will continue to build as speakers with different levels of English fluency and different perspectives on translation and traditional medicine battle over which terms are appropriate and why. Eventually, several experts will abandon the efforts, convinced that the whole attempt is a no-win situation. Most participants stick it out, however, as they are all equally committed, often for different reasons, to the development of an international standard terminology for traditional medicine in order to further the goal of integrating traditional medicine into an increasingly globalized international health care arena. By the end of the meeting, they will have voted upon a list of 4,200 Chinese terms for inclusion in the international standard. There will be less agreement surrounding the English translations for the terms, but the meeting will be considered a success nonetheless.

The above snapshot comes from the second meeting of the WHO-WPR in 2005. The first meeting, titled "First Informal Consultation on Development of International Standard Terminologies on Traditional Medicine," was held in Beijing in October 2004. The impetus for this first meeting was the growing realization that language standardization was a crucial first component of efforts to standardize both practice and information sharing within "traditional medicine," a collective of Asian medicines deriving from ancient China and including traditional Chinese medicine, traditional Korean medicine, Japanese kampo medicine, traditional Vietnamese medicine, and others. The overall goal of devising such standards, both in language and in practice, was later noted as "upgrading levels of quality, safety, reliability, efficiency, and interchangeability" (WHO-WPR 2007: 1) among both Asian Pacific regions as well as the growing international followers of traditional medicine, also known as TRM. Standardization in this particular context is thus intimately linked to the project of marketing traditional medicine, while at the same time marketing "Asian cultural traditions" to the mainstream medical world.

Over the course of both meetings, experts from China, Japan, Korea, and Macao, as well as several prominent European Chinese medical translators, met to discuss a range of issues, including the development of library browser systems using standardized terminology, the westward transmission of traditional medicine, and the principles of literal versus free translation. Debates raged, however, over whether to use terms that English speakers were already accustomed to as opposed to creating new ones (e.g., keeping a translation like "tonify" for the Chinese term 补 *bu* rather than switching to the more accurate translation of "supplement" to describe one of the chief clinical actions that traditional medical practitioners take with herbs and acupuncture); whether to use biomedical as opposed to more traditional terminology for the standards (e.g., standardizing "conjunctivitis" as the translation for 风火眼 *feng huo yan*, rather than sticking with a traditional translation such as "wind-fire eye"); whether to privilege native English speakers or native Asian practitioners in the crafting of English standard terminology; and whether to emphasize general principles of translation at the level of whole texts as opposed to focusing on single, specific terms. By the third meeting, held in Daegu, South Korea, in October 2005, four thousand Chinese terms along with English translations were provisionally agreed upon.

Over the next two years, a draft copy of the terms was circulated among international advisers from the fields of biomedicine, science, and traditional medicine. Finally, in June 2007, WHO-WPR published *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* (*IST-WPR*). The 350-page document includes the final selection of four thousand Chinese terms from traditional medicine along with their English translations and definitions. Among these are various selections of basic theoretical terms, diagnostic terms, disease terms, therapeutic terms, and terms from classical texts. In the introduction to this document, the authors of the *IST-WPR* explain that they strove to capture the original meaning of the full terms in Chinese, tried to avoid inventing new words in English or the use of pinyin, and, even when better terms were appropriate, maintained the 1991 standards of the WHO's standard acupuncture nomenclature. The introduction also explains that in some circumstances, the authors chose to use biomedical terminology to translate traditional medical terms, claiming that "since both traditional and modern medicines aim at maintaining health and treating diseases, there must be some overlap between the two systems of medicine in concept and hence in terminology" (WHO-WPR 2007: 4). When such an overlap was recognized by a majority of participants, the biomedical term was used.

The intention at the time was to include the *IST-WPR* in the soon-to-be-released eleventh edition of the *International Classification of Diseases* (*ICD-11*). Inclusion in the *ICD-11* would further the WHO-WPR's goal of integrating traditional medicine into the global system of medical billing and diagnostic codes and would therefore be effective in globalizing traditional/Chinese medicine on a scale previously unknown. The 2007 version of the *IST-WPR* was only the first step toward such a goal. In it, the authors stress that "continuous revision" is necessary in order to meet the needs of all potential users. They point out that such efforts are crucial toward promoting international understanding among traditional medical practitioners, students, researchers, and consumers, even notwithstanding the fact that such medicine is (supposedly) based on the Daoist notion that language cannot access the greatest truths of the world (WHO-WPR 2007: 6).

