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**The Part of Me that Wants to Grab:
Embodied Experience and Living Translation
in U.S. Chinese Medical Education**

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Abstract In this article, I examine the relationship between embodiment, learning, and translation in the field of U.S. Chinese medical education. Based on data collected over two years of video-recorded classroom interaction and audio-recorded interviews in a Southern California school of Chinese medicine, I present several examples of how specific Chinese terms are interpreted and learned vis-à-vis embodied experience. Analysis of these segments demonstrates that translation does not end with the terms chosen to represent Chinese concepts in texts and other materials, but continues in an ongoing series of encounters in which participants' bodies are intercorporeally engaged with language as they gradually come to understand terms describing aspects of the self, the pulse, and herbal actions. This ongoing process is referred to as "living translation," a notion that bridges linguistic studies of interaction and translation with psychocultural theories of embodiment and individual experience to advance understanding of the day-to-day contingencies of language socialization, translation, and embodiment in the emergent field of U.S. Chinese medicine. [translation, embodiment, experience, Chinese medicine, language socialization, interaction]

Since the inception of the field, psychological anthropologists have been working to define the complex relationship between language and the body. Over the course of this history, language has been seen variably as a reflection of the "unconscious patterning of behavior in society" (Sapir 1985), as a force shaping thought-worlds (Whorf 1956), and as a symbolic resource with which people collectively spin webs of meaning (Geertz 1973). Language has also been shown to reveal cognitive schemas and cultural models underlying intimate embodied emotions and relationships (D'Andrade 1987; Kovecses 2000; Lakoff and Johnson 1980). More recently, phenomenological approaches have rooted language in embodied experiences of being-in-the-world (Csordas 2002:4). At the same time, a focus on interaction highlights the role of language in the socialization of embodied habitus, including emotion and psychopathology (Capps and Ochs 1995), prayer and spirituality (Capps and Ochs 2002; Csordas 2009), and moral responsibility (Csordas 2009; Ochs and Izquierdo 2009). Such work complements the abundance of scholarship in psychological anthropology and beyond that draws attention to the ways in which embodied experience mediates the learning of culture, including language (Rogoff 1995; Yafeh 2007).

Building on this work, in this article I examine the relationship between embodiment, learning, and translation in the field of U.S. Chinese medical education, where English-

speaking adults learn, often through partially or inconsistently translated materials, how to practice acupuncture and Chinese herbal medicine professionally. By showing several ethnographic examples of how specific Chinese terms are interpreted and learned vis-à-vis embodied experience, I demonstrate how embodiment, which some claim can be understood as the “existential ground” (Csordas 1994) of language in general, is also the existential ground of translation practice. In offering these examples, I reveal translation as an extended process by which meanings of terms and concepts are transmitted and transformed across cultural and linguistic boundaries. Often beginning with motivated choices in the authoring of translations, this process I call “living translation” includes conversations within which deciding among linguistic options becomes critical, and chosen vocabulary and phrasal items are integrated into and enriched by a target community.

The notion of living translation is crafted after MacIntyre’s (2007) notion of “living tradition” as developed by Scheid (2007). Scheid, in an exploration of certain forms of practice in Chinese medicine, shows how narratives of tradition, over time and through ongoing interactions and transactions, are both continued and remade into “currents” that flow recognizably through time despite constant renegotiation. Viewing translation through this lens reveals it as similarly ongoing, emerging in multiple acts of retranslation by and for actors variously positioned within their social worlds. Those engaged in translation have varying access to source texts and experience. They create and recreate meaning through narratives and indexical processes that both reproduce and transform elements of the source. Similar to Lydia Liu’s notion of “translingual practice” (Liu 1995, 1999), the notion of living translation also builds on a dialogic view of translation as a complex social and political encounter (Aravamudan 2006; Clifford 1997; Hanks 2010; Montgomery 2000; Rubel and Rosman 2003; Scheffelin 2006; Silverstein 2003; Wadensjo 1998). Living translation, however, also incorporates an emphasis on embodiment and individual experience as participants negotiate translated meanings in interaction.

Embodied experience and felt encounters with other bodies are thus key components structuring the ongoing sense-making activity that is living translation. Gadamer’s notion of “coming to an understanding” as a “fusion of horizons” (2004) provides a theoretical framework within which this embodied aspect of translation can be approached. In Gadamer’s view, understanding is an event, a hermeneutic activity that occurs through dialogue and emerges as participants, each of whom arrives with a complex lifeworld and a host of “prejudices,” develop a shared world in a conversation that simultaneously transforms and creates meaning. Gadamer’s perspective lacks a distinct emphasis on the body as a major factor in this process, but pairing his notion of understanding as a discursively emergent activity with the notion of language as a “surging forth of embodiment” (Csordas 2002:4; see also Merleau-Ponty 1962), it becomes possible to see understanding as contingent on language as an “intercorporeal encounter” (Csordas 2008) in which interaction is firmly rooted in embodied engagement.

