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**Investigating the Translation of  
Metaphors Used in Diagnosis and  
Treatment in Chinese Medicine Classics  
*Neijing and Shanghan Lun***

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## Acknowledgements

“Why cannot the translator just lose all the metaphors?” This was my first complaint when I was given an English translation of *Neijing*. I could understand that translating such an ancient classic was likely to present difficulties, but I had a hard time simply understanding the text: the English translation contains a great number of strange metaphors which do not make much sense for a book on medicine. I used to think of metaphor as a decorative device in language, that should be omitted in a non-literary translation. But not long after, I started reading George Lakoff and Steven Pinker. Their theories made me realise the power of metaphorical language: how it can influence people’s perception of unfamiliar events. There must be a reason if a metaphor is still widely used after such a long time, as is the case with those used in traditional Chinese medicine (TCM). What purpose do these metaphors serve in expressing the practice-related knowledge and how can we deliver such knowledge to a broader audience? The combination of metaphor translation and the venerable age of the TCM classics is very challenging. Fortunately enough, with the help of my teachers at Xi’an Jiaotong University (XJTU), I found a wonderful principal supervisor who helped organise a supervisory panel consisting of two translation experts and two TCM experts, offering me their guidance all along this journey.

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## Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.



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Yanmei Liu

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## List of Abbreviations

ST	Source Text
TT	Target Text
SL	Source Language
TL	Target Language
SC	Source Culture
TC	Target Culture
CMT	Conceptual Metaphor Theory
TCM	Traditional Chinese Medicine
WHO	World Health Organization

### A note on the use of Chinese characters, words and pinyin

1. Pinyin is used in this thesis; exceptions apply only to quotations where they may retain their forms in Wade-Giles system.
2. Only proper names are capitalised, and spacing is used between Chinese words, not characters.
3. Translations are presented as they are in the books. Misspelling or typos are remained.
4. Words written in pinyin (but not proper names) are italicised in the main text. For frequently used words, they are italicised only the first time.
5. Chinese words are presented in the order of pinyin, Chinese, and English translations. English translations are provided only the first time a term occurs
6. Unless otherwise stated, English TCM terms used in this thesis are taken from the *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* and *International Standard Chinese-English Basic Nomenclature of Chinese Medicine*.

## Abstract

The language used in Traditional Chinese Medicine (TCM) depicts a world of human physiology, pathology, diagnosis and treatment, in which metaphors serve as an essential vehicle for readers to understand fundamental but often abstract concepts in TCM. While previous work has investigated strategies for translating the TCM classics, the metaphors used to describe diagnosis and treatment and their English translations are critical in understanding TCM, and require a more systematic exploration. This study investigates the diagnosis- and treatment-related metaphors selected from two TCM classics, *Neijing* and *Shanghan Lun*, and their English renditions by translators from different professional backgrounds. The thesis also focuses on the analysis of the effectiveness of different translation strategies in delivering pertinent health-related information conveyed by the metaphors of the original texts.

A multidimensional framework that combines a conceptual approach with linguistic and cultural elements was established to capture the complexity of the metaphors, particularly from the perspective of translation. According to the theories of cognitive linguistics and its sub-discipline Conceptual Metaphor Theory (CMT), metaphor is not just an ornament of language but a fundamental part of human thinking. It proposes that we understand abstract concepts in a target domain by mapping them to concrete items from a source domain (Lakoff & Johnson, 1980; Gibbs, 2011). Translators, if they are to achieve a cognitive equivalence, need to have a thorough understanding of the meanings mapped in the original language before they move on to re-express them in the target language.

The linguistic metaphors in this study were first identified from a purpose-built corpus using a CMT-based metaphor identification procedure adapted from Steen (2010). Following the conceptual metaphor inference procedure developed by Steen (2011), various conceptual

metaphors were inferred from the linguistic metaphors. Corresponding English translations were also collected to investigate which translation strategies have been used and which strategy can most effectively deliver the health-related information conveyed by the metaphors. Four main strategies were employed in the English translations: 1) equivalent mapping, by which the source domain is retained; 2) using a simile to translate a metaphor; 3) direct narrative equivalence, which abandons the metaphor and narrates the medical knowledge directly; and 4) complemented equivalent translation, whereby the metaphor is explained with additional content. From the perspective of conveying health-related knowledge, equivalent mapping was effective for metaphors universally understood by Chinese and English readers. For culturally specific metaphors, especially when the metaphor relates to an important TCM concept, complemented equivalent translation, which can reconfigure the cognitive context for the reader, was most suitable. For metaphors not related to important concepts, direct narrative equivalence was found to be effective.

This study is the first of its kind to establish a systematic approach to identifying linguistic metaphors and inferring the conceptual metaphors used in TCM discourse. Further, it is the first to investigate the translation of the conceptual metaphors used in diagnosis and treatment. The implications and significance of the study are three-fold. Firstly, the development of methods for linguistic metaphor identification and conceptual metaphor inference for TCM discourse provides useful methodological direction for future researchers in similar areas. Secondly, the cognitive perspective adopted in this study deepens our understanding of TCM metaphors by revealing the functions of various types of metaphors. Thirdly, the analyses in this study offer insights into, and guidance for, the future translation of TCM metaphors through its comparison of the effectiveness of different approaches to translation.

## Chapter 1 Introduction

The TCM classics *Huangdi Neijing* 黄帝内经 (Yellow Emperor's Inner Classic, also known as *Neijing*) and *Shanghan Lun* 伤寒论 (also known as On Cold Damage) are two of the four great classics of traditional Chinese medicine (TCM). The *Neijing* contains two volumes, *Suwen* 素问 (Plain Questions) and *Lingshu* 灵枢 (Spiritual Pivot). Together with another great classic *Nanjing* 难经 (Classic of Difficult Issues), they form a seminal trilogy of TCM and constitute the theoretical foundation of a two-thousand-year healing tradition that remains active today (Ye & Dong, 2017). On the other hand, it is to the practice of Chinese medicine that *Shanghan Lun* makes its most celebrated contribution (Jiang, 2015).

Among all the classics in Chinese medicine, *Neijing* and *Shanghan Lun* are the most frequently translated. A search of the existing literature shows that between 1925 and 2019, *Neijing* and *Shanghan Lun* have been translated, in part or in their entirety, into twenty-six and nine English versions, respectively. It has also been observed that these translations have been influenced by the professions, nationalities and cultural backgrounds of the translators (Ye & Dong, 2017).

However, these translational activities have not resulted in a widely accepted standardisation of TCM terms (Ye & Dong, 2017). Some researchers suggest that a preferred English nomenclature should be a glossary that contains English words or phrases corresponding to key Chinese terms and explanations (Ye & Zhang, 2017). Ye and Dong (2017) assert that translating TCM terminology should abide by certain principles, with a focus on either scientific and technological accuracy, or, otherwise, the form of the original text.

A great challenge in producing an ideal translation of the TCM classics lies in the metaphorical nature of their language. Metaphors exist in great abundance in all aspects of



TCM (Jia, 2009). Many studies on TCM translation have focused on how much equivalence is achieved at the level of individual words, but this can often be at the expense of the comprehensibility of valuable health-related information (Xie, 2000; Xie et al., 2005; 2006). Such issues are prevalent in the translation of TCM metaphors and can cause misunderstanding, resulting in the loss of meaning in diagnostic and treatment descriptions (Unschuld, 2010). A further difficulty arises from the fact that translators have come up with different translations for the same metaphor, and these often tend to bear little resemblance to each other. For example, native English-speaking TCM students and practitioners would find it difficult to comprehend “wiry pulse”, “bowstring pulse”, and “string-like pulse”, all referring to the same term *xuanmai* 弦脉 (Deng & Ergil, 1999).

Improving the translation of TCM metaphors must be grounded in a rich and robust understanding of metaphor. The rhetorician Richards (1936; 1965) described metaphor as having two parts: tenor, the subject to which attributes are ascribed, and vehicle, the object whose attributes are borrowed. Other scholars have employed “ground” and “figure” to denote the tenor and the vehicle (Arnheim & Meyer, 2009). In exploring metaphor translation, Newmark (1988, p. 105) introduced the concepts of image, object and sense. “Image” is the picture conjured up by the metaphor; “object” refers to what is described or qualified by the metaphor; “sense” is the resemblance or the semantic area overlapping object and image.

Cognitive linguists have developed their own “Conceptual Metaphor Theory” (CMT), in which one of the central concepts (and of cognitive linguistics more broadly), is that of embodiment. Our experience is embodied in and determined by the nature of our biological reality and the physical environment with which we interact (Evans, 2006). The embodied

experience has many consequences for cognition, since it underpins our ability to discuss the reality we believe in, and associated concepts (Evans, 2006, p. 46).

In CMT, the roles of tenor and vehicle are undertaken, broadly, by the terms “target domain” and “source domain”, respectively (Lakoff & Johnson, 1980b; 2003). The conceptual domain from which we draw metaphorical expressions to understand another conceptual domain is called the “source domain”, and the conceptual domain that thus becomes better understood is the “target domain”. The conceptual correspondence between the target and source domains is called “mapping”. Metaphor is thus defined more deeply as “a cross-domain mapping in the conceptual system”, which, most critically, is distinct from individual instances of metaphorical expression, the latter being “a linguistic expression (a word, phrase or sentence) that is the surface realisation of a cross-mapping” (Lakoff, 1993, p. 2).

The cognitive perspective on metaphor has already been introduced as a way to understand TCM metaphors and how to translate them in the areas of acupuncture (Jiang & Zhang, 2015a), aetiology (Xie, 2012), emotion (Pritzker, 2007), pulse (Liang & Lan, 2014), and for the treatments of diseases of the spleen and stomach (Yang & Jia, 2012). These studies have demonstrated that TCM notions exhibit the features of embodiment and the importance of translators achieving equivalence on the cognitive level rather than focusing solely on the linguistic aspect.

However, researchers in TCM metaphor studies often differ as to what constitutes a metaphorical word or phrase and rarely discuss the basis upon which they have categorised the metaphors they encounter (Gu, 2011; Lin, 2014; Xie, 2012). The translation tactics they recommend are usually based on specific examples and not necessarily meant to be applicable to other metaphor translation practices. The lack of clarity around what counts as a metaphor also makes it challenging to compare different analyses. Therefore, it has been proposed that

corpus-based studies that embrace the distinction between the conceptual and realised levels of metaphor can provide a more systematic understanding of metaphor identification and categorisation (Deignan, 2005).

A consistent and unambiguous categorisation of metaphorical expressions used in diagnosis and treatment in the classics *Neijing* and *Shanghan Lun* can offer insights into such issues. The perspectives of CMT help the researcher to identify the deeper mechanisms underlying the construction of individual metaphors, and thus facilitate the comparison of the translation choices made by different translators. By focusing on the medical knowledge encapsulated in the metaphors, the relative effectiveness of various translation strategies can also be discussed. Given that TCM terminology relies so heavily on metaphor, the CMT-based approach should also enable a significant contribution to the broader discussion of the standardisation of TCM terminology in English.

The study is structured in the following way:

Chapter Two has three parts. The first part provides the historical background of TCM transmission to shed some light on misconceptions regarding the translation of metaphors in TCM classics, especially in *Neijing* and *Shanghan Lun*. The second part provides an overview of different theories in metaphor research, which leads to the scope of this research: to study metaphors in the discourse of TCM diagnosis and treatment. The third part reviews some important topics in metaphor translation and discusses the cognitive application of translating metaphors in TCM. Some advantages and disadvantages of commonly used translation strategies are discussed.

Chapter Three introduces the development of Conceptual Metaphor Theory (CMT) and some of its fundamental concepts, as well as the main criticisms of CMT. The chapter then reviews the descriptive and prescriptive research on metaphor translation. The notion of

equivalence and its taxonomy, from the perspective of translation studies, are also discussed to shift the focus of metaphor translation from finding linguistic equivalents to reaching equivalence on the conceptual level. The importance of culture in the analysis of metaphor in translation is highlighted. Metaphor identification procedures will be introduced to provide a basis for the methodological approaches used in this study.

Chapter Four presents the research questions in relation to the categories of conceptual metaphors used in TCM diagnosis and treatment and to the relative effectiveness of different translation strategies, in terms of delivering health-related information. It describes the methods used to answer the questions, including the criteria used to choose the original texts and the target texts, the adapted linguistic metaphor identification procedures, the corpus management tool used in this study, and the methods used to infer conceptual metaphors from linguistic metaphors and then categorise them.

Chapter Five reports on the quantitative and qualitative analysis of the specialised corpus of TCM diagnosis and treatment built for this study. It provides an overview of the identified linguistic metaphors, followed by the related quantitative analysis. The corresponding conceptual domains of the metaphors identified are generalised and categorised. This is followed by a detailed qualitative analysis of conceptual metaphors in various types of source domains. The function of each conceptual metaphor is discussed with linguistic expressions.

Chapter Six compares the translations of each conceptual metaphor identified in the specialised Chinese corpus and discusses the effectiveness of various translation tactics in delivering diagnosis- and treatment-related knowledge. Translators from different backgrounds are also examined to see how differently they address conceptual metaphors, especially for those terms that use culturally specific metaphors. The thesis ends in Chapter

Seven by discussing the implications that can be drawn from the study, as well as its limitations.

## **Chapter 2 Literature Review**

TCM knowledge is deeply rooted in the TCM classics, and the language of these texts is fundamentally metaphorical (Gao & Li, 2016; Lan, 2015). Translating the metaphors in these texts has been a major obstacle to standardising the nomenclature used to transmit TCM in English. In this study, metaphor is approached from the point of view of Conceptual Metaphor Theory (CMT) and is broadly defined as a cross-domain mapping (Lakoff & Johnson, 1980b; 2003). This definition also encompasses what is traditionally referred to as analogies. This chapter will begin by investigating the historical background of TCM transmission to see which TCM classics have been brought to the West, after which the current progress of TCM translation will be discussed, with a focus on cognitive approaches to the understanding of metaphor.

### **2.1 TCM Transmission and Translation**

This section reviews the history of the transmission of TCM into the West, the role classical texts play in this process, and the main features of the classics that have been translated. In recent years, organisations such as the World Health Organisation (WHO) have initiated efforts to unify the English nomenclature of TCM, but these efforts have not been without problems.

#### **2.1.1 An Outlook of TCM**

Complementary medicine has long been an important part of the Western medical service system, and Chinese medicine is considered to be one of its crucial branches (Chen et al., 2007; Eisenberg et al., 1998). Having developed over two thousand years, TCM is the product of the medical practices of the Chinese nation (Gao, 2013). A novel understanding of the body emerged between the second and the seventh centuries BCE, holding that natural

causes were responsible for both health and sickness, and as such, mastery of the natural laws would reveal cures and help restore the body to health. Later, these views formed the basis of medical practice in China, and the selected traditional elements of Chinese philosophy and practice were organised into what was called *zhongyi* 中医 (Chinese medicine), which includes acupuncture and moxibustion, herbal medicine, cupping therapy, massage, qigong, dietary therapy, and so on (Stanley-Baker, 2022; Lei, 2014). While starting to translate manuals into English in the 1950s, the Chinese decided to translate *zhongyi* as “Traditional Chinese Medicine,” the obvious intention being, according to Scheid (2002), to generate a certain perception of Chinese medicine in the West. This term soon became widespread and was used as the model when translating *zhongyi* into other Western languages (Marié, 2011).