Despite all of the work that went into creating the *IST-WPR*, however, the term list never made it to the *ICD-11*, which does nonetheless contain a complete section on traditional medicine. Instead of using the *IST-WPR*, the chief *ICD-11* advisers at WHO headquarters in Geneva drew together an entirely different set of Chinese and Western experts to craft the terminology for the classification of disorders in traditional medicine "originating from Chinese medicine." In an extremely short time frame, then, this new group of experts had to generate a complete set of definitions and translations for Chinese medical disorders and patterns. As of this writing (2013), this set of definitions is currently under review and will appear in 2015. Leaders at the WHO-WPR, however, persist in the work of terminology standardization, still claiming the right to a seat at the table based on culture, historical, and language. As such, this version of the *International Classification of Diseases*, like past versions of the same document, "can . . . be read as a kind of treaty, a bloodless set of numbers obscuring the behind-scenes battles informing its creation" (Bowker and Star 1999: 66), and the battles are far from over.

2.2 Snapshot 2: Phoenix, Arizona 2006

> It is the day before the opening of the 2006 annual conference of the American Association of Acupuncture and Oriental Medicine (AAAOM), held in Phoenix, Arizona. A preconference symposium titled "Asian Medical Nomenclature Debates" is in full swing. One after another, Western and Chinese translators of Chinese medical texts step up to the podium and offer their views on everything from the need to develop a standard set of terms for the accurate transmission of Chinese medicine to the need to resist such a standard based on the notion that it limits the Western students' perspective and distorts the depth and flexibility of Chinese meaning. Audience members listen mostly quietly, surprised to be hearing their esteemed teachers and textbook authors arguing over such a seemingly trivial matter as terminology. Other audience members are aware of the debates, as they have been carried out in American journals and in online discussion groups for the past ten or more years. For those who have been following these debates, today is an exciting first step toward coming together in some form of agreement. For some, the end of the day brings the sense that all the experts are really aiming toward the same thing: an accurate and honest transmission of Chinese medicine to the West. Regardless of what standard they use, it seems that perhaps more open communication between them—in the form of an accessible cross-reference of various authors' favored terms—can constitute the first step toward creating a more coherent English literature. For others, it seems like the debate participants are as divided as ever, the conference being just a venue for the scholars to advertise their own perspectives and resist hearing anyone else. For still others, the whole thing seems silly, and they are eager to move on to the meaty clinical content of the rest of the conference.

This snapshot begins to give us a sense of the American debates over standardization. Since the mid-1990s, there has been overwhelming opposition toward the idea of a standardized set of terms. These debates are not limited to authors and other scholars. Students, practitioners, and teachers also actively participate on a regular basis, although based on a survey conducted at the 2007 AAAOM meetings, terminology standardization is not a major concern for most of the general population of practitioners in the United States (unpublished survey data, 2007).[1]

For the many Americans who are vocal in opposing standardization, the issue of freedom strikes a deep chord, however. The idea of authors being forced to use a standard not of their own choice seems to go against the freedom characterizing American culture (Beinfield and Korngold 2001). Opponents of standardization also insist that plurality in translation reflects the plurality of Chinese medical theories in China, where "Chinese medical literature was written, in the course of 2000 years, by innumerable authors with different ideas and world views" (Beinfield and Korngold 2001: 149). In keeping with these two arguments, the freedom to translate terms like 补 *bu* with various translations of their choosing—for example, using "tonify,"

[1] The survey was conducted informally during a session at the 2007 AAAOM. Participants responded electronically (anonymously) to a series of questions pertaining to what they would like to see the AAAOM focus on. Results showed that language/terminology was at the bottom of the list.