In the context of the present article, I argue that the body is one of the major mediums through which meaning is transmitted as students form a working relationship with the

language of Chinese medicine. For U.S. first-language English-speaking students learning Chinese medicine, this means that distinct terms and ways of speaking are understood vis-à-vis embodied explanations that occur in and through ongoing interactions. Such interaction emerges not only because the students are learning specifically about the body, illness, and healing, but also because they are constantly learning in a highly intimate manner as they use their own bodies to diagnose and treat other bodies through palpation, needling, and massage. This everyday practical engagement with their own and others' bodies leads them to adopt the language of Chinese medicine as their own in the sense that Bakhtin refers to as "appropriation" (1981). Prior to this appropriation, the words do not "belong" to the students. It is through embodied learning, occurring in and as conversation with teachers, texts, and peers, that the words become their own. Through these interactions, they develop a "sense" of the word, in Vygotskian terms (Vygotsky 2004), literally populating it with their own embodied intentions and actions. By embedding vocabulary within dialogic worlds, speakers effectively accomplish the living translation of specific terms. Translation is achieved in interactions resembling that between reader and text, where the meaning of texts are not so much pre-given as created in moments of interpretation or "intervention" (Poulet 1969:53; see also Gadamer 2004; Hanks 1989; Iser 1978; Silverstein and Urban 1996; Sterponi 2004, 2007). As with the process of "cultural translation," where the practice of acupuncture "takes root" in the experiences of U.S. subjects and becomes a resource for renewed "bodily meaning-making" (Emad in press), the linguistic translation of Chinese medicine in the context of U.S. schools is equally embodied as students' come to understand specific terms through embodied engagement with their own and others' experiences.

My research for this article draws on data collected over two years of video-recorded classroom interactions and audio-recorded interviews in a southern California school of Oriental Medicine.¹ I include information from video-recordings of the entire first year of the medical theory courses, video-recordings of second-, third-, and fourth-year classes in case management, needling, tai chi (*taiji*), and massage, and audio-recordings of ongoing interviews with students, teachers, and authors in the field. This school, like many of the other 20 or so "Oriental Medicine" schools in California, consists of a four-year Master's program that includes about 1,500 hours of instruction in Chinese medical theory, biomedicine, acupuncture, herbal medicine, massage, and movement therapy. To sit for both the National and State Board licensing exams, students must also participate in an 800-hour internship in a community clinic, usually associated with the school. Demographics at the research site are similar to the general trend for California schools: about 70 percent of the students are Caucasian, 20 percent Asian, and 10 percent are of African American, Hispanic, or Persian descent. About 60 percent of faculty are native English speakers, mostly Caucasian. The other 40 percent of faculty are Asian and first language speakers of an East Asian language. These faculty are mostly trained in Chinese in Chinese and Taiwanese institutions, but also include Vietnamese, Korean, and Japanese trained practitioners. The majority of students are women (about 70 percent), and the age of students ranges from 20 to 60, with an average age of 32. About half of students have worked in the healthcare industry prior to starting school, and about the same number began their studies as a direct result of having a positive personal experience with acupuncture. Most students enter the program with a bachelor's

degree, and pursue full-time study throughout their four years. As a fluent Chinese speaker and a graduate of a similar program, I was able to gain access to the classes, and the moments of translation occurring in students' lives, as a true participant-observer.

Within the school where I conducted this ethnography, all instruction takes place in English, and students are only required to take one quarter of medical Chinese at a point of their own choosing during the course of their studies. For the most part, the students must therefore rely on English translations and compilations presenting Chinese medical theory and practice. These texts, crafted by diverse authors with vastly different social and moral agendas, are often written in different styles and together present variable ways to translate specific Chinese medical terms. At the present time, there is no standard for the translation of such terms, and the English language texts that are available have only limited glossaries, making it difficult to trace many translations back to the original Chinese. Single Chinese terms relevant to the practices taught at this southern California school thus often have multiple English translations, and diverse Chinese terms are often glossed with the same English term. This inconsistency has been the subject of ongoing debates carried out in journals, professional meetings, internet discussion groups, and conferences (Pritzker in press). In these debates, certain individuals and groups argue for the need to standardize English translations of Chinese medicine to provide more accurate clinical information as well as to create a unified and professional field of practice (Ergil and Ergil 2006; Wiseman and Zmiewski 1989; Wiseman 2000; WHO 2007). Others resist standardization out of a concern that such rigidity might limit the transmission of diverse historical meanings in addition to curtailing the freedom of translators in the world of Chinese medicine (Beinfeld and Korngold 2001; Bensky et al. 2006; Buck 2000; Deadman 2000).