The TCM system has remained in constant use for over two thousand years and has withstood the impact brought about by the rapid development of Western medicine since the 19th century and is still part of a mainstream medicine in China (Li & Lin, 2000).

The main content of TCM can be divided into basic theories and clinical practice. The former includes the theories of, or pertaining to, *zangxiang* 藏象 (visceral manifestation), *yinyang* 阴阳 (yin and yang), *wuxing* 五行 (five phases), qi, blood and fluids, preservation of health, meridians, physique, aetiology and pathogenesis, syndrome differentiation, diagnosing principles, treating principles, Chinese materia medica, acupuncture, and moxibustion (Gao, 2013).

Clinical practice is the application of the theoretical concepts to the diagnosis and treatment of diseases. TCM diagnosis refers to “The process of combining the internal relationships and the signs/symptoms, to arrive at differentiation of the pattern. In this process, the four examinations, the eight principles and other methods of pattern identification are used”

(Deng & Ergil, 1999, p. 163). TCM treatment is understood as follows: “Knowing the pattern, one formulates the professionally appropriate treatment principles, and these principles should take one immediately to the right category of formulas and medicinal for the patient” (Flaws & Finney, 1996, p. 6). In this study, these two definitions provide the criteria used to select the source text (ST).

In TCM, modern practitioners believe treating a disease is to treat the patterns (Flaws & Finney, 1996). The patterns of a disease express four core aspects of disease development: its *bingyin* 病因 (cause of disease), *bingwei* 病位 (location of disease), *bingji* 病机 (onset and progress of disease), and *bingxing* 病性 (nature of disease) (Gao, 2013). Each of these reflects the nature of disease not in some abstract, generalised form but its concrete and specific manifestation. As expressed by Bohua Kong (1885-1955), one of “Beijing’s four Great Doctors”, a TCM practitioner can understand the patient’s disease only if, while investigating the patterns, he sees the patient as a whole (Scheid, 2002, p. 201). This characteristic of TCM is one important way in which it is distinct from modern medicine.

## **2.1.2 The Importance of Classics in TCM Transmission**

### *2.1.2.1 TCM Transmission: From China to the West*

The transmission of TCM to other parts of the world coincided with the prosperity of the Tang and Song dynasties (7th to 10th century). Subsequently, in much of Asia, it became the main system for therapeutic theory and practice (Fu, 2016). Various aspects of Chinese medicine also reached Europe over the course of more than three centuries, initially introduced, in the 17th century, by Jesuits, and doctors of the Dutch West India Company. From the middle of the 19th century, diplomats working in China joined this endeavour, in particular George Soulié de Morant, who introduced acupuncture to France at the beginning of the 20th century (Yang et al., 2016). The first Western book to mention the use of TCM



is *De Christiana Expeditione Apud Sinas* (On the Christian Mission Among the Chinese) by the Italian Jesuit, Matteo Ricci, published in 1615 in Augsburg (**Figure 2.1**).

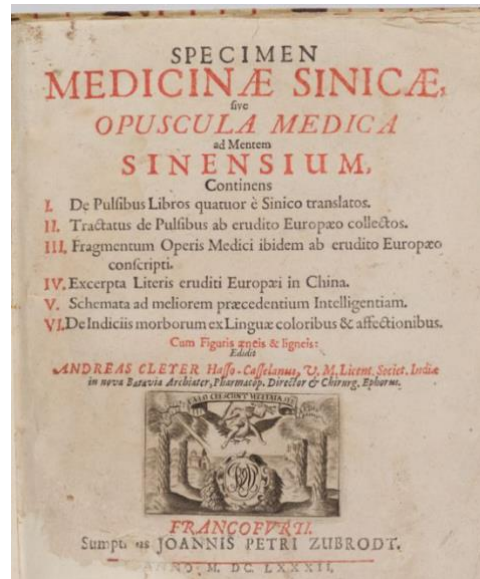
**Figure 2.1** *Front Page of De Christiana Expeditione Apud Sinas (On the Christian Mission Among the Chinese) by Italian Jesuit Matteo Ricci in 1615, the First Western Book to Mention TCM*



The first remarks on moxibustion in the West were found in letters and reports from Portuguese missionaries in sixteenth-century Japan (Michel, 2005). Hermann Buschoff, who published the first book in the West on this matter in 1674 (English edition 1676), blended “moxa” (a Japanese word for “burning herb”) with the Latin word “combustio” (burning) to form the word moxibustion. Jesuit missionary Michal Boym was the first European to write books on Chinese medicine. His works, *Clavis Medica Ad Chinarum Doctrinam De Pulsibus* (The Medical Key to the Doctrine of the Chinese on Pulses) and *Specimen Medicinae Sinicae* (A Look at the Medicine of China), were compiled by Andreas Cleyer after the author’s death and published in Frankfurt in 1680 and 1682. The *Specimen Medicinae Sinicae* was the first illustrated book on Chinese medicine published in the West (see **Figure 2.2**). The two books contain an overview of Chinese medical practices, including acupuncture and meridian theories, semiology of the tongue, 289 descriptions of Chinese pharmaceuticals

and their uses, and an important translation of a treatise on pulse diagnosis by Shuhe Wang from the Ming dynasty (1368-1644 CE) (Yang, 2016).

**Figure 2.2** Title Page of *Specimen Medicinae Sinicae (A Look at the Medicine of China)* By Michal Boym in 1682, the First Illustrated Book on Chinese Medicine Published in the West



Although acupuncture acquired some popularity in Europe at the beginning of the 1800s (Niu, 2004a), it is only part of the Chinese medical system. Only in the past few decades that the Chinese medical system has begun to expand in the West (Marié, 2011). In the early 1970s, the study of Chinese medicine became established in the UK and encompassed much more than just acupuncture and herbal treatment (Hill, 2019). Other TCM topics like philosophy of health maintenance, mind-body connection, and the problem of qi have been brought into discussion by the translations of classical medical texts of *Neijing* and *Nanjing*. In Australia, the *Chinese Medicine Registration Act 2000* was passed in the state of Victoria in 2000. It marked the first legislation concerning TCM in a Western country (National Academic Standards Committee for Traditional Chinese Medicine et al., 2001). The National Registration and Accreditation Scheme was established in 2010 and operated by the Australian Health Practitioner Regulation Agency (AHPRA) (Chen, 2017). According

to statistics published by AHPRA, as of 2020, there were 4,889 registrations in Australia (Chinese Medicine Board of Australia, 2020).

In recent years, support from the Chinese government to promote TCM has been stronger than ever (Zhou, 2017). China so far has established 26 TCM centres overseas. Since the Chinese government published *Traditional Chinese Medicine in China* in 2016, there has been a new surge in TCM studies and dissemination (Fang & Wang, 2016). Currently, TCM practice has spread to over 183 countries and regions (Zhang & Ren, 2019).

#### 2.1.2.2 *The Four Great Classics of TCM*

The most well-known and used TCM classics are *Huangdi Neijing* 黄帝内经 (The Yellow Emperor's Internal Classic), *Nanjing* 难经 (Classic of Difficult Issues), *Shennong Bencaojing* 神农本草经 (The Classic of Herbal Medicine), and *Shanghan Zabing Lun* 伤寒杂病论 (On Febrile and Miscellaneous Diseases) (Li & Lin, 2000). Together they are called the "Four Great Classics" in TCM, each written over a thousand of years ago.

*Neijing*, shortened from *Huangdi Neijing*, is the earliest extant text to summarise the medical theories and practices of the ancient Chinese (Ni, 1995). Written in the form of a dialogue between Huangdi and his ministers Qibo, Leigong, and Bogao, *Neijing* ranges over aetiology, physiology, diagnosis, therapy, disease prevention, ethics, psychology, and cosmology. These subjects are discussed in a holistic context; that is, life is considered to be unfragmented, and all the pieces make up an interconnected whole. It also explores the dominion of the internal milieu, providing a series of key concepts, such as yin and yang and the five phases, which lay the theoretical foundations of TCM (Gao, 2013).

The *Neijing* is comprised of two volumes, *Suwen* 素问 (Plain Questions or Fundamental Questions) and *Lingshu* 灵枢 (Spiritual Pivot), each with eighty-one chapters. Historically,

the title *Neijing* refers only to the more influential *Suwen* (Ni, 1995). The content of the two volumes differs greatly. *Suwen* covers the theoretical foundation of Chinese medicine and its diagnostic methods and treatment principles. The authors firstly categorise internal diseases according to their causes, visceral manifestations, qi and blood, and the characteristics of symptoms. *Lingshu* chiefly discusses acupuncture therapy in detail. The treating principles described in the two volumes of *Neijing* have played a significant role in improving clinical practice in TCM. The comprehensive knowledge it contains has been transmitted from one generation of scholars and practitioners to the next and has continued to guide TCM practice.

The second TCM classic, *Nanjing*, seeks to clarify enigmatic statements made in the *Suwen* and *Lingshu* (Gao, 2013). It is also called *The Huangdi Bashiyi Nanjing* 黄帝八十一难经 (The Yellow Emperor's Canon of Eighty-one Difficult Issues). The eighty-one questions in this book discuss *zangfu* 脏腑 (zang-organs and fu-organs, the viscera), meridians, acupoints, acupuncture, moxibustion, diagnosing methods, physiology, and so on.

*Nanjing* established a theory that describes ten kinds of pulse changes that result from variations of softness and sturdiness (yin and yang) of the five phases. As to the acupoints, each channel possesses five special acupoints, sharing the attributes of metal, wood, water, fire, and earth, respectively. Following the five-phase theory, the acupoints of each channel are ordered, according to the degree to which they promote or restrict each other. In treating diseases, doctors select acupoints according to the promoting and restricting relationships between the five phases. Such knowledge was first mentioned and discussed in *Nanjing* and continues to play an important role in the modern theory of acupuncture and moxibustion (Ye & Dong, 2017).

The third book, *Shennong Bencao Jing*, sometimes abbreviated as *Benjing*, is the first comprehensive book written on Chinese materia medica, summarising the achievements and experience of practitioners prior to the Eastern Han Dynasty (25-220 CE) (Gao, 2013; Gao & Li, 2016). It reviews 365 medical materials originating from plants, animals and minerals, and categorises them into top grade, middle grade and low grade. The grading system, with its categories corresponding, respectively, to “heaven”, “earth” and “human”, is not based on the quality of the materials but on their characteristics, healing effects, and applications.

The final major TCM classic considered here, *Shanghan Zabing Lun*, more commonly known as *Shanghan Lun* 伤寒论 (On Cold Damage or Febrile Diseases) and *Jingui Yaolue* 金匱要略 (Essential Prescriptions from the Golden Casket), is the first medical book specifically focused on clinical practice in China (Gao, 2013). The *han* 寒 in the title refers not just “cold” in the narrow sense but to all exogenous factors. In dealing with exogenous disease, the text characterises the duration and nature of a disease according to its location in the six meridians named with yin and yang: *taiyang* 太阳 (greater yang), *yangming* 阳明 (bright yang), *shaoyang* 少阴 (lesser yang), *taiyin* 太阴 (greater yin), *shaoyin* 少阴 (lesser yin), and *jueyin* 厥阴 (terminal yin). For each type of disease, *Shanghan Lun* developed specific therapeutic principles and prescriptions. Inspired and guided by the principles in *Neijing* and *Nanjing*, this book provided practitioners with systematic and precise instructions on pattern differentiation and corresponding treatments. It improved tongue diagnosis and pulse examination, based on the main diagnostic methods in TCM: inspection, listening and smelling examination, inquiry, and palpation. Moreover, it contains 269 formulas and 214 medical materials, thus establishing the first framework of TCM pharmaceuticals. Some of these formulas are still in wide use (Li, 2016; Li & Lin, 2000; Liao, 2017).

### 2.1.2.3 Other TCM classics

Besides the classic texts already considered, some other TCM books deserve discussion (Gao, 2013; Qiu, 2011; Zhang & Cheng, 2016). The *Maijing* 脉经 (Classic of Pulsation) expanded diagnostic knowledge by summarising pulse-taking methods in use before the third century CE. The *Zhubing Yuanhou Lun* 诸病源候论 (On the Cause and Symptoms of Diseases) discusses pathogenesis from a new perspective which leads to the formation of the discipline of pathology in TCM. The *Xiyuan Jilu* 洗冤集录 (Collected Cases of Injustice Rectified) was the world's first book on forensic science and became a major reference in criminal cases, and it has been translated into English, German, Japanese, French and other languages. The *Yilin Gaicuo* 医林改错 (Correction of the Errors in Medicine) was the first classic mainly focused on anatomy. It also proposed certain theories on the cause and dissolving of stagnated blood. The *Wenyi Lun* 温疫论 (On Pestilence) was the first book to point out that infectious diseases are caused by *liqi* 疠气 (pathogenic epidemic factor), adding to the six widely accepted pathogenic factors in nature, namely, wind, cold, summer-heat, dampness, dryness and fire. The *Bencao Gangmu* 本草纲目 (Compendium of Materia Medica) was a milestone in the development of Chinese herbal medicine. It systematically described 1,892 medical materials with over 1,000 illustrations and 11,096 formulas. All the materials were categorised into 16 classes and 62 types, a more comprehensive taxonomy than previously compiled. The author, Shizhen Li, endeavoured to revise various fallacies of his predecessors and was called the “Uncrowned King of Chinese Naturalists” by British sinologist Joseph Needham.

### 2.1.3 Translation Activity of TCM Classics

The TCM classics, including *Neijing* and *Shanghan Lun*, were written in classical Chinese, which in itself poses a great challenge for translators given how much the classical language differs from modern Chinese.

#### 2.1.3.1 Early Partial Translations of the Classics

The translation of TCM texts started in the 17th century and progressed during the 18th and 19th centuries, with most of the output appearing as overviews. The translations were done by missionaries, diplomats and traders travelling to China from Europe. Based on the writings of various priests in China, French editor Jean-Baptiste Du Halde compiled *Description de l'Empire de la Chine* in 1735 (Qiu, 2011; Zhang et al., 2019). It is believed to be the earliest publication containing translated TCM text. Its English version came out in the names *Description of the Empire of China and Chinese Tartary* in 1738 and *The General History of China* in 1741 (Wang, 1928; Pan, 1980; Li, 2004). The partial translation of *Bencao Gangmu* (Compendium of Materia Medica) was the first in the world (Qiu, 2011).