"nourish," "strengthen," or "supplement," sometimes interchangeably—both solidifies their freedom as translators and captures the inherent plurality of meaning within the term. A related issue is the notion that accurate translation is impossible because of the incommensurability of Chinese and Western ways of thinking, that "no matter how well words are chosen to translate texts, we cannot so easily bring to a western mind the wider cultural resonances inherent in CM texts that occur to a Chinese reader" (Buck 2000: 39). Here, then, we can never really know what 补 *bu* means to a Chinese speaker, regardless of how we translate it. This notion is deeply connected to ideologies of cultural difference and complex notions of linguistic relativity. At a basic linguistic level, this view is often tied to the many scholarly and popular descriptions of the fundamental differences that exist between Chinese and English. It also derives from personal experiences of translation that inform such ideologies, such as travel to China or other countries. It is further elaborated in notions about the inevitability of transformation in meaning when ideas are transplanted from one culture to another, for example, in the notion that when American practitioners take action to "tonify" or "supplement" the body with Chinese medicine, they will inevitably be changing the medicine by applying it to American bodies.

Opponents of standardization also argue that literal translation often leads to terms that are difficult to understand and use. Asking "do we want a highly technical language that separates us from our patients in the way Latin does in modern medicine?" (Deadman 2000: 56), they advocate for a simpler language that captures the essential beauty and nonlinearity of Chinese words, a beauty that is lost in a scientized technical language. In this sense, there are claims that "small losses in academic rigor are easily outweighed by gains in readability" (Buck 2000: 42). While translations like "tonify" for 补 *bu* or "deficiency" for 虚 *xu*, for example, may map ideas from Western herbal traditions onto Chinese medicine, the ease and flow with which they allow the Western reader to grasp core concepts in Chinese medicine is worth the sacrifice. This view is further reinforced by the notion that Chinese words used in Chinese medicine are actually not specialized but are common: "Ordinary words in Chinese are often adopted as technical terms in the context of Chinese medicine to convey specialist meanings" (38). The ordinariness of Chinese medical terms in the context of "their own culture" seems a logical case for the argument that the corresponding English language terms should also be ordinary and familiar.

A further issue related to this particular view is the idea that language is not as important as clinical experience in learning or thinking about Chinese medical ideas. In this view, scholars of language are by their very nature different from practitioners and cannot know the truths of practice. Indeed, as Evelyn Ho (2006) found, the notion that Chinese medical concepts are not intelligible as language alone is common in the United States. To continue with the example of 补 *bu*, then, here many practitioners might argue that the way we translate it does not matter, that one learns through practice what it actually is (see Snapshot 4, below). The separation between "scholarship" and "practice" has thus become a commonplace trope in American Chinese medical circles, and the debate often centers on the particular economic interests of particular participants.

On the other side of this opposition, advocates for standardization argue that, in order to help reverse the culturally based biases that lead to distortions of original Chinese ideas, there need to be clearly delineated source-oriented standards (Wiseman

2000a, 2000b, 2000c; Ergil 2001, 2006; Ergil and Ergil 2006; Felt 2000, 2006a, 2006b; Flaws 2006a, 2006b). Nigel Wiseman (2000b: 20) thus argues that there must be a clear correspondence between English and Chinese terminology in Chinese medicine: "To get people thinking about Chinese medicine in the way that Chinese physicians do, diagnosing in the way Chinese physicians do, and providing the treatment that Chinese physicians do, we need a set of terms where everything in the English is related to everything in the Chinese. In other words to transmit Chinese medical concepts faithfully, we need a standardized vocabulary pegged to Chinese." Wiseman's call for a standardized terminology here is very much linked to the importance of faithfulness to the original concept. Here, then, 补 *bu* needs to be translated as accurately as possible, and with as little reference to the principle of "tonification" in Western herbalism as possible. It also needs to be translated consistently (Wiseman insists on using "supplement") in order to avoid convoluting it with related but different concepts such as "nourish" (养 *yang*). Another big argument for standardization in Chinese medicine is that, rather than the language of poetry or literature, Chinese medical language constitutes a technical language that qualifies for a formal, standardized terminology (Wiseman 2000c, 2001a, 2001b, 2002a, 2002b). For example, 补气 *buqi* ("supplement qi") in Chinese medicine is different from the common expression of nourishing the body with good food, 补身体 *bu shenti*, and is it not the same concept as is drawn upon in the description of mending or repairing one's socks, 补袜子 *bu wazi*. Other reasons that Western scholars argue for standards include the need for accurate communication across texts and with other scholars and practitioners, especially as the field grows ever larger (Ding 2006); the need to present a unified voice to outside parties (Flaws 2006a, 2006b); and the need to be free from the whims of various translators' interpretations (Wiseman 2000a, 2000b, 2000c).