For most English speaking students, however, translation debates often seem abstract and removed from the daily business of learning how to practice acupuncture and herbal medicine. Their day-to-day efforts to understand the fundamental knowledge of the Chinese medicine they study and the meanings of the terms employed, in spite of inconsistent translations, constitute their chief priority. Paired with a common ethical sensibility that favors experiential, felt learning over an intellectual engagement associated with language (Van Hoy 2010), one of the major ways students learn Chinese medical concepts thus involves an active embodied search for meaning. Students and teachers therefore often overtly emphasize a "somatic mode of attention" (Csordas 2002:244) in their acquisition of Chinese medical language. Other bodies are always included in this process, invoked through discussion or literally felt in exercises that are designed to assess or treat discomfort. But even as this apparently obvious separation between language and experience is performed into being through exercises that are meant to distance students from abstract definitions and obscure terminology, the entire process nevertheless occurs within the medium of language and interaction, and always leads back to language as words and ways of speaking come to take on meaning.

Below, I offer three examples showing how embodied experience, in concert with interaction, serves as the means for making sense of specific Chinese terms, concepts, and fashions of speaking. The first example shows a first-year student learning how to make sense of a

certain Chinese term for an aspect of the self, resisting official translations and developing his own embodied sense of the term over time through interaction. The second set of examples shows first-year students grappling with the obscure language of pulse diagnosis, learning through teacher-directed activities how to translate pulse terminology into felt understanding. The final example demonstrates how one second-year student copes with the inconsistent and potentially confusing language of herb function, relying on embodied engagement with substances to understand and differentiate the words used to describe the actions of herbs. In each of these examples, felt experience, rooted in the body and emerging through interaction, is the existential ground upon which terms are understood by students and translated into practice. Such translations are not necessarily the most accurate representations of the meanings of terms as they are used in Chinese contexts, often reinscribing a “domestic remainder” on the term (Venuti 2000) that is compounded by the lack of Chinese study and the absence of clear and consistent translations in required English texts. As the examples below reveal, however, the role of embodied learning in the translation of Chinese medicine into English is nevertheless persistent and prevalent, and has a great deal to offer the anthropological understanding of the relationship between language, embodiment, and translation.

Learning the Self

In most traditions of Chinese medicine, the person is comprised of many distinct physical, emotional, mental, and spiritual aspects. These aspects of the self are intimately connected in relationships that root emotional experience in physical sensations and link specific organs to certain ways of being in the world. There are five aspects to the spiritual self, for example, each of which inspires different facets of experience and each of which is intimately tied to a specific organ system. These spirits include the 神 *shen* (spirit), associated with the heart; the 译 *yi* (intellect or reflection), associated with the spleen; the 魄 *po* (corporeal or animal soul), associated with the lungs; the 志 *zhi* (mind or will), associated with the kidneys; and the 魂 *hun* (ethereal soul) associated with the liver. These aspects of the self have proven to be among the most difficult features of Chinese medicine to clearly translate into English. They are the subject of countless attempts, however, as different authors grapple with how best to bridge cultural, historical, philosophical, and linguistic differences in a field that fascinates and draws in the many U.S. students seeking to develop a certain holistic vision of Chinese medicine that heavily favors spiritual and emotional aspects of self (Barnes 1998; Van Hoy 2010).

In the first example, I show how one first-year student, Treavor, takes up this struggle for himself as he grapples with the translation for the aspect of spirit or self termed *po* in Chinese, often translated as “corporeal soul” or “animal soul” (Maciocia 2005; Wiseman and Feng 1998) In their main clinical text, *po* is explained as follows:

The Corporeal Soul (Po) can be defined as “that part of the Soul [as opposed to the Ethereal Soul] which is indissolubly attached to the body and goes down to Earth with it at death.” The Corporeal Soul is closely linked to the body and it could be described as

the somatic expression of the Soul. As the “Simple Questions” says in the passage mentioned above, the Corporeal Soul is close to Essence and Qi. The “Classic of Categories” (1624) says: “The Corporeal Soul moves and accomplishes things and [when it is active] pain and itching can be felt.” This passage illustrates just how physical the Corporeal Soul is. It gives us the capacity of sensation, feeling, hearing, and sight.

[Maciocia 2005:111]

From this translation, we read that the *po* is an aspect of spirit, or soul, that is very much embodied, giving humans the ability to feel and perceive themselves and their surroundings. For Treavor, this linking of “soul” and “body” is a tough leap. Raised a strict Catholic, the meanings associated with the terms “corporeal” and “soul” for Treavor are opposites ripe with the indexical connotations of “physical” and “ethereal.” The terms are thereby inconsistent and make sense only in opposition:²

Treavor: And we get taught that *po* means corporeal soul.
 Sonya: Mmm-hmmm
 Treavor: Those words?
 Sonya: Right.
 Treavor: (2.2) Don't actually mean anything ((laughs))
 Sonya: Corporeal soul, right
 Treavor: Corporeal soul. Does it mean a soul that is corporeal? Well, that's (.)
 Sonya: Foggy.
 Treavor: Internally inconsistent, right? ((laughs))

The translation of *po* as presented in most texts is thereby insufficient for Treavor to understand the term such that he can use it in his own practice and own self-understanding. The explanation he's heard from other expert sources, however, proves more useful:

Treavor: Um, and uh, (1.3) so when I've heard people say things like (2.7)
 That's the aspect of your spirit that gives you the greatest connection
 To the physical world right, when you like,
 When you feel a drive, a drive to eat, a drive to have sex,
 Like that impetus? Is the *po* speaking? in you?
 I, that sinks in and then *po* stops being corporeal soul? In my body,
 And it becomes that feeling, you know,
 So when I use the word *po* I think,
 This is the part of me that wants to grab and latch onto something.