In 1875, sinologist Herbert Giles was impressed by the wide use of *Xiyuan Jilu* among coroners and decided to translate it (Wang, 2004). Frederick Smith published two more books on Chinese materia medica, one being *Contributions Towards the Materia Medica and Natural History of China* (1871), and the other, *Chinese Materia Medica: Vegetable Kingdom* (1911), in cooperation with George Stuart (Wang, 1953). The two books were based on different volumes of the 52-volume *Bencao Gangmu*. A complete translation of this classic was finished by Bernard Read and published between 1928 and 1941. His translation of terms in *Bencao Gangmu* has been the most influential (Qiu, 2001). The translation of selected texts in *Yilin Gaicuo* was first published in *The China Medical Journal*

in 1893. The author, missionary John Dudgeon, also introduced the anatomical knowledge of Qingren Wang (the author of *Yilin Gaicuo*) in English (Gao, 2009).

By the end of the eighteenth century, nineteen translations of TCM texts had appeared in Europe (Li, 1997). Among them, five books were in Latin, four in English, four in German, and one in Dutch. In publications of the nineteenth century, translations appeared in 137 books, in English, French, Latin, Italian, German, Russian and Dutch. During the first half of the 20th century, over 200 works related to TCM were published, with 160 of them being in English.

The general purpose of these early translations was to promote cultural exchange, by providing easy access to English-speaking readers. The authors were interested in introducing oriental medical knowledge to the West. Still, their lack of a solid background in TCM meant that the knowledge contained in classics was not well conveyed to their audience (Fu, 2016).

#### *2.1.3.2 Translation of Classics from the mid-20th Century Onwards*

In the mid-20th century, the translation of TCM classics in the West became more systematic. The books of Manfred Porkert, a German scholar, were the first to present the classical ideas of qi, yin and yang, and the five phases in a structured way. He translated many Chinese medical terms into Latin. A Jesuit priest, Claude Larre, a classical Chinese scholar, had spent several years in China and Vietnam and devoted 20 years of his life to creating the Ricci dictionary, a seven-volume Chinese/French dictionary of TCM. Since then, other Western practitioners who have studied the Chinese language or TCM, have made further translations available (Hill, 2019; Marie, 2011)

In the 1980s, with increased scientific support for the efficacy of acupuncture and some herbal medicines, the accuracy of communication between the East and the West made



proper translations more important than ever (Niu, 2004a). Academic studies of the process of translating TCM texts became increasingly specialised. Some researchers observed that as far as TCM terminology was concerned, free translation, literal translation, transliteration, morpheme translation, literal translation or transliteration with annotation had all been commonly used (Niu, 2004c; Li, 2005). Terms specified in brain disease (He, 2015), aetiology (Song, 2013), visceral manifestations (Li, 2016) and bloodletting therapy (Li, 2013) have been discussed in detail. Other scholars tried to introduce translation theories into TCM translation studies: functional equivalence (Zhou & Wang, 2013), *Skopos* theory (Sun, 2007), relevance theory (Tang, 2010), reception theory (He, 2015), and eco-translatology (Yang, 2014).

To date, 11 TCM classics (Wang, 2013; Lan, 2008; Qiu, 2011; Zhang & Cheng, 2016; Gao, 2013) have been translated: *Huangdi Neijing*, *Shanghan Lun*, *Nanjing*, *Bencao Gangmu*, *Qianjin Fang* 千金方 (Prescriptions Worth a Thousand Pieces of Gold), *Jingui Yaolue*, *Dongyi Baojian* 东医宝鉴<sup>1</sup> (Principles and Practice of Eastern Medicine), *Yifang Leiju* 医方类聚<sup>2</sup> (Collection of Classified Medical Remedies), *Yi Xin Fang* 医心方<sup>3</sup> (Ishinpō / Prescriptions from the Heart of Medicine), *Yinhai Jingwei* 银海精微 (Essential Subtleties on the Silver Sea), *Huangdi Zhenjiu Jiayijing* 黄帝针灸甲乙经 (Huangdi's Jiayi Canon on Acupuncture and Moxibustion). Of these, *Neijing* and *Shanghan Lun* are the best researched and most frequently translated (Wang, 2002).

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<sup>1</sup> *Dongyi Baojian* was compiled by a Korean physician Heo Jun in 1611. It is based on more than 80 Chinese medical classics before the Ming dynasty and it was written in Chinese (Zhu, 2009; Zhang & Cheng, 2016, p. 292).

<sup>2</sup> *Yifang Leiju* was compiled by a Korean named Kim Rye-mong in Chinese in 1445. It is a collection of over 150 Chinese medical classics before the 15<sup>th</sup> century (Cui, 1985; Zhang & Cheng, 2016, p. 291).

<sup>3</sup> *Yi Xin Fang* was compiled by a Japanese acupuncturist Tamba Yasuyori in 984. It preserved more than 200 important Chinese medical books in Chinese (Zhang & Cheng, 2016, p. 230; Steavu, 2017)

## 2.1.4 *Neijing* and Its Translation History

### 2.1.4.1 *Author, Date of Composition, and Editions of Neijing*

The *Neijing* is one of the most important works in TCM, but its authorship has never been determined. It was attributed to the Huangdi, the Yellow Emperor, who is said to have reigned during the middle of the third millennium BCE. The Chinese refer to themselves as the descendants of Huangdi, the symbol of Chinese civilisation (Ni, 1995).

The *Neijing* was compiled from many smaller texts over several centuries. The oldest fragments are believed to date back to the third century BCE; early compilations were in circulation by the 1st century BCE, and significant editing and interpolation of text continued until the 8th century CE (Gao, 2013, p. 5). Recent studies show that *Neijing* was written no earlier than *Shiji* 史记 (The Records of the Grand Historian) in 99 BCE, no later than the completion of the book *Qilue* 七略 (Seven Summaries) in 26 BCE, during the Han Dynasty (Wang, 2002). Today, scholars widely agree that *Neijing* was subjected to significant rearrangements, emendations, and additions in the post-Han centuries, culminating in the contributions by Bing Wang in the 8th century CE, during the Tang dynasty (Unschuld, 2003).

In 762 CE, Bing Wang finished his revision of the *Suwen*. He collected the various versions and fragments of the *Suwen* and reorganised them into the present eighty-one chapters (treatises) format (People's Medical Publishing House, 2012). The 72nd and 73rd chapters are lost, and only their titles are known. Originally his changes were all done in red ink, but later, copyists incorporated some of his additions into the main text.

The “authoritative version” widely in use today, *Chong Guang Bu Zhu Huangdi Neijing Suwen* 重广补注黄帝内经素问 (Huangdi Neijing Suwen: Broadly Corrected and

Annotated) by Yi Lin and Baoheng Gao, is the product of the eleventh-century Imperial Editorial Office (beginning in 1053 CE) and was based considerably on Bing Wang's 762 CE version. This edition restored almost all of Bing Wang's annotations, and they are now written in small characters next to the larger characters that comprise the main *Suwen* text. The timing of *Lingshu*'s compilation is much harder to specify (Gao, 2013). Textual studies have shown that *Lingshu* went by different names throughout its history; titles include *Jiujuan* 九卷 (Nine Volumes), *Zhenjing* 针经 (Treatise on Needling), and *Jiuling Jing* 九灵经 (Nine Pivotal Treatises). No version of the *Lingshu* before the 12th century CE has survived. In 1155, a scholar called Song Shi presented his 24-column edition of the book. His recension claimed to be based on a copy kept in his family, which he compared with fragments of the book that had been cited in other works. All current editions of the *Lingshu* are based on Song Shi's edition. The earliest extant edition was published in 1339 and 1340, during the Yuan dynasty (1271-1368 CE).

#### 2.1.4.2 Various Translations of *Neijing*

As of today, there are 26 complete or partial translations of *Neijing*. All the translations are summarised in **Appendix A**. Generally speaking, the translation history of *Neijing* can be divided into three periods (Lan, 2004; 2005).

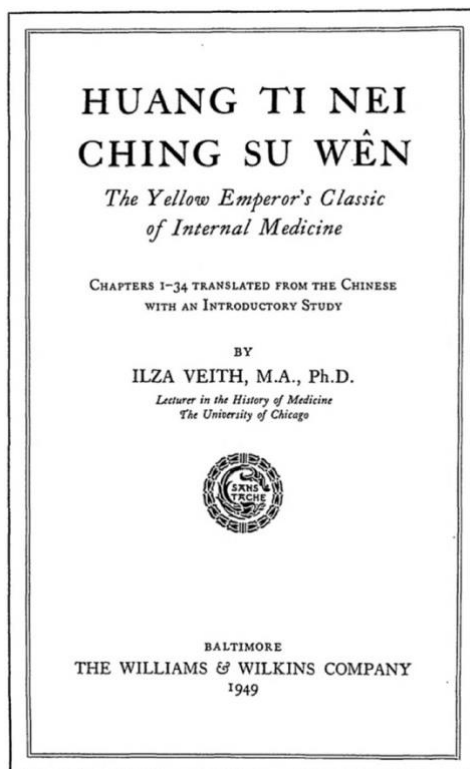
#### ***From 1925-1950, marking the beginning of the systematic translation of *Neijing****

In 1925, German physician Percy Millard Dawson published a six-page article titled "Sun-Wen, the Basis of Chinese Medicine in Annals of Medical History". It was a short introduction to *Suwen*. Several decades later, two other articles, by Chinese physician Man Wong (Wen Huang) and containing the introduction of *Neijing*, were published in the *Chinese Medical Journal*. These two articles included a 33-page selected translation from

his PhD thesis, finished at Cambridge University in 1947 (Man, 1947). Both physicians only translated the content in *Neijing* that they deemed important.

The first comprehensive partial translation of *Neijing* was by Ilza Veith (**Figure 2.3**), who translated the first thirty-four chapters of *Suwen*. This task was recommended to her by her supervisor, Henry Sigerist, a supporter of acupuncture (Veith, 1972). He was introduced to Chinese medicine by Jacob Washington Lindau, an organic chemist who initiated the first known attempt to translate large parts of *Suwen* (**Figure 2.4**) (Unschuld, 1989). However, Lindau passed away in 1942 before publishing his manuscript (Shi, 2002). After Sigerist suggested that Veith finish the project, she reworked Lindau's manuscript and published it in 1949 (Veith, 1949).

**Figure 2.3** Title Page of the First Partial Translation of *Neijing: Huang Ti Nei Ching Su Wen: The Yellow Emperor's Classic of Internal Medicine*, by Ilza Veith in 1949



**Figure 2.4** Frontispiece of Veith's First Translation of *Neijing*, Briefly Introduced Jacob Lindau, Who Undertook the First Known Attempt at an Extensive Translation of *Suwen*



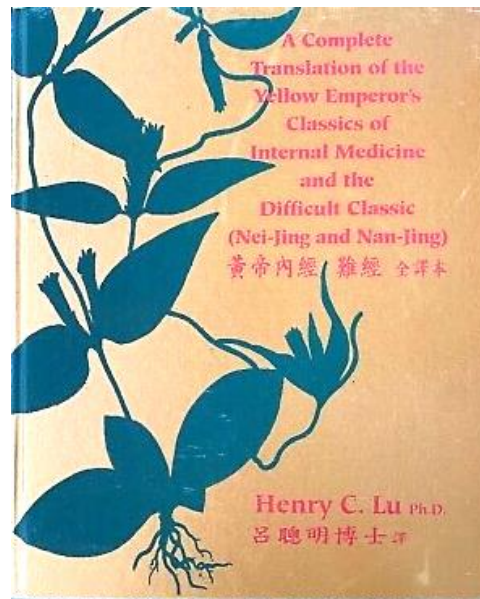
As a medical historian who tried to bring Chinese medicine to the attention of Western readers, Veith included many passages analysing the content of *Suwen* content. In her first edition of the text (274 pages), Veith provided 76 pages of background information, with 24 illustrations. These covered *Suwen*'s age, authorship, philosophical foundation, its use of anatomical and physiological concepts, its ideas about diagnosis and treatment, and included two sections on acupuncture and moxibustion. This section of the book also included a bibliography and three appendices: translations of *Suwen*'s introduction from *Siwu Quanshu Zongmu Tiyao* 四库全书总目提要 (Annotated Catalogue of the Complete Library in Four Branches of Literature) and two previous prefaces (including that of Bing Wing). The book's main text was the translation of the first thirty-four chapters of *Suwen*. This book was well received in academia and gained accolades from many journals, including *Science*, *Archives of Internal Medicine*, and *Journal of American Medical Association* (Lan, 2004).

However, this translation was not completely faithful to the original, due to the author's lack of first-hand knowledge of TCM, and the unavailability of TCM dictionaries (Qiu, 2011). The borrowing of terms from Western medicine led to some serious mistranslations of fundamental concepts. For example, *jingm* 经脉 (meridians), which channel blood and qi into different parts of the body, were rendered as "arteries" or "veins", as if meridians are the same as the vessels to carry blood from or to the heart. Veith (1949, p. xiv) cautioned about her limitations in the preface: "It should be realised that the translation of this classic represents the approach of a medical historian rather than that of a Chinese philologist". Thus, her mistranslations could be due to her misunderstanding of classical Chinese, Chinese culture, or the medical context (Shi, 2002). As the first major partial translation of *Suwen*, it was reprinted by the University of California Press in 1966, 1972, and 2002.

#### ***From 1973 to 1997: Seven partial or complete translations***

In 1973, the first translation of *Lingshu*, titled *The Yellow Emperor's Book of Acupuncture*, was finished by Canadian Chinese TCM practitioner Henry C. Lu, whose Chinese name is Congming Lu (Yang, 2016). The translation covers the first fourteen chapters of *Lingshu*. In 1978, he finished *A Complete Translation of The Yellow Emperor's Classics of Internal Medicine and the Difficult Classic*, the first complete translation of *Neijing* and *Nanjing*. In the preface, Lu stated that his translation was designed for the Chinese College of Acupuncture and Herbology in Vancouver and Victoria, Canada - a college of traditional Chinese medicine (Lu, 1978). In 2004, Lu revised his translation (**Figure 2.5**), explaining that he had incorporated various research notes and annotations by physicians and history scholars. His principle of translation, according to him, was "consistency throughout the text, and conformity to the modern theory of Chinese medicine in the cases of dealing with texts of ambiguities and disputes" (Lu, 2004, preface).

**Figure 2.5** Cover of *A Complete Translation of The Yellow Emperor's Classics of Internal Medicine and the Difficult Classic* by Henry Lu (2004), the First Complete Translation of *Neijing* and *Nanjing*



*The Canon of Acupuncture: Huangti Nei Ching Lingshu* is a partial translation of *Lingshu* published in 1985 by Sunu Ki and YunKyo Lee (Ki & Lee, 1985). They translated the first forty chapters (Wang et al., 2020).