The first major result of Western standardization efforts is the 1998 publication of Nigel Wiseman and Feng Ye's *A Practical Dictionary of Chinese Medicine*, which offers English translations and detailed definitions for more than ten thousand terms, mostly based on traditional meanings of original characters. There has also been a major push toward the development of an integrated reference list pegging all the terms used in different English-language texts to each other, as well as to the Chinese and the WHO-WPR terminology (Brand 2014). In 2007, then, several of the scholars working on standardization in the West teamed with the AAAOM and WHO to try to create a bridge between the terminology that was currently in use and the terminology of the *IST-WPR*. Despite this cooperation, there are major differences in the perspectives of these Western advocates of standardization and the goals of the WHO-WPR or the organizers of the *ICD-11*. So even though issues of communication, legitimacy, and digital access all coincide with the reasoning of the WHO and WFCMS in striving for standardization, advocates of standardization in the West thus see themselves as distinctly nonpolitical compared with the international organizations involved in the creation of official documents. In this sense, there is an ongoing division of purpose that complicates any cooperative efforts, at the same time as those efforts create a set of tangible products that are presented as documents born of consensus.

2.3 Snapshot 3: Beijing, China 1997

In 1997, an American anthropologist whose research focuses on the practice of Chinese medicine is sitting in the small, dusty, book-filled office of a renowned scholar of Chinese medical history. The American is there because she has been invited by a prominent English-language Chinese medical publisher to write a history of Chinese medicine for Western students. She is hoping that the Chinese scholar will collaborate with her. He is honored and spends the next few months putting a description together in Chinese. When he e-mails the proposal to the American professor, she is impressed but comments that she needs the book to be in English. "No problem," the Chinese historian writes back, "I'll just get someone to translate it after I write it." The American writes back questioning what type of standard the translator will use for the book. The Chinese scholar is surprised: "What standard? Can't we just translate it however we see fit?" The American explains the importance of a standard and suggests that they use the standards that the American publisher generally uses. The Chinese scholar is shocked and wonders to himself, "How come we don't have our own standard for translating Chinese medicine into English? We are, after all, the originators of Chinese medicine, and we should be the ones to decide on standards." He becomes curious about why China has no Chinese medical terminology standards, either in Chinese or in English. This prompts him to contact a Chinese organization responsible for compiling standard terminology in science, asking them why Chinese medicine is not included among the sciences required to have a standard terminology. This leads to a series of discussions between the Chinese scholar and the organization, with the scholar offering to form a committee to develop a standard Chinese and English terminology for Chinese medicine. Over the next ten years, he is so wrapped up in this committee work that he never completes the original book.

This snapshot offers us a glimpse into the many factors influencing peoples' motivations to become involved with terminology standardization. In fact, in China, multiple individuals, committees, and organizations have been formed with the goal of creating both Chinese and English standards for Chinese medical terminology. For the most part, they have formed separately from each other, prompted by different goals and basic assumptions. For example, in 2000, the Committee for Terms in Traditional Chinese Medicine (CTTCM) was formed in association with the China National Committee for Terms in Sciences and Technologies. This organization, comprising Chinese experts from science, technology, Chinese medicine, and terminology, set to work immediately based on their assessment of the importance of term standardization in representing Chinese medicine as a viable science to the rest of the world. In 2004, CTTCM published *Chinese Terms in Traditional Chinese Medicine and Pharmacy* (*Zhongyiyao xue mingci* 中医药学名词), a compilation of 5,283 basic medical terms along with heavily biomedically oriented English translations. Work continues in this group as they develop standard terms in several medical specialties such as gynecology and internal medicine. In 2008, they met with members of the International Health Terminology Standards Development Organization in hopes of having their term standards included in the widely used international Systematized Nomenclature of

Medicine—Clinical Terms (SNOMED CT). In 2010, they released a further volume of terms focusing on internal medicine, gynecology, and pediatrics, and they are in the process of developing several more volumes of specialization-specific terms.