Here, we see Treavor, who has been struggling with the textbook translation that he “gets taught” in class, developing a distinctly visceral understanding of the term in and through his interaction with “people” in the community. These crucial interactions, which define *po* as “that aspect of your spirit that gives you the greatest connection to the physical world” resonate with Treavor and literally “sink” into his own embodied experience. At the moment that this sinking in occurs, *po* is retranslated. For Treavor, it stops being “corporeal soul” and instead is translated directly into a felt sensation of that part of him “that wants to grab and latch on to something.”

This segment offers an example of embodied dialogism in action. The indexical meanings that the words “corporeal” and “soul” have for Treavor, for example, at first prevent him from fully understanding the official, textbook translation that he is given. These constitute his distinct “prejudices” when it comes time for understanding to unfold, and in this case, they stand in the way of clear understanding. However, through conversations he has with other experts, Treavor begins to get a better sense of the term. It is only when Treavor maps or inscribes this sense onto his own embodied experience of wanting to grab and latch onto something that the term really begins to have meaning for him. The translation of the term *po* thus takes on a personal, experiential component in Treavor’s world that would never have evolved without interaction with alternative sources who, with their explanations coupled with his experience, allow him to engage actively and viscerally with the term. In this sense, Treavor’s process demonstrates living translation as an ongoing series of encounters through which meaning is translated in embodied moments of understanding.

Learning the Pulse

The next set of examples derives from a first year, second-quarter class in which a teacher is guiding students to diagnose patients based on the feeling of the pulse. In Chinese medicine, the pulse is one of the major access points that practitioners have to patients’ bodies. An adept practitioner feels the pulse for up to a minute, judging pulse length, size, rate, and rhythm to ascertain the state of a patient’s bodily condition, including their organ function as well as the strength of their illness or disharmony. This comprehensive diagnostic use extends far beyond the utilization of the pulse in biomedicine, where there is a simple focus on pulse rate as an expression of timing of the heartbeat. In Chinese medicine, the pulse is felt primarily at both wrists, where the doctor places his or her fingers on each of six points, each associated with specific organs. Each separate pulse is felt at three or more depths and is also evaluated in concert with each of the other pulses. This complex process yields a “pulse image” or 脉象 *mai xiang* that is usually a composite of a number of commonly recognized pulse qualities. A pulse can therefore be said to be “floating and rapid in the lung position” or “slippery and weak in the spleen position,” descriptions that suggest certain diagnoses when evaluated in concert with other signs and symptoms. The total number of pulse qualities is quite large, but some of the most common include 浮 *fu* (floating), 沉 *chen* (deep), 弱 *ruo* (weak), 迟 *chi* (slow), 数 *shu* (rapid), 滑 *hua* (slippery), 实 *shi* (replete or full), 虚 *xu* (empty or vacuous), 长 *chang* (long), 弦 *xian* (string-like or wiry), and 短 *duan* (short). Each of these includes a complex description and meaning that is often quite picturesque and somewhat opaque. A slippery pulse, for example, is described as “pearls rolling in a dish” or “small fish swimming” (Wiseman and Ellis 1996:119). It can be a sign of pregnancy, phlegm, food accumulation, or an abundance of *qi* and blood, depending on the copresent signs and symptoms (Wiseman and Ellis 1996:119). A wiry or bowstring pulse, is described as “like a bow string about to shoot an arrow” (Li 1981:85) or like the string of a guitar or other musical instrument (Maciocia 2005; Wiseman and Ellis 1996). A wiry pulse usually indicates a disorder of the liver and gallbladder system, but can also be associated with pain or excess phlegm.

In the Chinese medicine school I studied, it is critical for students to learn how to “read” or interpret pulses. For U.S. students, who are highly motivated to reach and affect patients’ deep, authentic, interior self (see Van Hoy 2010), pulse interpretation becomes even more crucial for accessing, and affecting, the core truth of a patient’s condition. As Barbara, the first-year diagnosis teacher seen below, states, “Patients can lie, but the body never does. Patients can be confused, but you get your hands on them and you’ll find out what you need to know.” In this mapping of the body, pulse diagnosis becomes “a privileged practice for bringing the appearance, the felt-sense of depth, into being” (Van Hoy 2010:104). Students must learn how to access this depth, in themselves and others, such that they are able to proceed with treatment efficiently and effectively. To do so, they must cultivate a certain embodied sensitivity that is often, as discussed above, posited as distinct from the intellectual understanding of language as presented in texts.