Claude Larre and Elisabeth Rochat de la Vallée co-translated chapter eight of *Suwen* and *Lingshu*, published in 1985 and 1991, respectively (Larre & de La Vallée, 1992, 2004). They were both Jesuits, sinologists, Chinese medical practitioners, and lecturers at the Ricci Institute and the European School of Acupuncture in Paris. These two books discussed the single chapter of the Chinese text word by word, line by line, providing a detailed explanation of the original. They aimed to present the text in an easily accessible way, whether readers knew TCM or not.

Larre also re-translated the French version of the first two chapters in *Suwen*, originally translated by Peter Firebrace in 1994. Larre's book is *The Way of Heaven: Neijing Suwen Chapters 1 & 2* (Larre, 1994). De la Vallée (2012) later translated the fifth chapter of *Suwen*

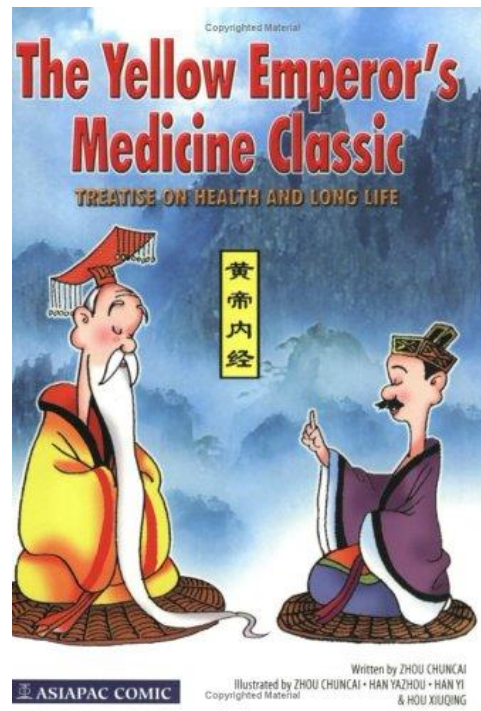
in 2012, in the book *The rhythm at the heart of the world: Neijing Suwen. Chapter 5*, using the same commentary style as her previous books.

In 1995, *The Yellow Emperor's Classic of Medicine: A New Translation of the Neijing Suwen with commentary* was published, a complete translation of *Suwen* by Maoshing Ni, a practitioner of Chinese medicine in the United States. In the preface, Ni (1995, preface) says “This was never meant to be a scholarly edition. For that purpose, I am certain that expert sinologists can make other improvements. Instead, I have approached this from a clinician’s point of view while keeping in mind the criteria of traditional Chinese medicine and philosophy students and those of interested laypersons”. Ni’s translation is the most popular one on Amazon (Yang, 2016; Wang, 2017)

The first cartoon book based on *Neijing* was published in 1996, namely *The Yellow Emperor's Medicine Classic: Treatise on Health and Long Life* by Chuncai Zhou and Yazhou Han (1996) (**Figure 2.6**). It uses cartoons to explain lines extracted from different chapters in *Neijing*, with captions in both Chinese and English. Although the language used tends to over-simplify some TCM concepts, it can help English readers grasp the main idea of *Neijing*'s content (Yang, 2016).



**Figure 2.6** Cover of *The Yellow Emperor's Medicine Classic: Treatise on Health and Long Life*, by Zhou and Han (1996), the First Book to Use Cartoons to Illustrate the Knowledge from *Neijing*

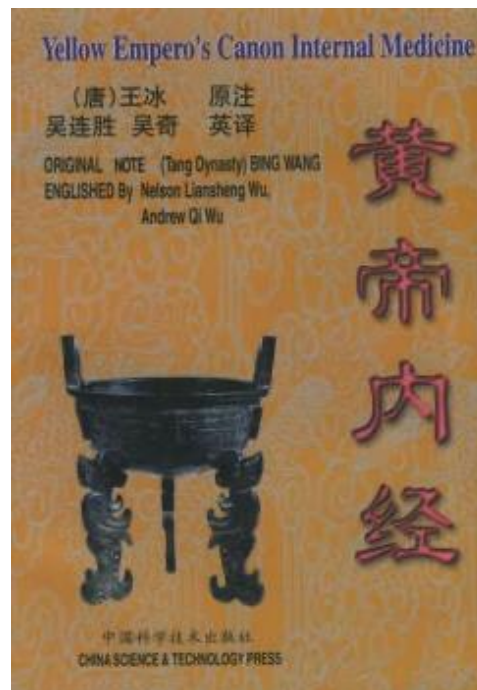


In 1997, the first complete English translation of *Neijing* in China was published by Liansheng Wu and Qi Wu (1997), titled *Yellow Empero's Canon Internal Medicine*<sup>4</sup> (Figure 2.7). It is laid out in parallel Chinese and English. This version contains no preface, no explanation of the translation, and no additional reference literature besides the source text reference. After a meticulous comparison, Lan (2005) asserts that the source text they used was from the annotated *Neijing* by Aichun Guo. They also borrowed from Veith's translation of Bing Wang's preface for *Neijing*. Their translation of certain terms is inconsistent (Yu, 2020).

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<sup>4</sup> The title may contain two typos as it should be "*Yellow Emperor's Canon of Internal Medicine*".

**Figure 2.7** Cover of *Yellow Empero's Canon Internal Medicine* by Wu and Wu (1997), the First Complete Translation of *Neijing* Published in China



***From 2001 onward: an explosive production of English translations of Neijing***

In 2001, TCM physician Ming Zhu (2011) published his translation of *Neijing* in mainland China. The source text he used was Shide Cheng's *Neijing Jiangyi* 内经讲义 (Lecture Notes on *Neijing*), which was a rearrangement of *Neijing* by topics (Yang, 2016). Strictly speaking, it was not a translation of either *Suwen* or *Lingshu* (Lan, 2005). Zhu used character-by-character translation for most terms<sup>5</sup>, which made his work hard to read (Xie, 2012). Chen (2009) reviewed his translation and pointed out that the mistranslations in the book were caused by the translator's misunderstanding of classical Chinese, TCM theories, and inaccurate usage of English words.

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<sup>5</sup> In classical Chinese, the basic semantic unit is the Chinese word, usually consisting of one or more Chinese characters.

In 2002, a complete translation of *Lingshu* by Jingnuan Wu, *Lingshu or the Spiritual Pivot*, was published in the United States. Wu (2002) used mostly literal translation to keep as close as possible to the original Chinese. In this way, he encouraged his students to familiarise themselves with Chinese medicine's cultural and philosophical elements before learning acupuncture (Yu, 2020). But his dependence on literal translations of cultural and philosophical terms affected the book's readability (Ye, 2017).

In 2004 and 2008, *Yellow Emperor's Canon of Medicine—Plain Conversation* and *Yellow Emperor's Canon of Medicine—Spiritual Pivot*, by Zhaoguo Li, were published in China (Li, 2004, 2008b). Together, these two books provide a complete translation of *Neijing*. Li (2004, preface) says in the preface that for basic TCM concepts, he used transliteration and literal translation in chief, with explanations in brackets or footnotes. Some researchers consider this version to be relatively faithful to the original text, and to accurately reflect the culture of Chinese medicine (Yang et al., 2016; Yang & Chen, 2020). However, the frequent use of brackets in the text was considered to introduce redundancies, and the use of the same Chinese pinyin for the same Chinese character, but with different contextual meanings, was considered misleading (Shi, 2016).

From 2005 to 2010, three volumes of *Lingshu* by Edward S. Garbacz were published in the U.S., titled *Huangdi Neijing Lingshu Volume 1: Books 1-3 with Commentary*, *Huangdi Neijing Lingshu Volume 1: Books 4-5 with Commentary*, and *Huangdi Neijing Lingshu Volume II: Books 6-9 with Commentary*. They were translated from the French version of *Lingshu* published from 1994 to 1999 by three Vietnamese doctors named Nguyen Van Nghi, Tran Viet Dzung, and Christine Recours Nguyen (Nguyen et al., 2005, 2006, 2010). Nguyen had studied in Vietnam, China, and France. After earning his doctorate in medicine, he began medical practice in 1940, combining Western medicine and TCM. He insisted that Western

medicine and TCM were not two distinct approaches. He translated both *Suwen* and *Lingshu* into French. The French *Suwen* contained four volumes and was published between 1973 and 1991 (Nguyen et al., 1973). The original Chinese text they used was from *Ma Yuantai Zhang Yin'an Hezhu Suwen Lingshu* 马元台张隐庵合注素问灵枢 (Annotated *Suwen* and *Lingshu* by Yuantai Ma and Yin'an Zhang). Although Ma and Zhang were TCM doctors active in the Ming dynasty, Nguyen thought they were from the Tang dynasty (Nguyen et al., 2005, p. 6). Each chapter started with a brief introduction, and the translations were elaborated with explanations and commentaries.

*Introductory Study of Huang Di Nei Jing* by Xiwen Luo was published in China in 2009 (Luo, 2009). This book contained two parts: the first is an introduction to *Neijing*; the second is a translation of the first twenty-two chapters of *Suwen*, with detailed notes for key terms from Zhicong Zhang, Kun Wu, Shi Ma, Shide Cheng and other famous annotators, as well as the translator. The book was intended to be a full translation of *Neijing*, but the translation was not completed due to Luo's worsening health conditions (Yu, 2020). In the preface, Luo said the translation was an introduction to *Neijing* for those interested in the work but who do not know the Chinese language.

In 2010, *Huangdi Neijing: A Synopsis with Commentaries*, by Kong Yun-cheung, was published in Hongkong (Kong, 2010). Kong provided a translation and analysis of the *Neijing Zhiyao* 内经知要 (Essentials of *Neijing*). The chapters were arranged topically, covering such topics as longevity practices, yin and yang theory, or principles of treatment. Each begins with an explanatory note that provides the context and explains the significance of the chapter's topic. Each section began with the identification of the source in *Suwen* or *Lingshu*, followed by the Chinese text with the English translation. Kong (2010) then provided his explanatory notes to the translated passage, where he succinctly discussed and

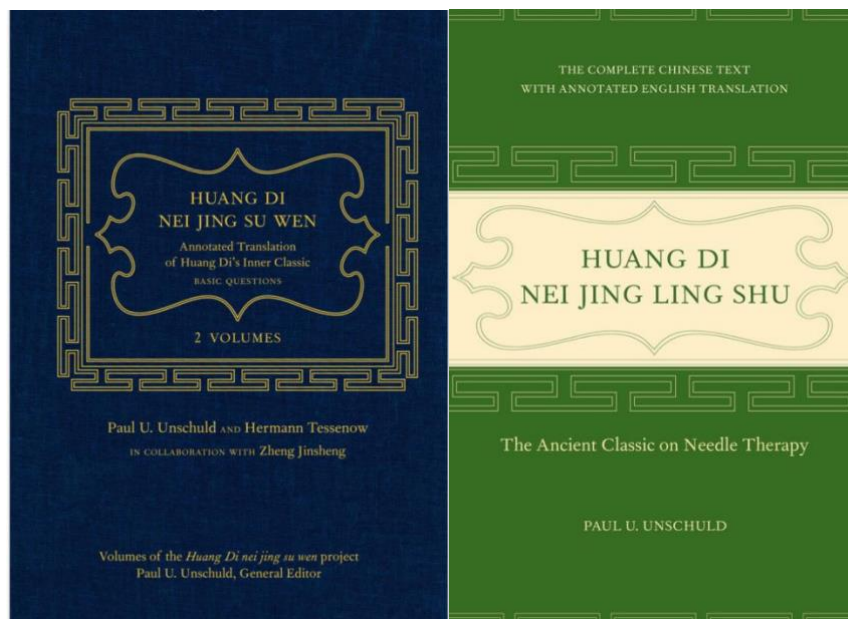
analysed each selection. In a few sections, additional notes by Dr W. F. Pau provided a modern clinical perspective. The translator insisted that fidelity had been his primary consideration while translating, so that the original literary style could be better appreciated.

In 2011, a book titled *Inner Treatises of the Delicately Pure Questions: A Translation and Investigation of the Huangdi Neijing Suwen, Treatises One Through Twelve*, was self-published by Michael Givens (2011), the owner of Fang Shi Press. As its title indicates, this book translates only the first twelve chapters of *Suwen*. Givens is a licensed acupuncturist with a master's degree in Oriental Medicine, and he is proficient in classical Chinese language, and knowledgeable about Daoist and Confucian texts.

In 2003, a team of German and Chinese scholars led by Paul Unschuld authored the book *Neijing*, named *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text* (Unschuld, 2003). This was a study of *Suwen*, but technically it was not a translation but a synopsis (Chang, 2003). It also came with an appendix of The Doctrine of Five Periods and Six Qi in the *Huangdi Neijing Suwen*; this was the first comprehensive introduction (in the West) to the five phases of transformation that correspond to the five elements of TCM (water, wood, fire, earth, metal). Several years later, *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic—Basic Questions* and *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy* were published, in 2011 and 2016 (**Figure 2.8**). Together they were a complete translation of *Neijing* and the footnotes provided a historical perspective on various research achievements and differences of opinion. The author's bibliography lists more than 3,000 articles written by Chinese scholars in the 20th century, and over 600 pieces of related annotations from China and Japan in the past 1600 years are provided to facilitate the reader's further reading (Unschuld & Tessenow,

2011; Unschuld, 2016). Unschuld’s translation of *Neijing* is the most widely distributed of all the versions (Yin, 2017).

**Figure 2.8** Covers of *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di’s Inner Classic—Basic Questions* by Unschuld and Tessenow (2011) and *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy* by Unschuld (2016), Providing the Most Detailed Notes Among All the Complete Translations of *Neijing*



In 2015, Richard Bertschinger, an acupuncturist in England (Yang, 2016) authored another translation of *Neijing Zhiyao*, *Essential Texts in Chinese Medicine: The Single Idea in the Mind of the Yellow Emperor*. Drawing upon his clinical experience, Bertschinger (2015) translated most of *Neijing Zhiyao*, with additional notes. Original Chinese texts were provided for those who were interested. He has also included some commentaries from other ancient doctors and summarised some concepts in tables (Wilcox, 2015). While Bertschinger tried to retain the poetry of the book by sticking close to the original text, Wilcox (2015) has criticised his translation for staying too close to the character level and thus sometimes neglecting the context. For example, *yue* 月 means both moon and month in Chinese, depending on the context. In passages clearly describing the three months of each season, he wrote “the three moons”, which was poetic but wrong.

Another translation published in 2015 in China was the *New English Version of Essential Questions in Yellow Emperor's Inner Canon* by Mingshan Yang (Yang, 2015). Later in 2019, Yang published another book in Singapore, titled *The Yellow Emperors Classic of medicine-essential questions: a complete translation of Suwen* (Fu, 2019). The main difference between the two was the source text: the first used the annotated *Neijing* by Qi Wang, and the second used that by Jinghua Fu and his team. Besides, the 2019 version does not contain the original text. While Yang is a paediatrician of Western medicine who became interested in Chinese medicine, nevertheless he did not use Western medicine terms with similar meanings to translate TCM terms (Yang, 2020).