In 2003, the World Federation of Chinese Medical Societies (WFCMS) was formed in association with the State Administration of Traditional Chinese Medicine, and based on the assessment that "the current lack of standards causes undue simplification of traditional concepts, as well as widespread inconsistencies in translated works" (Bruno 2008: 1), the decision was promptly made to conduct research on the development of Chinese-English standards for Chinese medical publications. This led to the formation of a group of international specialists working on the comparative study of more than one hundred English-language publications. By 2006, they had compiled a draft of 6,300 terms along with more than 30,000 English translations. In March of that year, a meeting was held to discuss this massive list of terms. Many of the same international experts serving on the WHO-WPR committee were in attendance at the meeting, although there were several major differences, including the presence of more Westerners. A goal was established at the meeting to set to work immediately on putting together a publishable terminology based on the draft. To this end, the Committee for Approval of English Translation of Terms in Chinese Medicine was formed alongside a Standardization Construction Committee comprising more than fifteen international members. In 2007, the WFCMS published *Basic Nomenclature in Traditional Chinese Medicine*, a compilation of 6,526 terms and their overall less biomedically oriented translations, scheduled for revision every five years (WFCMS 2007).

With so many organizations and committees working on the issue, the standardization of Chinese medical terms in China is clearly a complex political and social project. Both the CTTCM and the WFCMS are hoping to be instituted by the Chinese government as the national standard, and both have jockeyed for favor with the WHO-WPR and later with the organizers of the *ICD-11* in Geneva in terms of their credibility for becoming the international standard. Several CTTCM and WFCMS members have served on the WHO-WPR committee for standardization, and a series of meetings between the WHO-WPR and the WFCMS took place in 2006 and 2007, after which an official "collaborative intention" was announced. In accordance with such an intention, the WFCMS altered several of their terms and added the WHO-WPR terminology when they chose not to change them. Neither organization has won complete favor with either the WHO-WPR or the WHO, however, and tensions continue to run high within the field as experts scramble to make their term choices known and accepted within influential circles.

Outside of these official organizations, Chinese scholars all over the country have been far from silent on the issues involved with standardization. Beginning in May 2003, the well-known and widely circulated *Journal of Chinese Integrative Medicine* started including a monthly section titled "Research on English Translation of TCM." Major themes in the first group of articles include emphasis on the importance of Chinese-English translation in the representation of Chinese medicine to the outside world, in the modernization of Chinese medicine, and in the organization of Chinese medical classics; the need for standards based on scientific research; and the need for scientific principles for accurate translation (Niu 2003, 2004; Luo 2004; Zheng, Ka, and Yan 2005). Over the ensuing years, the monthly articles have included treatises on

the translation of specific terms and texts, on the history of translation in Chinese medicine, on grammatical issues in translation, and on historical changes in meaning and the implications for translation. The issue of standardization comes up frequently in many contexts and is closely tied to the ongoing debate with China about who has the right to translate Chinese medicine into English (in the Chinese media, that right is overwhelmingly given to the Chinese). Only one article discusses the work of the CTTCM quite extensively, however, and only one other article discusses terminology debates in the United States (Niu 2006). Beginning in July 2008, Li Zhaoguo, a prominent author and translator, began writing an ongoing series of articles comparing the WHO and WFCMS terminologies from a detailed perspective, including general terms, yinyang, five element, meridians, viscera, body constituents and substances, organs, and causes and mechanisms of diseases. These articles generally discuss specific terms in detail, often arguing for one choice over the other.[2] Following this lead, other Chinese journals have also featured international perspectives on the language standardization issue (Hui and Pritzker 2007; Wiseman 2006; Xie 2002a, 2002b, 2003, 2004).