In the following excerpt, Barbara is teaching second quarter students how to feel pulses for the first time. The students are seated directly across the tables from their partners, and they are about to switch roles as “doctor” and “patient,” as Barbara designates them. Barbara calls attention to their leg positioning in relation to each other, asking them to make sure that their legs are uncrossed “but close enough to the table that you don’t have to reach to take the pulse.” This means, she explains, that some students will have to position their legs such that one partner’s knees are spread wide to encompass the other partner’s legs, or they are alternating. The class giggles with slight discomfort, but Barbara encourages them, moving her own body to demonstrate her point:

Barb: Get yourself in a position where there’s intimacy here.
 ((B undulates her hips and draws her hands towards her repeatedly))
 Because that’s what we’re going to be dealing with now-
 This is a very intimate process.
 ((walks the length of the room between tables where students are positioned))
 Make sure your backs are straight-
 ((turns around and stands up straight))
 You know the position you take when you meditate?
 That’s where you want to be-
 you want to make sure that your pelvis is tilted,
 ((tips her pelvis up, making a tipping motion with her hands))
 that your spine is aligned,
 ((places one hand behind back and draws the other in a pointed motion up her center))
 that there’s that little string coming up from the top of your head at Du20
 holding everything in line.
 ((dangles her pointed fingers above her head))
 Your shoulders are dropped.
 ((walks back the length of the room, turns, and visibly drops shoulders))³

In this segment, Barbara gives detailed instructions to the students about how to position their bodies, telling them, and demonstrating with her own body how to place their back, shoulders, and pelvis. With her instructions as well as her demonstrations, she

guides them into an intimate embodied engagement with one another. She further uses distinct Chinese medical images of the body, namely “that little string coming up from the top of your head at Du20 holding everything in line,” to convey a detailed picture of how she wants their bodies to be aligned. Du20 or 百会 *bai hui* (hundred meetings) is a point located at the vertex of the head where 阳 *yang*, the active, light aspect of body and universe, is thought to converge. The name of the point derives from the understanding that “hundred” in Chinese refers simply to “many,” and thus the point is where many channels converge (Ellis et al. 1989:344). One ancient text further claims that the point “is the meeting place of the hundred spirits” (Ellis et al. 1989:344). The point is therefore a common focus in Daoist meditation and exercises, a fact that Barbara references with her image of the string and her assumption that all of the students take a similar position while meditating. In emphasizing this point, Barbara sets the pulse-taking exercise up as a meditation as well as an intimate and embodied confrontation wherein the students must cultivate a deep knowing of their own bodies in space to read another person’s pulse.

From here, Barbara leads the students through several deep breaths, groaning as she does to encourage similar bodily expression from them. They join in, and with their eyes still closed, Barbara instructs them to slide their fingers down their partner’s arms to place them on the wrist. “You’re going to have your fingers on that wrist for about two or three minutes,” she says, “and during that time, I want you to think about two things.” The first thing to think about, she continues, is “what that pulse feels like”:

Barb: Don’t worry about the words in the book
 ((waves her hands outward slowly and repeatedly))
 We’re not talking about wiry,
 We’re not talking about slippery,
 We’re not talking deep,
 We’re not talking about superficial.
 ((continues to wave her hands outwards and walks the length of room))
 What we’re talking about is it feels like Tigger, bouncing along.
 ((makes rapid bouncing motion with both hands))
 Feels like water bubbling up out of a stream.
 ((lifts one cupped hand up in front of her as she walks))
 Feels like a guitar string.
 It feels like a, ah, an angry bee.
 Just get a description of what it is you’re feeling.

In this segment, Barbara is encouraging the students to form their own impressions of the pulse, divorcing them from the specific words in the book. In urging them to find their own words to describe the pulse, Barbara is asking them to generate a unique language based on their embodied assessment. Her examples, including “Tigger,” “an angry bee,” and a “guitar string” are culturally familiar items that, she suggests, the students might be able to identify with physically, more so than with the esoteric descriptions in the book. This physical and social positioning is key, even as Barbara invokes all the book terms that “we’re not talking about.” In this sense, Barbara is using the notion of direct perception to distance the

students from the words in the book, although the fact that their main text also translates a 弦脉 *xian mai* (stringlike or wiry pulse) as “like a guitar string” demonstrates that Barbara’s tactics are actually meant to enrich the official language of the pulse by repositioning students as the generators of this very language.

Barbara continues to encourage students to focus on their embodied experience of the pulse when she further asks them to think about “not just what you feel in the pulse, but also how you feel in your body.” Barbara then asks students to be prepared to describe their own phenomenological experience during the exercise. She offers them several examples, telling them that they might describe an increasing or decreasing agitation and discomfort as they feel the pulse, or they might describe a specific pain in their neck or feeling of inadequacy. Regardless of what they feel, however, Barbara emphasizes the importance of attending to their embodied experience. “I want you to pay attention to what’s going on in your body,” she says, “because you cannot tell what’s going on in someone’s body until you can differentiate what’s yours and what’s theirs.” With this statement, Barbara promotes the notion of interconnectedness of “doctor” and “patient” in the pulse-taking exercise. Once this interconnectedness, which she terms a “circuit,” is built, then all kinds of feelings, both physical and emotional, can bubble over from one body to the next, creating a fusion of energies that is difficult to peel apart without a constant self-monitoring and self-awareness. In another teacher’s words, this energetic back and forth that develops as the practitioner feels the patient’s pulse can be understood as a “conversation” felt and experienced, at least initially, as wordless.