## **2.1.5 Shanghan Lun and Its Translation History**

### *2.1.5.1 Author, Date, Versions and Linguistic Features of Shanghan Lun*

*Shanghan Lun* was written by the physician Zhongjing Zhang (150-219 CE) in the Eastern Han dynasty, and is also called *On Cold Damage* or *Treatise on Cold Diseases*. It established the system of six-channel pattern identification and made great contributions to TCM. It was one part of a two-part book titled *Shanghan Zabing Lun*, or *Treatise on Cold Diseases and Miscellaneous Diseases*. While the original book was lost, Shuhe Wang, a doctor in the Western Jin Dynasty (265-420 CE), collected and organised the part about diseases caused by cold, and named it *Shanghan Lun*. The other part, about miscellaneous diseases, was later compiled and named *Jingui Yaolue* (Synopsis of Golden Cabinet) (Liao, 2017). Although the word *han* literally means “cold”, in a broader sense it refers to all exogenous diseases. There were diverse texts before *Shanghan Lun* providing instruction on the treatment of febrile illnesses, but *Shanghan Lun* became the canonical text about such illnesses and a touchstone for medical thinking on diagnosing and treating all types of illnesses (Boyanton, 2005).

The *Shanghan Lun* has 398 lines with 113 herbal prescriptions, organised into the six divisions that correspond to the six stages of diseases: *taiyang* 太阳 (greater yang), *shaoyang* 少阳 (lesser yang), *yangming* 阳明 (brighter yang), *taiyin* 太阴 (greater yin), *shaoyin* 少阴 (lesser yin) and *jueyin* 厥阴 (terminal yin). The *Shanghan Lun* summarises the practical experiences of doctors in ancient China and expounds on diagnosis via method-pattern differentiation and the systematic treatment of various externally contracted diseases. It has played a vital part in the development of TCM (Li & Li, 2010).

There are four authoritative versions of *Shanghan Lun* (Huang et al., 2014): 1) The *Songban* 宋版 Song edition was collated by scholastic ministers Baohen Gao, Yi Linand Qi Sun, published in 1065, and reprinted during the Ming dynasty (1368-1644). 2) The *Cheng Wuji Zhujie Shanghan Lun* version 成无己注解伤寒论 (Shanghan Lun Annotated Wuji Cheng), which, despite its many transcriptions, has been challenged regarding its faithfulness to the original. 3) *Jingui Yuhuan Jing* 金匱玉函经 (Classic of the Golden Chamber and Jade Sheath), a version with the same content as the Song edition. 4) *Kangping Ben* 康平本 (Kangping edition). Kangping refers to the period from 1058 to 1068 in Japan, when this version is said to have been transcribed by Masatada Tanba.

The renowned scholar of *Shanghan Lun*, Yiren Chen, in his work *Shanghan Lun Qiushi* 伤寒论求是 (Discussing Shanghan Lun), notes that the book's coverage of TCM was special in five ways: variation, differentiation, strictness, flexibility, and simplicity (Chen, 1987). Variation means that *Shanghan Lun* paid more attention to variations of diseases than to normal cases. It thus revealed its diagnostic methods through the discussion of atypical and potentially complex symptoms. Differentiation refers to the application of pattern differentiation and treatment, for example, by specifying the location, condition, and nature



of a certain kind of disease, or the nature of simple or complex suspected symptoms. Strictness refers to the accuracy of the composition and dosage of any given medicinal formula, and to the precision required when determining the ingredients' compatibility. Flexibility means always being ready to alter treating principles if changes to a specific analysis occur. Simplicity means that the words used in the book are succinct.

#### 2.1.5.2 *Translations of Shanghan Lun*

In 1738, the publisher Cave translated into English a French edition of *Shanghan Lun* compiled three years earlier by Jean Baptiste Du Halde. The translation is now known as Cave's edition (Fu & Yang, 2019). While the first direct English translation of *Shanghan Lun* did not appear until the 1980s, eight more translations have since been published. The translation activities can be broadly grouped into the three phases discussed below (Chen et al., 2019; He et al., 2019; Lin & Sun, 2010).

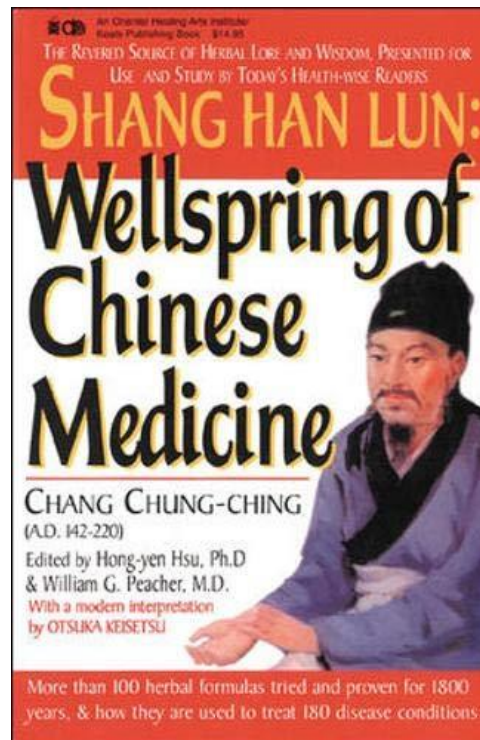
##### ***From 1981 to 1991***

During this period, four versions were translated by Hongyuan Hsu (Chang et al., 1981), Xiwen Luo (Zhang & Luo, 1986), Dean C. Epler (Epler, 1988), and Lisa Ping-Hui Tsao Lin and her husband Paul Lin (Lin & Lin, 1991). In these, a literal translation strategy was frequently used, because TCM concepts were unfamiliar to the target readers and the translators had limited English proficiency (Chen et al., 2019).

*Shanghan Lun: Wellspring of Chinese Medicine* was the first partial translation of *Shanghan Lun*, published in 1981 in the U.S. by Hongyuan Hsu (Chang et al., 1981) (**Figure 2.9**). This book was translated by Hendel Wu, Su-yen Wang and Yue-ying Lu and edited by Hsu and William Peacher (Qiu, 2011). Hsu decided to translate *Shanghan Lun* after he had received Keisuke Otsuka's *Shanghan Lun Jieshuo* 伤寒论解说 (*Shanghan Lun Explained*), which

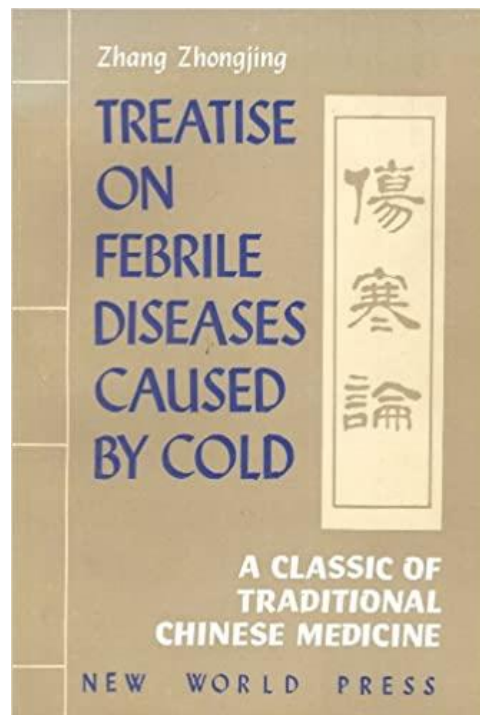
was an annotated version based on the Kangping edition (later translations were based on the Song edition (Chen et al., 2019).

**Figure 2.9** Cover of *Shanghan Lun: Wellspring of Chinese Medicine, the First Partial Translation of Shanghan Lun* by Hsu in 1981



The first complete translation of *Shanghan Lun* was *Treatise On Febrile Diseases Caused by Cold*. It was first published in 1986 and later revised three times by its translator Xiwen Luo (Zhang, 1986, 1993, 2007, 2016) (**Figure 2.10**). It includes a foreword by Joseph Needham, a preface, and an appendix listing the references and related information on the formulas introduced in the classic. The second edition came with a preface and appendices, and offered notes after every translation to provide more detailed information. As a recognition of its translation quality, the third edition of 2007, including original Chinese text, is part of the Library of Chinese Classics Series - a state-level project aimed at promoting Chinese culture. This edition does not contain a preface, translation notes, or any reference literature. The fourth edition was published in 2016.

**Figure 2.10** Cover of *Treatise on Febrile Diseases Caused by Cold, the First Complete Translation of Shanghan Lun*



In 1988, Dern C. Epler (1988) published “The Concept of Disease in an Ancient Chinese Medical Text, The Discourse on Cold-Damage Disorders (Shang-Han Lun)” in the *Journal of the History of Medicine and Allied Sciences*. Epler introduced Zhongjing Zhang and the main content of *Shanghan Lun*.

#### ***From 1992 to 2007***

In 1998, *Shanghan Lun: On Cold Damage*, translated by Craig Mitchell, Ye Feng, and Nigel Wiseman, was published in the United States. The book’s content is presented in the order of original text, pinyin and English. The translators also rearrange the original text according to the topic and the book includes a language study of *Shanghan Lun*. According to the translators, they value the ambiguity of the classic and maintain that this ambiguity would be retained in their rendition by providing a literal translation supplemented with commentaries (Mitchell et al., 1998, p. 23). This placed a high demand on readers’ academic knowledge and required them to do much of the interpretation.

In 2005, *Introduction to Treatise on Exogenous Febrile Disease* by Huang Hai was published in China (Huang, 2005). It was the textbook for international students learning TCM in China. Huang has a profound knowledge of Chinese medicine and was skilled at conveying the messages of the original in an accessible way. Qiu (2011) comments that Huang's lack of translation training has led to inevitable minor mistakes in English word usage, but that his version is still a good choice for novices because of the accuracy of its TCM terminology.

### ***From 2009 onward***

The translation of *Shanghan Lun* entered a more mature phase with the establishment of a standardised Chinese-English TCM terminology. This period witnessed the translations by Greta Young Jie De (Young & Marchment, 2009), Guohui Liu (Liu, 2015), and Zhaoguo Li (Zhang et al., 2017). These translations focused on applying the book's knowledge to clinical practice, and more attention was paid to the cultural and historical contexts of the original text (Chen et al., 2019; Zhang & Chen, 2021).

In 2009, *Shanghan Lun explained: A guided tour of an ancient classic text* by Greta Young Jie De and Robin Marchment was published in Australia. Young is a specialist in the classical literature of Chinese medicine, and Marchment is a registered herbalist and acupuncturist interested in TCM classics (Young & Marchment, 2009). With the Song edition as the source text, this book incorporated the 398 lines of *Shanghan Lun* into chapters based on the nature of diseases, rather than using the order in the Song edition (which was listed in the appendix). Ancient and modern treating methods for the diseases are also provided. The clauses were first presented in original Chinese, then translated into English, and followed by case studies and summaries that stemmed from Young's years of teaching and practising experience in Australia. Additionally, there are 16 appendices, including

further information about the clauses, summaries of indications and formulas, relative research, weights and measures, Chinese dynasties, and historical periods, as well as indexes of formulas, symptoms, and ailments. The appendices also include a glossary, a list of references and a bibliography. The text was laid out in an accessible way and written in straightforward, clear language. Transliteration was used for any TCM terms that lacks an English equivalent, followed by an explanation. The target readers were people who have already learnt Chinese medicine (Zhao, 2015).

In 2016, Guohui Liu's *Discussion of Cold Damage (Shanghan Lun)* was published in the U.S. It includes a foreword by Henry McCann, and in the preface, Liu explained his approach to the translation process, which was to "truly convey the original meaning of the source book, thoroughly and clearly present this meaning, and express it with elegant writing, respectively" (Liu, 2015, p. 21). He chose the Song edition as the source text and consulted two TCM masters' annotations, namely, Yiren Chen's *Shanghan Lun Yishi* (Shanghan Lun Explained in Vernacular Chinese) and Duzhou Liu's *Shanghan Lun Jiaozhu* (Shanghan Lun Collated and Annotated). The translation was specially prepared for readers familiar with this classic who want to apply the content to their practice (Liu, 2016).

In 2017, the latest translation of *Shanghan Lun: on cold damage* was finished by Zhaoguo Li, who had also previously translated *Neijing*. The passages are first presented in classic Chinese with corresponding modern Chinese and then translated into English. Literal translation is mostly employed, sometimes with explanatory information in brackets or notes. He also used pinyin transliteration for some culturally specific terms, with explanations in parentheses (Zhang et al., 2021). As was also the case with his *Neijing* translation, this translation was criticised for the overuse of parentheses, thus interrupting the fluency of reading. This version does not contain any information on clinical practice (Zhang, 2020).

### 2.1.6 Standardisation of TCM Terminologies

Acupuncture is the most widely accepted technique of TCM in other countries outside Asia (Niu, 2004a; Matos et al., 2021). Given that acupuncture practitioners have translated the Chinese terms referring to acupuncture points in different ways, a standardised nomenclature, by an authoritative organisation, is required. In 1984, the World Health Organization (WHO) recommended a standardised nomenclature for 14 meridians, 361 classical acupuncture points, eight extra meridians, 48 extra points, 14 scalp acupuncture lines and for other terms related to acupoints (World Health Organization, 1984). In 1991, *A Proposed Standard International Acupuncture Nomenclature* was published by WHO in Geneva. A revised edition of *Standard Acupuncture Nomenclature* (Part 1 and 2) was published by the Regional Office for the Western Pacific in Manila (World Health Organization, 1991). In this revised version, which is still in use today, there are three essential elements: an alphanumeric code, the Chinese phonetic alphabet (pinyin) name and the Han characters of the meridian and the acupoints (MacPherson et al, 2010). The main change from the 1984 version is the proposal that the alphanumeric code for all the meridians would consist of two capital letters.

In 2007, the *WHO International Standard Terminologies on Traditional Medicine in The Western Pacific Region* was presented, with an introduction providing the source of the terms, and principles for selecting the English expressions (World Health Organization, 2007). The purpose of this WHO document was to provide a standardised terminology that will be suitable for: researchers, educators, practitioners, regulators, and students in the field of traditional medicine. It covers 4,200 terms in basic theories, diagnostics, disease, therapeutics, acupuncture and moxibustion, medicinal treatment and the classics of traditional medicine. All the terms are presented with a code, a term name in English, the original in classical Chinese and a definition or description. These four features accurately

reflect the original concept of Chinese medicine, do not require the creation of new English words, avoid the use of pinyin in the English translation, and are consistent with WHO's Standard Acupuncture Nomenclature published in 1991. This WHO document, having noted the increased use of pinyin, stressed that pinyin is not a translation as it is still Chinese. In addition, Han characters are similar in Chinese, Japanese and Korean, but have different pronunciations. So, the pinyin is provided as the original pronunciation followed by the English translation.