2.4 Snapshot 4: Los Angeles, 2006–8

It is a bright, sunny spring day in Southern California. A group of students in their second quarter of studying Chinese medicine are gathered for diagnosis class in a brightly lit classroom, recognizable as such by the long wooden tables and chairs placed in rows facing a single whiteboard. The room is decorated with posters displaying the body's meridians and acupuncture points, in both Chinese and English, and the reflection of a palm tree swaying gently in the spring breeze is visible in one of the glass frames. "Alright," the teacher says, "we're gonna do one more pulse, and then we're gonna take a break, and the reason is this one's kinda gonna make your head spin a little." The students laugh nervously. The reason that their heads will spin, she explains, is because of the words: "This comes down, once again, to nomenclature. . . . Lemme tell ya," she says, "that this whole issue of nomenclature in Chinese medicine just sucks. It really, really sucks. Translation sucks. Comparative nomenclature from book to book sucks. I mean tell me, does this not suck?" She turns to the camera, addressing rhetorically the anthropologist in the room. There is some grumbling from the students, who have started to realize that part of their work in learning Chinese medicine is figuring out the complex and variable terminology in their texts. "It makes our job *so much harder*," the teacher continues. "And the reason for you guys it makes it so much harder is because you have textbooks that the state board relies on to write exams, and very often the nomenclature in those textbooks is misleading and not clinically relevant. So you know, bad for you, you gotta learn things the wrong way, and then you've got to apply them clinically in a completely different way." She goes on to differentiate a "thready" pulse from a "thin" pulse, making use of diagrams and rich clinical descriptions. Throughout

[2] For publications of Li Zhaoguo's work, see Li 2008a, 2008b, 2008c, 2008d, 2008e, 2008f, Li 2009a, Li 2009b and Li and Pan 2009a and 2009b.

> her lesson, she pays close attention to distinguish her clinical definitions, and the language they will probably hear being spoken down in the clinic, from the information in the texts, which they have to memorize for tests. In the case of the pulse she is currently teaching, the books equate "thready," "thin," and "small," lumping them together in one term ("thready"), whereas in the clinic they will need to know the difference between all of these. She deems the problem one of "overtranslation."

This snapshot gives us a sense of how pervasive talk of translation is in the Western classroom. Even though all instruction takes place in English, talk of translation is constant. Students, and teachers, are continually reminding each other that this medicine originates in a foreign land, with foreign customs and a foreign language, and that it must be translated into English, as well as into an American context. On top of this, students are introduced to the complexities of multiple and variant translations from the very start of their four-year program, which includes over three thousand hours of instruction in basic Oriental medical theory, Western science, acupuncture, and herbal medicine. From the beginning, then, students are thinking about translation constantly, and teachers are always discussing it.

As demonstrated above, many teachers in the California context corroborate this prioritization of experience and feeling over translational accuracy, going as far sometimes as to say that "the words get in the way" of truly connecting with the meaning. Other teachers build on this notion by emphasizing the sheer difficulty of finding a single English word to capture the rich and complex meaning conveyed in Chinese. To continue with the example cited above, one student describes her attempts to clarify the difference between "tonify" and "nourish" when discussing herbs. "In here," she says, referring to her herbs class, "we're talking in English and we're getting these translations that are kind of haphazard . . . what is nourish? And what is tonify?" (Pritzker 2011: 407). She then describes how her teacher urges her not to focus on the words so much, instead guiding her and her classmates to interact directly with the "energetics" of the concepts by taking the herb, prescribing it to friends and patients, and seeing how it is used in different formulas. This teacher thus bypasses the need for precise translation—or standardization—by encouraging her students to create their own embodied definitions for terms.

In yet other classes, teachers are more rigorous with making their students learn the correct translations and meanings of the terms. Like the scholars described above who advocate for term standards, these teachers argue that linguistic accuracy is crucial in developing a strong clinical practice. Some of them even go so far as to insist that the students must learn Chinese in order to truly access the knowledge they need to become superior practitioners (see Emad 2006 for a discussion of the debates surrounding Chinese-language instruction in U.S.-Chinese medicine). In most schools, however, students are exposed to only one-quarter of Chinese language. This often leaves them more overwhelmed with the recognition of how much they do not learn in English, as they begin to get a glimpse into the complexity of the Chinese writing system and linguistic history, not to mention the thousands of texts yet to be translated.