In Barbara’s class, then, she guides the students into an embodied and self-focused exercise of taking the pulse. Her objective, clearly stated above, is to get them, through this close attention to embodied experience, to generate their own language of the pulse and to develop a certain kind of self-consciousness in the process. In this sense, the language of their conversation about the pulse is first a culturally and phenomenologically generated language of the body. If not an entirely new language, this process makes the vocabulary in texts come alive with felt significance. To understand pulse terms in this context thus means merging them with self-aware, embodied experience. It means being able to name, on one’s own, amorphous sensations of connection with another body. In her listing of all the terms that “we’re not talking about,” however, Barbara reminds students that there is an official language to eventually find one’s way back to.

A continuous dance between the self-generated language of experience and the official language of the texts is therefore performed into being through an exercise intended to help students develop a felt relationship to meaning in their diagnostic practice. The next excerpt demonstrates how one student choreographs this; expertly navigating the perceived distance between experience and language. It is in the same class where Barbara is first teaching pulse diagnosis, and takes place once students have just completed their first few rounds of pulse taking. In this context, they are each given a moment to talk about their experience. Laura, a student, describes how her own experience of taking several pulses led her back to the words in the book that she had trouble understanding before:

Laura: But I also (.)- you know, when you read that book and you can't figure out-
 I was trying to take my own pulse and I said well I don't (.4) see any difference
 ((places hand on her own pulse))
 in the descriptives
 Barb: yeah
 Laura: And when I was taking the pulses of the different people
 ((turns back to look at her partner))
 I could finally realize, well maybe this does feel like a guitar string
 Maybe this does have those descriptives
 That word in the book I could never figure out why
 Barb: Well, that's why I don't start with the words
 Laura: Right.
 Barb: Because the words get in the way.

For this student, the “descriptives” in the book didn’t make sense when she felt her own pulse. When she was feeling pulses in class, however, she began to make sense of some of the translations she’d read. The embodied class exercise thus offered Laura a revelation, an eye-opening experience where language that “never” made sense before suddenly merges with her experience, coming alive in the process. Within this fusion, she begins to be able to differentiate certain pulses, saying that “maybe it does feel like a guitar string.” Her choice of this particular description is notable, especially because prior to the first pulse exercise, Barbara used “guitar string” as an example that might be generated from the student’s own experience of the pulse, separated from the book translation of a *xian mai* as like a guitar string (Maciocia 2005). The fact that Laura begins to feel a strong identification with the sensation of a “guitar string” pulse, however, not only corroborates Barbara’s perspective that “the words get in the way” but also it confirms for both Barbara and Laura, as well as the other students listening, that the experience often does lead back to the words in the book. Barbara interrupts Laura to make this precise point:

Barb: You know, when you can drop the words out of it
 And just be present to what's happening and
 And use your own words to describe it
 Then you have a chance of making sense of that other stuff.
 So yeah.
 Laura: It clarified things.
 Barb: That's a good thing to learn.

In this segment, Barbara explicitly states her conviction that “dropping the words out of it” or removing oneself from the official language of the texts is the first step in a process that includes becoming present, finding your own words, and eventually making sense of the words in the book. In Barbara’s class, then, students’ embodied, active learning experience becomes a site for understanding the nuances of the pulse, an occasion for the merging of official and embodied language. In this sense, the language of the pulse literally becomes part of the students’ “bodily equipment” (Merleau-Ponty 1962:210) as they cultivate a certain embodied sense of ownership of the material. This “appropriation” (Bakhtin 1981; Rogoff 1995) occurs as an ongoing communicative set of events in which pulse terms become so much a “part of the doctor,” as Barbara explains, that over time and feeling many pulses, the

students become able to immediately apprehend a person's physical condition from merely feeling the pulse. The students, here, learn to associate bodily experience with words and verbal expressions that critically impact the way such expressions are translated.

Students are instructed to pay attention to their embodied experience to understand the obscure language of pulse diagnosis in Chinese medicine. The explanation and understanding of such Chinese medical terms involves a fusion of horizons in which language, and therefore meaning, are made one's own through embodied experience. This happens in interaction as students are socialized into the specific terms of Chinese medicine. In terms of living translation, worlds of meaning linked to specific terms are created in an embodied dialogue that occurs through the medium of bodies in contact. The "initial" acts of translation that occur in texts are therefore enriched as terminology becomes embedded thusly within speakers' worlds. It is only once Laura feels it to be true that the translation of *xian mai* as a "like a guitar string" takes hold for her in a form that constitutes an act of understanding through meaningful translation.