The World Federation of Chinese Medicine (WFCMS) is an international academic organisation of Chinese medicine established in 2003 and currently has 251 member organisations from 67 countries and regions. It is an official non-government member of WHO, aiming to facilitate regulated development of Chinese Medicine in member countries (She, 2016). WFCMS published its version of the standardised translation of terms in eleven languages; the English version is called *International Standard Chinese-English Basic Nomenclature of Chinese Medicine* (Li et al., 2008). The other languages are Spanish, French, German, Portuguese, Hungarian, Arabian, Russian, Italian, Thai and Japanese. The English book listed 6,526 entries in English, and each of them includes a code, original Chinese, pinyin and English translation. It is the most comprehensive terminology of TCM so far, classifying all the terms into twenty-one categories, including basic theories of Chinese medicine, the five phases, visceral manifestation, meridian and collateral, diagnostic methods, syndrome differentiation, therapeutical principles and methods, Chinese materia medica, formulas, and other subjects. For the common terms that also appeared in the WHO version, it was stated in the introduction that this was a revision of the WHO version that aimed to retain consistency. Lu et al. (2017) reviewed the two documents and praised both for devising new translations that better delivered the message, such as extensive use of

nouns as attributives. Li and Hu (2012) compared the latter and WHO versions and commented that the English explanation provided by WHO provided more background information for terms.

Three other official nomenclatures were also published in China: *The Chinese Terms in Traditional Chinese Medicine and Pharmacy* (Committee for Terms in TCM, 2005); *Basic Theory Nomenclature of Traditional Chinese Medicine* (The State Bureau of Quality and Technical Supervision, 1997); and *Clinic Terminology of Traditional Chinese Medicine Diagnosis and Treatment* (State Administration of Chinese Medicine and Pharmacology, 2007). The first nomenclature includes 5,283 entries with Chinese names, English equivalents, and explanations in Chinese. The other two contain some 2,500 and 1,200 terms, respectively. So far, over twenty Chinese-English dictionaries of Chinese medicine have been published (Jiang & Wu, 2019), including *A Comprehensive Chinese-English Dictionary of Traditional Chinese Medicine* in 1997 (Li, 1997), *Practical Dictionary of Chinese Medicine* in 1998 (Wiseman & Feng, 1998, 2014), *New Chinese-English Dictionary of Traditional Chinese Medicine* in 2013 (Fang et al., 2013), and *Classified Dictionary of Traditional Chinese Medicine* (Xie & Xie, 2019).

Although TCM standardisation has achieved much progress, obvious problems still exist. To start with, major variations between different nomenclatures make it very confusing for practitioners who often face more than one terminological choice. Most key TCM concepts have multiple equivalents in English. For example, *sanjiao* 三焦 has been translated as “three warmers”, “three heaters” and “triple energizers” (Li, 1996). Further, only around 5,000 TCM terms have been selected for standardisation, accounting for less than 5% of all the terms in use (Jia et al., 2012).



Many of the TCM terms were established in *Neijing* and *Shanghan Lun* (World Health Organization, 2007), especially in *Neijing*, where most were first introduced (Lan, 2006). These two medical texts were written over two thousand years ago. The meanings of the terms originating from them, and other medical literature in ancient China, have changed during the course of history. These terms carry cultural marks, reflecting the unique relationships in ancient Chinese between yin and yang, mother and son, emperors and subjects, and so on (Zhu, 2006, 2017). Influenced by the philosophical thinking of the past, abstract ideas are expressed by embodiment, such as the materialisation of the five phases as wood, fire, earth, metal, and water.

Li (1992) asserted that the ambiguity, abstraction of concepts, mystery, and polysemy in every aspect of TCM lexicology made the choice of English equivalents very difficult. He proposed three principles for crafting standard nomenclature in English. The first one is to keep the ethnicity inherent in the original during translation. The second one is to be objective, by revealing the contextual meaning of abstract terms. The third is to be concise as a specialised technical English term should be, by eliminating redundant modifiers. The necessity for standardising Chinese medicine terms has been emphasised for promoting the development of TCM (Li, 2008a). Li (2005) summarised that five methods could be used for terminological standardisation: borrowing Western medical terms, morpheme-level translation, established usage, back-translation, and transliteration. As nomenclature on the morpheme level in Western medical terms was abundant, he suggested this could be a promising technique for TCM terms. Li and Bao (2015) called for collaborative efforts from both linguists and professionals of Chinese medicine.

Lan (2010a; 2010b) investigated the translation of several important TCM concepts in the published nomenclatures. She found that there are often various translations for the same

term and translators rarely consulted with the nomenclature put forward by the WHO. She points out that the major obstacle in standardising English TCM nomenclature is the metaphoricity of the TCM terms. Future translators need to recognise that TCM terms are fundamentally metaphorical. A translation strategy attaching great importance to conveying the TCM metaphors to other cultures is the most ideal. Jiang and Wu (2019) also point out that generalisation and analogy were TCM language's main features. The ancient writers borrowed ideas from daily life and utilised analogy and metaphors to embody the phenomena they observed in the human body. For example, *wuzang* 五脏/藏 need not be literally translated as five organs. In ancient times, *zang* was the place set by the emperors to safeguard precious items. Its purpose resonates well with the function of the five *zang*-organs, which is to preserve the body's essence and energy. The functions of the five *zang*-organs in TCM do not exactly equate to the five visceral organs of Western anatomy.

## **2.2 Understanding TCM Metaphors**

This section reviews the main theories of metaphor and their implications for approaches to translating TCM metaphors, thus preparing the reader for the framework used in the metaphor analysis of the current study. The contributions of that framework, Conceptual Metaphor Theory (CMT), cannot be fully comprehended if the various linguistic approaches to metaphor are not acknowledged in the first place.

### **2.2.1 Definition and Theories of Metaphor**

The word “metaphor” comes from the Greek *metaphor in*, meaning “to transfer” or to “carry over”. In the past, the study of metaphor was considered merely a casualty of what philosophers call a category mistake (Modell, 2009). Metaphors were thought to be simply a feature of the language, as defined by the 3rd edition of the *Oxford English Dictionary*

(Simpson et al., 2004), “A figure of speech in which a word or phrase is applied to an object or action to which it is not literally applicable.” According to the 12th edition of Merriam-Webster’s *Collegiate Dictionary and Thesaurus* (Merriam-Webster Inc., 2003), a metaphor is “a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them (as in drowning in money)”. When people think of the rhetorical dimensions of language *per se*, they often think of figures of speech, and for many, “figure of speech” equals metaphor (Lunsford et al., 2008, p. 180).

Aristotle is credited with one of the earliest definitions of metaphor, which Butcher translates as: “metaphor is the application of an alien name by transference, from one category to another by analogy” (André, 2014, p. 19). Although different researchers have used the term “metaphor” to discuss different kinds of linguistic expressions, two similarities can be found (Herschberger, 1943), which are:

- metaphor is a linguistic phenomenon that involves two different things;
- there are some similar or related qualities between the two different things.

In short, it refers to the likeness of otherwise unlike things.

Aristotle viewed metaphor as an implicit comparison based on analogy (Ortony, 1993, p. 3). In other words, a metaphor is similar or analogous in meaning to its literal equivalent. He also claims that a simile is a kind of metaphor. The difference between them is their use of “as” or “like”. But Cacciari (1998, p. 135) argue that a simile is different from a metaphor in that the first one emphasises potential similarities between two concepts, while a metaphor establishes the two concepts as having “in common something more than mere resemblances in that they belong to the same category sharing relevant features.”

Aristotle asserted that metaphor's primary function is stylistic and ornamental (Aristotle, 1955). It is used for aesthetic reasons, mainly in poetry, to express a concept eloquently (Katz, 1996). For example,

Richard is a lion. = Richard is brave (in being brave).

A political debate was a major public event in Aristotle's time he thus specifically noted the persuasive function of metaphor, seeing it as an effective rhetorical figure employed in political discourse (Semino & Steen, 2008). His view of metaphor forms the basis of the so-called comparison theory of metaphor, which sees metaphor as "a kind of comparison, a condensed simile" based on similarity (Martin & Harré, 1982, p. 90).

However, this view ignores the critical difference between a comparison and a categorisation. It sees metaphor as comparing two concepts based on apparent similarities rather than constructing the similarities (Kirby, 1997). It implies that metaphor is confined to actual or possible experience, neglecting the use of metaphor in science, when referring to aspects of the world beyond possible direct experience.

A similar understanding of metaphor exists in what is called substitution theory. According to this view, metaphor is a substitute for a literal expression with the same meaning and whose primary function is the stylistic embellishment of the text (Gibbs, 1996). In other words, "metaphor is a way of saying what could be said literally" (Martin & Harré 1982, p. 90), and a synonymous literal expression can substitute it.

Another perspective, comparison theory, takes a reductionist approach to metaphor, in which a metaphor is unable to deliver a unique expression of meaning, because all aspects of the literal term cannot be accounted for by a substitute. We can see that both the comparison and the substitution theories share the view of a metaphor as deviant language, with the literal language being perceived as natural and conventional (Abraham, 1975).

In later work, Kövecses (2002) sums up what he saw as the five features of metaphor. First, metaphor is a property of words; it is a linguistic phenomenon. Second, metaphor is meant to fulfil an artistic and rhetorical purpose, as seen in Shakespeare's famous quote, "All the world's a stage". Third, metaphor is formed based on a resemblance between the two entities that are compared and identified. Fourth, metaphor is a conscious and deliberate use of words, and it requires a unique talent to be able to do it and do it well. Fifth, it is commonly held that metaphor is a figure of speech we can do without.

Based on such features, metaphor is assigned a peripheral role in language, as an ornament or, at best, a mechanism for filling lexical gaps in the language (Deignan, 2005). This has been a widely shared view in scholarly circles and the popular mind. Locke denounced figurative language itself as "nothing else but to insinuate wrong ideas, move the passions, and thereby mislead the judgement, and so indeed are perfect cheat" (Locke & Woolhouse, 1997, p. 677). Locke implicitly assumes the possibility of a philosophical language without metaphor.

In the 20th century, however, this long-held view began to face challenges. I. A. Richards' book, *The Philosophy of Rhetoric*, first published in 1936, is widely read for its discussion of metaphor in regard to "tenor" and "vehicle," two terms still in use by some today. He proposes that "tenor" refers to the concept, object, or person meant, while "vehicle" refers to the image sharing the likeness. The likeness is called "ground". Richards (1965) puts forward that in many of the most important uses of metaphor, the co-presence of vehicle and tenor results in a meaning which is otherwise not attainable without their interaction. He also argues that, with different metaphors, the relative importance of the contributions of vehicle and tenor to this resultant meaning varies immensely. At one extreme, the vehicle may become almost a mere decoration of the tenor; at the other extreme, the tenor may become

practically a mere excuse for introducing the vehicle and is therefore no longer the principal subject. This view laid the foundation for interaction theory, further developed by Max Black in the second half of the 20th century (Shu, 1997).

According to the interaction theory (Black, 1979), metaphor consists of principal and subsidiary subjects, corresponding to the surrounding literal frame and the metaphorical focus, respectively. A metaphorical process is based on projecting a set of associated implications from the secondary subject upon the primary subject. As Black (1979, p. 29) points out, “the maker of a metaphorical statement selects, emphasises, suppresses, and organises features of the primary subject by applying to it statements isomorphic with the members of the secondary subject’s implicative complex.” This emphasises that the influence is reciprocal, i.e., the primary subject also brings about parallel changes in the secondary subject. For instance, in the metaphor “A man is a wolf”, our knowledge and connotations about men and wolves, e.g., they are wild and ruthless, interact to produce a new and irreplaceable meaning (Martin & Harré, 1982, p. 91). It is important to note that the interaction theory brings forward the cognitive dimension of metaphor.

### **2.2.2 Cognitive View on Metaphor**

The conceptual nature of metaphor had previously been discussed by several philosophers, including John Locke, Hans Blumenberg and Immanuel Kant (Jäkel, 1999). Most of the materials they referred to were from philosophical and literary works (Anderman & Rogers, 2003). Later, in the 1960s, researchers started to pay attention to the metaphorical language used in scientific and technical texts (Goodman, 2009). They believed that philosophers and scientists use metaphorical language when trying to prove a point or describe abstract notions. Li (2001) summarises this thinking as metaphor having at least two functions. The first is to use metaphor to name a discovery and construe a cognitive framework based on it.

Such a metaphorical framework will then become the platform for researchers to exchange views and propose hypotheses. The second function is to use metaphors to convey abstruse concepts.

An analysis of over 2,000 interviews showed that published writers often used metaphoric images to convey their ideas in their writing, and clarified a key concept: that metaphor expresses connections at the level of thought (Tomlinson, 1986). A language cannot encode all humanly possible thoughts, and therefore, what is encoded in linguistic symbols cannot fully represent what is in someone's mind (Carston, 2002). Metaphors allow people to communicate complex sets of information better than purely literal discourse because some mental processes are very difficult to describe in words (Gibbs, 1994). As Gibbs says (1994, p. 122):

In the past few decades, many scholars have argued that metaphor is not simply a form of speech but more fundamental: a form of thought with its own epistemological functions. Metaphors and other tropes not only serve as the foundation for much everyday thinking, but they also continue scholarly theory and practice in a variety of disciplines, as well as providing much of the foundation for our understanding of culture.

Emerging in the 1970s, cognitive linguistics is a branch of linguistics in opposition to structural and generative approaches to language description (Evans, 2006). Cognitive linguistic studies attempt to explain mental processes that underlie the acquisition, storage, production and understanding of utterances and writing, by focusing on the relationship between language and the mind.

Cognitive linguists believe that language form and use emerge from the conceptualisation of human experience. They argue that language and cognition are embedded in the experiences and situated in a specific environment. These premises have led to research on

significant questions concerning the relationship between language and thought. One such question concerns the nature of metaphor (Evans, 2006; Ungerer & Schmid, 2013).

Conceptual Metaphor Theory (CMT) is an important sub-discipline of cognitive linguistics, and is also known as the contemporary theory of metaphor (Lakoff, 1993; Tendahl & Gibbs, 2008). The cognitive approach's main argument is that metaphors are fundamental resources for thought processes in human society. This theory took its most well-known form in the book by George Lakoff and Mark Johnson (1980a) *Metaphors We Live By*. They defined metaphorical concepts as "those which are understood and structured not merely on their terms, but rather in terms of other concepts" (Lakoff & Johnson, 1980b, p. 195). For example, Lakoff (1993) explained that "far" in the sentence, "John is far more intelligent than Bill" is metaphorical. And most prepositions meanings can also be considered metaphorical (Lindstromberg, 1996).