As described above, what it often comes down to is their embodied experience, their *connection* with the terms—whether in Chinese or English. This is often felt as a process of connecting with the "energy" of the concept. As students begin to engage

with terms and ways of speaking more deeply over the course of their study, this embodied experience of meaning and terminology often shifts, sometimes on a daily basis. Students' understanding of terms thus unfolds through constant interaction with teachers, peers, texts, and supervisors, as well as in personal encounters. As they apply the descriptions to their own bodies and those of their families and friends, their learning experiences are not commonly singular or unified. While some students develop a "visceral" connection to meaning as they learn Chinese characters, for example, others grapple with the quest to apply Chinese medical terms to their personal circumstances. Still others seek to memorize textual definitions purely for testing purposes as they plan their competitive careers in acupuncture and "alternative medicine" more broadly. This ongoing process is fundamentally a moral engagement with the material, as the students incorporate Chinese medical terms into their varying notions of what constitutes a "good" practitioner or a "good" person and serves as an example of the ways in which linguistic meaning is intertwined with the social world of Chinese medicine in the West.

Students' perspectives on standardization are complex, textured by the shifting territory inherent in trying to integrate a new language into personal systems of meaning. In this sense, ideas and feelings about standardization are mapped—through multiple specific moments of engagement—onto each person's basic experience of meaning in Chinese medicine. Like the general population in the United States, students resist the notion that such a personal process could ever be mediated by a remote group of "experts." At times of frustration and confusion, however, they crave a coherent, quick gloss for terms that seem to have an endless array of definitions and explanations, none of which are clear in English. As they proceed through the program, they begin to get a sense of how much easier communication between practitioners would become if they all spoke a common language, but they also recognize that something might be lost if such a language were to come at the cost of the multiplicity in translations that gives them a shadowy yet somehow more vivid picture of the richness of meaning in Chinese. In their final years of study, students often come away with a certain ambivalence toward standardization, a recognition of the ways in which it would help, as well as the ways in which it would hurt. But for the American students, with their particular concerns and priorities, the issue is never quite as personal as the process of learning how to *use* language in the effort to become an effective and compassionate healer.

3 Discussion

In the introduction to this article, I located the ongoing debates surrounding the standardization of terminology in Chinese medicine within the broader field of "translation" as a dynamic human process. By mapping four scenarios that make up the various "tensions and resonances," in Haraway's terms, that shape the everyday experience of individuals in the field, I have shown that beyond all of the thickly theoretical debates about translation in Chinese medicine, the reality of the life of language in this diverse field is based on uniquely human engagements with meaning in multiple contexts. So we see in all of the snapshots that language in general, as well as language standardization, is all about relationships—relationships between

individuals, projected or imagined relationships between China and the West, and relationships between a desired other and an experiential self. This vantage point reveals the ways in which language is drawn upon in efforts to control such relationships, as well as to nurture and deepen them.

In each of the above snapshots, I offer a sense of the many ways in which language *matters* in the context of Chinese medicine. I have thus shown that language matters a great deal in efforts to integrate Chinese medicine into the mainstream world health care system, into Westerners' consciousness, and into personal systems of meaning. The multiple, complex arguments surrounding standardization of language in various contexts can be understood not merely as theoretical debates but as deeply human moral dilemmas that involve social actors in webs of interconnected, sometimes overlapping, sometimes conflicting, processes. Transnational power struggles between biomedicine and Chinese medicine, cultural contexts of alternative healing in the West, and personal ideologies of language all play a part in the ways in which standardization is interpreted and enacted. This awareness highlights the truth that language in Chinese medicine is not merely referential. It shows that for everyone involved, "meaning" is contingent, emergent, and highly personal. Terminology standards are experienced as moral entities, precisely because they are linked to so many core notions of what language is, how meaning is captured and explained, how translation is accomplished, if translation is even possible, and what Chinese medicine needs to become in a globalized world.