Learning Herbs

The canon of Chinese medicinal herbs includes thousands of substances, mostly plant based but also including animal parts and some minerals as well, all generally referred to as "herbs" in English.⁴ These substances are prescribed to patients based on their diagnostic profile. In cold conditions, warming medicinals are given. In hot conditions, cooling medicinals are given. In conditions of repletion or excess, dispersing or down-bearing substances are given, and in conditions of weakness or vacuity, nourishing or "tonifying" substances are given. Within these general categories, specific substances are chosen based on the distinct trajectory of each. So, for example, for pathologies in the spleen, substances that are understood to "go to the spleen channel" are prescribed. Each substance thus has distinct "properties," including temperature and trajectory as well as specific functions. 人參 *Ren shen* (ginseng), for example, is considered sweet, slightly bitter, and slightly warm, and it enters the lung and spleen channels. Its functions include the "tonification" of the vital substance qi, as well as "strengthening" of the spleen and "tonification" of the lungs, among other things (Bensky and Gamble 1993:314). Students, for the most part, have to memorize all of these properties and functions for hundreds of herbs. Not only are they tested repeatedly on such details throughout the course of their study but also they need to know them intimately for clinical practice as they combine herbs and other substances into formulas for patient consumption.

In the introduction, I discussed the ways in which a lack of standardization has led to an overall inconsistency among texts that translate Chinese terms differently. This also commonly occurs within single texts as authors use terms inconsistently. Particularly when students do not have access to original terms in Chinese, this can generate confusion. One case in which this often occurs is with the differentiation of the terms *tonification* and *nourishment*, both used to describe herbs that benefit aspects of the body. Presumably, *tonify*

is a translation for the Chinese term 补 *bu*, also translated as *supplement* (Wiseman and Feng 1998). As an English language neologism, *tonify* likely derives from the use of the term “herbal tonic” to describe traditional Western formulas that “tonify” specific organs and bodily functions. *Nourish*, however, is a translation for the Chinese term 养 *yang*. Although some sources underscore the fact that nourishment is distinct from supplementation or tonification in the sense that supplementation “restores strength” and nourishment “enriches and moistens” (Wiseman and Feng 1998), the main herbal text used in the school does not make this distinction explicit. When it comes to learning when to prescribe herbs that are described as “tonifying” or “nourishing,” then, students often ask about the differences between these actions. Samantha, a second-year student, describes how the issue emerges in class:

Sam: In here, we're talking in English, and we're getting these translations
That are like kind of haphazard.
They're not fully consistent, and so- and we get very caught up in that,
And like, oh, what is *nourish*? And what is *tonify*?
And duh duh duh duh . . .

Here, Samantha notes the “haphazard” translation of terms in their texts, at first not referring to any particular set of terms. As an example, she brings up the distinction between *nourish* and *tonify*, extending this with “duh duh duh duh” to indicate that these are not the only terms where this confusion arises. Samantha goes on to describe how her teacher, Lisa, a Euro-American who reportedly understands some Chinese, addresses this problem:

Sam: And like, Lisa says these are different in Chinese concepts,
But like, for your purposes in learning this right now,
Like don't worry so much about oh, does this one nourish or does this one tonify

Using quoted speech, Samantha explains that, while Lisa does acknowledge that they are different in Chinese, she tells them not to worry about those differences for their present purposes. Instead, she encourages them to engage with the substances themselves, literally eating them, prescribing them, and watching what happens when they are ingested:

Sam: Like understand the energetics of the herbs, and that will be clear to you.
Like, it's not about focusing on, like, those- on the words of that.
Which I understand, makes sense to me, you know.
Like you learn the herb, you, you know, develop- after some time,
You use the herb, you see how the herb is in the formulas,
And you see what kinds of things you use it for,
and you're like OKAY, I understand.
This herb nourishes. Like I get that. Whatever.

In this excerpt, then, Samantha is explaining how meaning is apprehended directly, through engagement with “the energetics” of a specific substance. Even for a teacher who does speak some Chinese, and could perhaps explain the distinction between 养 *yang* (nourish) and 补 *bu* (tonify or supplement), this embodied engagement is the preferred strategy for connect-

ing students to core meanings. Embodied connections with the herbs are thus used as a tool for dealing with inconsistent and confusing translations, turning the difference between nourishment and tonification into a felt distinction, an embodied energetic. In terms of living translation, the meaning of the terms 养 *yang* and 补 *bu*, translated inconsistently in the texts, are translated into the dialogic world of English-speaking users as they engage directly in an embodied conversation with substances over time, with other bodies as they see the substances working, and with other texts as they see them included in various formulas. The translated language of herbs, as with pulse terms, thus emerges directly out of embodied interaction, and it is only after this ongoing embodied interaction continues for some time that translated terms begin to make sense. Although it would be desirable for a strict learning of the Chinese medical system to also require students to learn the distinctions between terms as they are used in Chinese, this embodied aspect of translation is essential, occurring despite inaccuracies of translations at the level of their required texts.