To challenge the traditional theory viewing metaphor as a peripheral matter, Lakoff and Johnson (1980a) asserted that metaphor is pervasive in both thought and everyday language. They asserted that "Metaphors are products of body, brain, mind, and experience" (Lakoff & Johnson, 1999, p. 414). By getting meaning through embodied experience, metaphors have been used to create new meanings and similarities, and thereby define new phenomena. Conceptual metaphors, according to Lakoff and Johnson (1980b, p. 252), are "mappings in the mathematical sense, that is, as mappings across conceptual domains".

Instead of terms "tenor" and "vehicle" proposed by Richards (1936; 1965), the two domains that participate in conceptual metaphor have been given special names: source domain and target domain. The source domain is the one from which we draw metaphorical expressions to understand another domain, which is called the target domain. In other words, the target domain is the domain that we try to understand through the source domain. Metaphors are



characterised by the formula A IS B. The comprehension of target domain A is achieved by a set of mappings between elements of A and B. These mappings are a set of systematic correspondences between the source and the target in the sense that constituent elements of A. The comprehension happens consciously, rather it happens largely unconsciously.

Lakoff and Johnson's cognitive model has been criticised for not fully considering the role of cultural models in shaping our thinking, the importance of context, not providing an explicit criterion for what constitutes a metaphor in language, and so on (Fernandez 1991; Dobrovolskij & Piirainen, 2005). Goschler (2007) points out that, as Lakoff and Johnson tend to neglect the linguistic aspect of metaphor, their model cannot provide researchers of metaphors with a sufficient methodology to identify linguistic metaphors to produce valid empirical evidence. Pinker (2016) also questions Lakoff and Johnson's criteria for what counts as a metaphor, since there has been empirical evidence suggesting that people only think of the underlying image when they are faced with an unfamiliar metaphor. The main propositions and limitations of CMT will be discussed in detail in Section 3.1.

### **2.2.3 Types of Metaphors**

Metaphors can be classified in various ways, based on various criteria, from conventionality, function, nature, grammaticality, level of generality, and complexity (Hu, 2009). For example, grammatical metaphors can be classified as nominal metaphors, verbal metaphors, adverbial metaphors, adjective metaphors, adjectival metaphors, and prepositional metaphors. In contrast, conventionalised metaphors can be classified as dead, inactive, and active (Guo, 2010). The following are some commonly seen types of metaphors (Ruiz de Mendoza Ibáñez, 2011; Lakoff & Johnson, 1980; 2008; Gentner et al., 1987):

- Complex metaphor: the literal meaning is expressed through more than one figurative term (a combination of primary metaphors), e.g. *We lose our cool*

- Conceptual metaphor: one idea (or conceptual domain) is understood in terms of another, e.g. *Time is money*;
- Conventional metaphor: a familiar comparison that does not call attention to itself as a figure of speech, e.g. *Time is running out*;
- Creative metaphor: an original comparison that calls attention to itself as a figure of speech, e.g. *Fear is a slinking cat*;
- Dead metaphor: a figure of speech that has lost its force and imaginative effectiveness through frequent use, e.g. *Body of an essay*;
- Mixed metaphor: a succession of incongruous or ludicrous comparisons, e.g. *We will have a lot of new blood holding gavels in Washington*;
- Primary metaphor: a basic intuitively understood metaphor, e.g. *Knowing is seeing*.

According to the cognitive functions that conceptual metaphors perform, Lakoff (1980; 2008) classifies them into structural, ontological and orientational metaphors:

- Orientational metaphor: construct concepts linearly, mainly including spatial orientations, such as up and down, in and out, front and back, on and off, deep and shallow, central and peripheral, e.g. *Happy is up; sad is down*;
- Ontological metaphor: project entity or substance status on something that does not have that status inherently, e.g. *The body is a container*;
- Structural metaphor: include structuring one kind of experience or activity in terms of another kind of experience or activity, e.g. *Understanding is seeing*, or *Time is passing*.

A basic schema in ontological metaphors is *containment*. The metaphor arises from our everyday experience with containers into and out of which we take things, including our bodies (Lakoff & Johnson, 1987). This schema consists of an inside, an outside, and a boundary between them, and is mapped metaphorically, for instance, onto the domain of mind, as in “You are too close-minded”, “If your mind is empty” or “It is open to anything”. Another example is the *conduit* metaphor in our everyday expressions about language use (Pinker, 2007). The conduit metaphor captures the parsing process by depicting

communication as sending ideas (objects) by means of sentences (containers). We “put” our ideas “into” words, and if our message is not “empty”, it might be “conveyed to” a listener. From these examples, we can conclude that metaphorical expressions are not random but systematic and coherent. Analysing the conceptual metaphor is a useful tool for studying the structure of abstract reasoning. Metaphors are patterns of conceptual mapping that go beyond linguistic structures (André, 2014).

Kövecses (2002) summarises that the most common source domains in English are the human body, health and illness, animals, plants, buildings and construction, machines and tools, games and sport, money and economic transactions (business), cooking and food, heat and cold, light and darkness, forces, as well as movement and directions. Meanwhile, common target domains include emotion, desire, morality, thought, society/nation, politics, economy, human relationships, communications, time, life and death, religion, events and actions. Common target domains can be generally classified as psychological and mental states and events, social groups and processes, and personal experiences and events.

#### **2.2.4 Metaphors in TCM Classics**

In describing modern technology, scientists sometimes borrow metaphors to explain a new phenomenon or discovery, or utilise metaphors to explain abstract terms to the general public (Papadoudi, 2010; Eisenberg, 1992; Eisenberg et al., 1998). A corpus-based study found that many articles appearing in the popular science magazine *Scientific American* adopt a high level of metaphoric usage (Merakchi & Rogers, 2013). By giving existing words new meanings through metaphoric utterance, new knowledge can be efficiently conveyed. Meanwhile, for some matters of which we do not yet have full knowledge, such as cancer, explanations are offered through metaphorical language instead of literal language, partly

because of our insufficient understanding and partly due to our anxieties about the illness (Sontag, 2001).

There are many examples of how medicine has been interpreted metaphorically. Unschuld (2018) listed that, in Western medicine, Galen adopted images taken from the kitchen and wine presses; Paracelsus compared human physiology with the processes he had witnessed in the foundries; Descartes likened the organism to the mechanism of a clock-work; Virchow explained the coexistence of cells on the basis of the coexistence of people with equal rights in the democratic society he envisaged. Unschuld (2018, p.23) emphasises that the living environment of the authors often decides metaphors used in both Western and Chinese medicine:

The ideas of a nature of a healthy organism or illness, and of appropriate therapeutic interventions that develop in medical systems, in China as in Europe, are highly reflective of the social and physical environment of the thinkers who developed these systems. Systems of medical ideas are, therefore, metaphors in themselves, revealing at least as much of the world where their authors lived, or would have preferred to live, as what they tried to explain.

The features of metaphors in scientific and technological narratives are also apparent in the metaphors used in TCM classics (Chen et al., 2020). Wiseman (1995, p. 45) describes the use of conceptual metaphor in TCM texts as “understanding by analogy,” differentiating this from “naming by analogy,” which he calls metaphor. The TCM metaphors draw on ancient philosophy, astronomy, meteorology, psychology, sociology, and other related knowledge to explain medical cases in the past (Chen, 2014). For example, acupuncture points are referred to as caves, organ systems as officials in a Confucian hierarchy of military/government (Zhang et al., 2015), meridian channels as conduits, and disease as a war or a complex environmental pattern (Pritzker, 2003). By examining several early

classical Chinese medical texts, Hanson (2008) found ancient TCM practitioners tend to use hand-related metaphors as diagnostic, time-keeping, mnemonic, and calculating devices.

In *Neijing*, the human body is described as a literal microcosmos, and its author drew on two main metaphorical frameworks to discern and characterise the principles governing the body (Gu, 2011). The most fundamental was yin and yang, followed by the five-phase theory, together serving as the basis of principles of TCM diagnosis and treatment (Wu, 2010). Natural phenomena such as *feng* 风 (wind), *han* 寒 (cold), *shu* 暑 (summer-heat), *shi* 湿 (dampness), *zao* 燥 (dryness) and *huo* 火 (fire) are also employed to describe the causes of illness and its treatment principles (Hu et al., 2015). Metaphorical language can help generalise ideas and indicate diseases that have the same or similar causes, such as *feng* in *fengxie* 风邪, *fenghan* 风寒, *fengre* 风热, and such language also satisfies the euphemism-heavy indirectness embedded in Chinese culture (Zhao & Yang, 2011).

The embodiment hypothesis in the study of metaphor (see Section 3.1) asserts that “human beings systematically characterise abstract ideas—thoughts, religious beliefs, political and ethical situations—in terms of bodily movements and bodily functions” (Rohrer, 1995, p. 2). The conceptual metaphor that “Life is a journey” can thus be traced back to the embodied experience of motion and the notion that we are moving through life as if moving through space.

Researchers in cognitive linguistics have pointed out that in our quest to interpret the body’s processes (including emotions), we consistently turn to other natural and created systems in our environment to fashion the metaphors we use (Goatly, 2007). Such systems include nature, technology, science, and religion. In keeping with the interactive notion in contemporary metaphor theories, these externally generated, or environment-based

metaphors, interact with embodied experience to create a complex interpretation of disease, treatment, and the quest for health.

*Neijing* relies on natural law conceptualised in yin and yang and five phases to define health and disease. The therapeutic approach adopted by TCM is based on a secular science of nature, with natural laws serving as guidelines for human behaviour and medical treatment. The five-phase theory employs water (Jia, 2012), fire (Liu & Jia, 2013), wood (Yang, 2013), metal (Quan & Jia, 2014), earth (Yang, 2013), together with yin and yang, as the source domain of metaphors to explain the nature of the phenomena that underpin health or disease, and the way to balance the interactions between them (Wu, 2010). Therefore, using a cognitive view to interpret metaphors in Chinese medicine is a useful tool for the interpretation, improvement, inheritance and development of the Chinese medical system (Guo et al., 2014).

Li (2016) introduced the cognitive approach to the classification of the conceptual metaphors of *zangxiang* 藏象 (visceral manifestation) terms in *Neijing*, and discussed their embodiment under each category and sub-category:

- Orientational metaphor (in the form of exterior-interior, up-down and central-peripheral relations);
- Ontological metaphor (in the form of container, conduit and personification);
- Structural metaphor (in the form of yin and yang and the five phases).

Xie (2012) suggests that, with a cognitive view of the metaphors, the same target source of the aetiology and pathogenesis of a disease can be revealed, and any observed divergences are to some extent understood as being due to the different source domains employed by different TCM practitioners.

### 2.2.5 Scoping Metaphors in the Current Study

Human beings rely on metaphor as a primary cognitive device for interpreting the world around them (Lakoff & Johnson, 1980a). Of course, the discourse around health, illness, and medicine is far from unique in this respect (Penson et al., 2004). Conceptual metaphors play a major role in the theory and practice of almost every discipline of medicine (Hanne, 2015). Medical professionals often employ metaphors to present a diagnosis, describe a treatment, or explain the function of an organ to their patients.

Many practitioners have been encouraged to use explanatory metaphors to explain their diagnoses and treatments (Mastergeorge et al., 1999; Essig, 2012; Beitz, 2013;). “Metaphor operates lavishly in health and medicine, but it operates, at the same time, somewhat undercover; such is the way of metaphor,” writes Segal (2005, p. 115).

Hanne (2015) argues that metaphor lies at the heart of the process of diagnosis. Diagnosis is often defined as a process of ordering and classifying, while metaphor is a device for classifications. Modern biomedicine is organised around a series of basic metaphors: the body as a machine, the body as the site of a battle, and the body as a communication system. On the other hand, TCM uses images of flow and blockage, balance and imbalance, and works by analogy with five phases: wood, fire, earth, metal, and water.

For diagnosing disease, the author/s of *Suwen* explained the reason behind the extensive usage of analogy in *Neijing*, which appears mostly in the form of metaphor (Tian, 2005):

So when the sages treat diseases, they follow the principles, use analogies, observe the subtle changes, inspect the upper region to understand the lower region, and never stick to the routine practice... If you do not use analogies to diagnose a disease, it means you are not clear about it yet... To diagnose a disease, you must know how to use analogy correctly... it is crucial in diagnostic methods.

Chapter 76, *Suwen*, translated by Li (2004, p. 1249)

To further illustrate the importance of metaphor in TCM diagnosis and treatment, Pritzker (2003) applied metaphoric images in her medical practice. In a case of treating recurring migraine headaches, she found that sensitivity to the metaphorical implications of linguistic expression and body language allowed both patients and practitioners to connect to and explore symptoms that previously were thought to be unrelated. A patient said her solar plexus would become warmer before and during a headache. While describing the feeling, the patient motioned with her hands as if packing something inside her abdomen. This scene made Pritzker think of the metaphorical understanding of anger as a heated substance in a container. She explained the metaphor to the patient, and the patient reported that headaches were likely to ease when allowed to express her anger. She then devised a herbal formula and acupuncture protocol to release the emotional “fire”, instead of curing the headache directly. The patient’s headaches were significantly relieved.

Her explanation based on anger-fire metaphors allowed the patient to better understand how TCM is practised. It also permitted the construction of a treatment plan that would target the illness’s source. She concludes that for conditions we understand so little about, metaphors from other cultural interpretations of the disease can help expand our thinking about the role of culture in constructing the experience, the flexible nature of the illness, and alternative ways to treat it.

Studies about the roles played by metaphors in TCM diagnosis and treatment, and which strategies can most effectively transfer the metaphors from Chinese to English, will be discussed in Chapters Five and Six.

### **2.3 Translating TCM Metaphors**

Influenced by the conventional views on metaphor, researchers in the field of Translation Studies have focused on metaphor as a rhetorical device and have traditionally considered



metaphor from the perspective of translatability/untranslatability, on a linguistic level (Dagut, 1976; Newmark, 1980). With the developments of metaphor studies in cognitive linguistics, translation scholars have become increasingly interested in the potential impact of cognitive linguistics (Al-Harrasi, 2001; Charteris-Black & Ennis, 2001; Schäffner, 2004; Tabakowska, 1993; Temmerman, 2001, 2002; Vandaele, 2002). This shift has obvious potential for improvements in the interpretation and rendition of TCM metaphors.

### **2.3.1 An Overview of Metaphor Translation**

While metaphors have been studied for a long time, research on metaphor translation only began in recent decades (Sun, 2017). In translation studies, the research by Dagut (1976, 1981) and Newmark (1988, p. 104) shifted the focus on transferring metaphorical meaning from the source language (SL) to the target language (TL).

In his article “Can ‘Metaphor’ Be Translated?”, Dagut (1976) notes the lack of research on metaphor and stresses the importance of metaphor translation. He (Dagut, 1976, p.22) redefined metaphor as the following:

Every metaphor in the proper, narrow sense, is an individual flash of imaginative insight, whether in the known creative writer or in the anonymous creative speaker (as in humour and slang), a suddenly inspired observation of affinities, which transcends the existing semantic limits of the language and thereby enlarges the hearers’ or readers’ emotional and intellectual awareness.