Such notions are not set in stone and may vary even within individuals and over time within organizations. Priorities are clearly different, sometimes multiple, and not always theoretically compatible. For the members of the WHO-WPR, the priority of integrating Chinese medicine into the world health care system is always looming above the particular priorities of any of the individual actors. And yet such individual priorities nonetheless continue to exist, making the process fraught with tension at times. For certain Americans participating in the Western term debates, freedom is often prioritized. Standardization to many of these individuals implicates outside control of experience, and they resist this. At the same time, the desire for authentic knowledge and clear, open communication is a pressing need that creates ambivalence about standardization in some American students. For many of the Chinese scholars and translators participating in the various Chinese organizations, national pride is a priority—maintaining the right to develop the language for a medicine that is culturally their own. Simultaneously, communication with the West is crucial, and they must also consider the terms that Westerners are actually going to use.

From all of this, we derive a sense of the heterogeneity of the contemporary "moral landscape" in the dialogue about standards in Chinese medicine, an arena in which "one observes a proliferation of types and figures of moral discourse . . . both within collectivities and within individuals" (Rabinow 2008: 79). "Actors," continues Paul Rabinow, "frequently, perhaps always, employ more than one" (79). In other words, individuals draw upon multiple moral categories to navigate their way through complex, changing fields of practice in ways that defy explanation when we are simply focused on theoretical discrepancies such as those between "knowledge and practice, text and context" (Zhan 2009). The only way to approach such a complex field, Zhan writes, is by approaching it "in action." As stated above, in the words of Rabinow (2008: 8), this means stepping in "midstream," recognizing that the individuals and

organizations involved in standardization are simultaneously embedded in multiple moral discourses.

In this sense, it is helpful to think of the process of standardization in Chinese medicine as a prime example of what Mikhail Bakhtin would call "heteroglossia," which he defines as the result of a set of conditions "that will insure that a word uttered in that place and at that time will have a meaning different than it would have under any other conditions" (1981: 428). Within a dialogic framework, "everything means, is understood, as a part of a greater whole—there is a constant interaction between meanings, all of which have the potential of conditioning others" (426). As I stated in the introduction, in the case of Chinese medical translation and standardization, this interaction can be understood as a kind of "translingual practice" wherein "new words, meanings, discourses, and modes of representation arise, circulate, and acquire legitimacy within the host language due to, or in spite of, the latter's contact/collision with the guest language" (Liu 1995: 26). This is especially visible in some of the specific debated terms within standardization, such as in the example of the commonly used "tonify" for 补 *bu* that I have used repeatedly in this article. As a neologism, "tonify" is derived from Western herbal traditions of "tonification" but takes on new meanings as it is applied in Chinese medicine and is learned through interaction with other translations, including "nourish," "strengthen," or "supplement," as well as embodied experience. It even becomes the standard in, for example, the WHO's *IST-WPR* or the WFCMS international standards, whereas "supplement" is the insisted standard in other systems (Wiseman and Feng 1998), and both are used in other lists.

Beyond specific terms, however, the whole web of meanings surrounding standardization, built in and through ongoing and multiple relationships, can also be recognized as a set of heteroglossic interactions, a cascade of translingual practices wherein standardization itself takes on different meanings. Standardization thus becomes approachable through ethnographic methods that appreciate the moving, shifting territory of meaning and recognize language, and medical cultures, as continuously emergent in interaction (Scheid 2002; see also Pickering 1995). Rather than granting us any solution to the "problem" of language standardization (standards are happening, after all, at multiple levels, and there will always be individuals and organizations who both accept and resist them), this view offers us an appreciation for the humanness of it all: the relationships and experiences behind questions (and constantly shifting answers) regarding the implications of standardization, the pros and cons of standardization, the merits of different methods, and the role of governmental agencies. It gives one the awareness of standardization by asking instead why, when, and for whom such implications, methods, and organizations are valid. Standardization is thus witnessed as a series of human encounters—deeply personal, extremely political, overwhelmingly social, and clearly economic.

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