Concluding Remarks

At the outset of this article, I posed the question of the relationship between language and the body. Building on work that locates this relationship in an embodied habitus that develops in and through language and interaction (Csordas 2002; Merleau-Ponty 1962), as well as through scholarship that approaches translation and understanding as an ongoing, dialogic event (Aravamudan 2006; Clifford 1997; Hanks 2010; Montgomery 2000; Rubel and Rosman 2003; Scheffelin 2006; Silverstein 2003; Wadensjo 1998), I have shown this intimate relationship unfolding in the context of U.S. Chinese medical education in southern California. Through a series of examples showing “living translation” as accomplished in interactions that hinge on embodied engagement with meaning, I show translation to be an “interactional achievement” (Schegloff 1995) or a “fusion of horizons” (Gadamer 2004) in which embodiment serves as the “existential ground” (Csordas 1994) for understanding. This fusion is ongoing, occurring in moments of reflection as well as action, and always involving other bodies and other materials, including herbs, texts, and acupuncture needles, in the process. The encounters within which living translation takes place can therefore be conceived of as “intercorporeal” in the sense that, as noted in Csordas (2008:119), “being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies” (Weiss 1999:5). Meaningful language that emerges out of such encounters, in this case the translated language of self, pulse terms, and herb functions is likewise intercorporeal, lodged deeply within the embodied habitus and dialogic worlds of U.S. Chinese medical students.

Within this ongoing process, threads of original meaning are teased out and transformed into embodied sensations that may or may not entirely overlap with the technical sense of the terms in a Chinese context. In this way, embodied translation constitutes the writing of a “domestic remainder” on the language of Chinese or Oriental medicine (Venuti 2000). Such a remainder infuses the terms, whether kept in Chinese like *qi* or *po* or translated like *wiry* or

tonify, with a felt sense of meaning, a thoroughly embodied appropriation (Bakhtin 1981) that remakes the foreign into the familiar. This kind of appropriation, as many scholars have noted, is arguably not the fairest way to accomplish translation of Chinese medicine, especially when participants do not learn enough Chinese to have a balanced sense of a term in its original informational context and dialogic circumstances (see Unschuld 2009; Wiseman 2000). In fact, this lack of attention to the source highlights the truth that complex social relations do not “fall away into an egalitarian utopia” just because translations are accomplished in interaction (Ochs and Jacoby 1995:178). However, even if students are required to learn more Chinese, a process that as a Chinese speaker and Chinese medical language teacher I unhesitatingly support, the embodied engagement with terms will persist as original meanings too carry embodied significance. In fact, engagement with the felt sense of meaning may even increase as students work to digest the historical and cultural significance of specific terms. For now, however, the day-to-day living translation of Chinese medicine in U.S. schools exists as an ongoing coconstruction rooted in interaction and the body, in the context of inconsistent translations in texts and participants’ limited Chinese study.

There are several broad conclusions that can be drawn from this study, each of which contributes to the ongoing scholarly conversation about language, embodiment, and culture in psychological anthropology and beyond. First, living translation as embodied interaction is “an embodied account of language” (Csordas 2002:74) as students are socialized, through interactively emerging embodied experience, into the meanings of words in Chinese medicine. This not only confirms the theoretical link between language and embodiment but also fleshes this link out with ethnographic data showing how the relationship develops in day-to-day interaction. Second, living translation as demonstrated here not only confirms the dialogic nature of translation but also adds the crucial dimension of embodied experience, infusing the discussion of translation in linguistic anthropology and cultural studies with insights from psychological and medical anthropology. Finally, in showing the way specific Chinese terms are understood in day-to-day interaction, I use the data presented in this article to highlight the socially located, uneven nature of cross-cultural transmission, thereby complementing scholarship on the translation and globalization of Chinese and other Asian medicines (Adams 2002; Barnes 1998, 2005a, 2005b; Emad in press; Hare 1993; Ho 2006; Langford 2002; Reddy 2002; Van Hoy 2010; Zhan 2002, 2009). Together, these summary conclusions and the details of how particular Chinese terms are translated emphasize the interconnectedness of self and other in the interplay of language, embodiment, and translation across cultures. To understand translation in the context of daily practice, then, I argue that it is necessary to examine its living expression in day-to-day interactions grounded in embodied experience.

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Notes

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1. This study was approved by the UCLA Office for the Protection of Research Subjects IRB# G06-07-045-11A
2. Throughout this article, the following transcription conventions will be followed: the length of pauses are indicated in parentheses, with (.) indicating minute pauses. Underlined words indicate accentuated speech. Actions are indicated in ((double parentheses)).
3. Du20 is an acupuncture point at the crown of the head.
4. The designation of all Chinese medical substances as “herbs” may be related to what Unschuld (2009) recognizes as a misguided perception among U.S. students that Chinese medicine is always natural and innocuous.

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