He further points out that, once identified, every metaphor is by definition “original” and “live”, so that “dead metaphor” becomes a contradiction in terms and “original metaphor” a mere tautology. Every metaphor is unique, as it is at the frontier of linguistic change and fluidity, which inevitably leads to difficulties in translation.

Dagut (1976) introduces two terms, “performance” and “competence”, to further explain the characteristics of metaphor. “Performance,” refers to metaphor as a phenomenon capable of

producing a change to the source language (SL) system's linguistic rules in an unpredictable and irreducible way. "Competence" is related to a general user's dictionary of the SL. As a metaphor is an entirely new creation, it cannot (initially) be found in the repository of semantic competence (general user's dictionary).

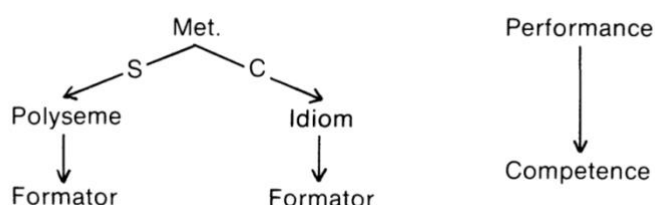
The meanings of these terms can be better understood by elaborating on Dagut's three groups of metaphors:

- The first group are the metaphors whose usage is ephemeral and which are forgotten not long after their use, such as those conjured in literature or journalism.
- The second group are the metaphors that remain as unique semantic creations. Phrases like "golden boys" are frequently quoted, but their distance from routine language patterns is still retained.
- The third group are the metaphors so widely used by an ever-increasing number of people that they have started to lose their peculiarity. They become part of the language's established semantic stock, and thus they are recorded in the dictionary. This process marks a shift from "performance", characteristic of metaphors of the second group, to "competence". Thus, metaphor is one of the resources for language development.

As shown by **Figure 2.11**, in the process of a metaphor transforming from "performance" to "competence", a simplex metaphor (consisting of one lexical unit) will result in a "polyseme", as a word will acquire a new meaning; and a complex metaphor (consisting of more than one lexical unit) will result in an "idiom", which consists of a group of words established by usage as having a meaning not deducible from those of the individual words (Dagut, 1976). Both simplex or complex metaphors can develop into "formators" like "except" (from a polyseme), "in the view of" and "notwithstanding" (from idioms). Formator like "in the view of" is usually called "dead metaphor" as it is no longer recognised as metaphor but as a unit of syntax. Polyseme, idiom, and formator are different from

metaphors in their semantic regularity as against their semantic anomaly, which has important implications for translation.

**Figure 2.11** *Semantic Process of How Metaphors (Performance) Become Polyseme, Idiom and Formator (Competence)*



Dagut (1976) concludes that, in the case of translating polysemes, idioms and formators, as the translation is taking place between two different systems of language competence, the finding of adequate SL-TL equivalence depends on the bilingual competence of the translator. However, in the case of metaphor, bilingual competence can help the translator realise that equivalence can only be created, not found.

The concept of equivalence has been critical to translation studies since it concerns the fundamental notion of translation (Catford, 1965). Equivalence indicates that the source text (ST) and the target text (TT) share some kind of “sameness” (Baker & Saldanha, 2011, p. 205) or “similarity” (Chesterman, 2016, p. 16). In equivalence-based approaches to metaphor translation, the underlying assumption is that a metaphor, once identified, should ideally be transferred intact from the SL to the TL (Schäffner, 2004). Text-linguistic approaches define translation as ST-induced TT production and stress that a text always exists in a situation and culture (Neubert & Jäger, 1985). The cultural differences between SL and TL have often prevented such an intact transfer. This is termed “cultural untranslatability”, caused by the absence in the target language culture of a relevant situational feature introduced in the source language text (Catford, 1965).

On the issue of metaphor translatability, there are, in general, two diametrically opposed views. Among modern theories of translation, Nida, in his seminal work in 1969, contended that: “Metaphor, however, must often be translated as nonmetaphors” (Nida, 1969, p. 220), while Kloepfer (1967), followed by Reiss (1971, 2014), proposes that it is always possible to translate a metaphor.

Dagut (1976) remarked that each of the two views is extreme, and instead, he asserted that there is no simple general rule for metaphor translation, but “the translatability of any given SL metaphor depends on the particular cultural experiences and semantic associations exploited by it, and the extent to which these can, or cannot, be reproduced non-anomalously in the TL” (Dagut, 1976, p.28). Therefore, he said that “what determines the translatability of an SL metaphor is not its ‘boldness’ or ‘originality’, but rather the extent to which the cultural experience and semantic associations on which it draws are shared by speakers of the particular TL” (Dagut, 1976, p.28).

Conversely, Newmark (1981) and Van de Broeck (1981) hold that, although factors like style and culture should be taken into account, metaphor is translatable. But they have different views on the approach that should be taken for metaphor translation.

Van de Broeck (1978, 1981) believes that a translation theory’s task is not to prescribe how metaphor should be translated, but to describe identified translation strategies and set up models according to observable phenomena. A descriptive study summarising the translation strategies used can provide a reference for future metaphor translations. Based on his translations from French to German, Van de Broeck (1981, p. 77) summarises three possibilities in metaphor translation: 1) the vehicle of the ST is retained in the TT; 2) the vehicle in the ST is replaced by a different one in the TT; 3) the ST metaphor is rendered by a non-metaphorical expression in the TT.

In contrast to the descriptive approach, Newmark (1981, 1988, 2003) drafts a prescriptive guideline for translation practice and the training of translators. He believes (1981, p. 84) that the purpose of metaphor is to “describe an entity, event or quality more comprehensively and concisely and in more complex way that is possible by using literal language”. He introduces the following terminology into metaphor translation: image, object and sense (Newmark, 1988, p. 105). “Image” is the picture conjured up by the metaphor; “object” refers to what is described or qualified by the metaphor; “sense” is the resemblance, or the semantic area overlapping object and image.

Newmark holds that the strategy used to translate a metaphor will be contingent upon its type. He distinguishes six types of metaphors: dead, cliché, stock, adapted, recent, original, and discusses their respective translation procedures (Newmark, 1988, pp. 95-97). Among these metaphors, he discussed stock metaphors in depth and proposed seven detailed translation procedures, which are arranged in order of preference:

- reproducing the same image in the TL;
- replacing the image in the SL with a standard TL image;
- translation of metaphor by simile;
- translation of metaphor (or simile) by simile plus sense;
- conversion of metaphor to sense;
- deletion;
- use of the same metaphor combined with sense.

Newmark’s focus is on linguistic systems, and his arguments can be linked to the substitution theory of metaphor (Goatly, 2002). This prescriptive guide has been criticised for overlooking cases where a critical role is played by context, or where any given metaphor may not necessarily fall into any of these categories (Hu, 2019).

Mason (1982) argued that the translatability of any metaphor depends on the metaphor's own characteristics. He criticised some of Dagut's translation examples from Hebrew to English. He suggests that the notion of being able to create similar effects in different readers should be treated with caution, as two SL readers rarely interpret a text similarly. Therefore, the translator should be as faithful to the SL text as possible, such that none of its potential for being interpreted differently is lost. Overall, Mason preferred literal translation in dealing with metaphors and did not believe a theory of metaphor translation is possible.

To answer Mason's criticisms, Dagut (1987, p. 82) argued that "what determines the translatability of an SL metaphor is not its "boldness" or "originality," but rather the extent to which the cultural and lexical matrices in which it is set". He recognised that it is difficult to establish exactly what the relevant facts of the SL lexico-cultural matrix are in a given metaphor, and to what extent they can be matched in the particular TL. The translation of that metaphor can be manageable if the cultural background of a metaphor is shared between the speakers of the two languages. In contrast, if a metaphor is culturally specific and delimited to one language's receptors, it is untranslatable.

Dagut (1987, pp.82-83) further explained that a theory for metaphor translation should include two main aspects: 1) it establishes a principle that determines the translatability (ranging from completely untranslatable to literally translatable) of every ST metaphor to in relation to any TL. This gradient is determined by the ST metaphor's cultural and lexical resonances and the extent to which these can be reproduced in the TL; 2) it involves a close investigation of these resonances and the possibility of reproducing them in every particular case.

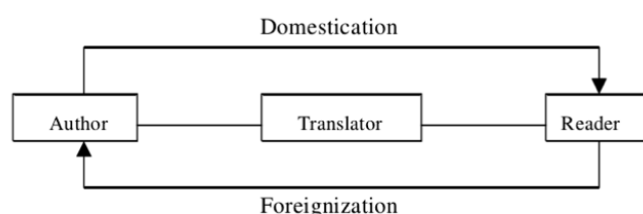
Snell-Hornby (1995, p. 41) agreed with this suggestion by stating that "the extent to which a text is translatable varies with the degree to which it is embedded in its own specific culture,

also with the distance that separates the cultural background of the source text and target audience in terms of time and place.” She further points out that the sense of a metaphor is often culture-specific, and this adds difficulties to cross-cultural metaphor translation (Snell-Hornby, 1995).

When cultural influence is taken into account, translation strategies can be broadly divided into two directions: domestication versus foreignisation, or “fluency” versus “resistance” (Venuti, 1995; 2017). Lawrence Venuti (1995) first coined these two terms in his book *The Translator’s Invisibility: A History of Translation*: domestication is “an ethnocentric reduction of the foreign text to target-language cultural values, bringing the author back home”, and foreignisation is “an ethnodeviant pressure on those values to register the linguistic and cultural difference of the foreign text, sending the reader abroad (Venuti, 1995, p. 20). **Figure 2.12** shows the difference between domestication and foreignisation.

Venuti (1998) further pointed out “Domestication and foreignisation deal with the question of how much a translation assimilates a foreign text to the translating language and culture, and how much it rather signals the differences of that text”. Domestication can cause the loss of information from the SL by making text closely conform to the culture of TL, while foreignisation deliberately breaks the conventions of the TT to retain its meaning from the SL (Gile, 2009).

**Figure 2.12** *Schleiermacher’s Dichotomy of Domestication and Foreignisation*



Nida, in his theory of formal and dynamic equivalence, is a firm proponent of domestication-focused translation. Formal equivalence prioritises providing the same perceptions created by the original text's lexical, grammatical, and structural aspects. Dynamic equivalence prioritises achieving an equivalent effect in readers. Nida insists on the communicative function of translation, suggesting that the choice of words should be adjusted, to accommodate different kinds of readers (Nida, 1964). Nida views readers' responses as the essential standard to judge the quality of a translation. Bassnett (2012) also favours employing domestication to handle linguistic and cultural differences. Diachronically speaking, domestication has enjoyed great popularity among translators and critics of translation history (Shi, 2014).

In opposition to the tradition of domestication, Venuti (2017, p. 18) advocates foreignising-focused translation. As a deconstructionist, Venuti presents innovative points of view, introducing the ideas of cultural colonisation and the translator's invisibility. He explains that he aims to develop a theory and practice of translation that resists dominant values in the receiving culture, to identify the linguistic and cultural differences of the foreign text. He believes that the aim of translation is to force both the translators and readers to know the linguistic and cultural differences of the alien articles, thus maintaining cultural diversity (Venuti, 1995, p. 41). For Venuti, the TT should be "the site where a different culture emerges, where a reader gets a glimpse of a cultural other" (Venuti, 1995, p.306).

The research on metaphor translation has usually been source-orientated, proceeding from the metaphor identified in the ST (e.g. Wiseman, 2001). However, from the perspective of the TT, two additional cases can be identified: the use of a metaphor in the TT for a non-metaphorical expression in the ST and the addition of a metaphor in the TT without any corresponding linguistic expression in the ST (Toury, 1982; 1995; 2012). Toury (2012, p.



199) argues that adding metaphors in some translations can be a solution rather than a problem, as “the adoption of a target-oriented approach leads to an extension rather than reduction of scope, in keeping with actual reality”. But such methods are only practical in creative genres like poetry or novels. In total, Toury (2001, pp.108-110) describes six methods in metaphor translation, namely “translate metaphor A into metaphor A”, “translate metaphor A into metaphor B”, “translate metaphor A into a non-metaphor”, “translate metaphor A into zero metaphor (i.e., complete omission, leaving no trace in the target text)”, “translate non-metaphor into metaphor”, and “translate zero metaphor into metaphor (i.e., addition, pure and simple, with no linguistic motivation in the source text)”.

Much of the research on metaphor has been focused on literary work. Many studies have been done in this area such as Macadam’s (1975) research on the translation of Bolhes from Spanish to English, Waldau’s (2010) study on the translation of metaphors in children’s literature from Swedish to English, and Waard (1973)’s research on the unsolved issue in translating metaphors in the Bible.

In recent years, metaphor studies have also examined non-literary areas such as medicine, education, science, psychology, news, and feminism (Sun, 2017). The major inspiration for the development of metaphor translation in these areas has come from research conducted within the framework of Descriptive Translation Studies (DTS), which aims at the description of translations “as they manifest themselves in the world of our experience” (Holmes, 1988, p.71). The DTS framework defines translation as norm-governed behaviour and discusses the socio-historical conditions in which translations are produced and received, identifies regularities in translators’ behaviour and links such regularities to translation norms that operate both in the social event and the cognitive act of translation (Toury, 2012). Thus, the translation of metaphors in a specialised text begins with a descriptive account of

which metaphors are used, and how, and what the translation strategies and their effects are. The feasibility of different translation theories in the text can be examined in the process (Shuttleworth, 2013).

### **2.3.2 Translation of Metaphors from a Cognitive Perspective**

Snell-Hornby (1995) proposes that metaphor translation consists of three discursive dimensions: linguistic, conceptual, and cultural. From the cognitive perspective, metaphor is not merely a linguistic style of expression; rather, it is seen as a fundamental resource for thought processes (Lakoff & Johnson, 1984). Schäffner (2004) discusses the translation of metaphors from a cognitive approach and states that from a cognitive perspective, the translatability of metaphor is no longer a question but is linked to conceptual systems in source and target cultures.

According to Lakoff and Johnson (1980, p. 12), “a culture may be thought of as providing, among other things, a pool of available metaphors for making sense of reality”; “to live by a metaphor is to have your reality structured by that metaphor and to base your perceptions and actions upon that structuring of reality”. This is related to the fact that people from different cultures often have idiosyncratic cognitive strategies, due to the diversity of their histories, cultures, geographical environments, and social systems (Schäffner, 2004). These differences contribute to the formation of specific expressions within each language and require that factors such as culture, custom and social institution should be factored into the act of translation. It is often difficult to find an exact equivalent in the target language when translating a metaphor; viewing a metaphor from a cognitive perspective can help achieve a better understanding of the metaphor beyond the linguistic level, which in turn assists in finding a well-considered translation solution.

Lakoff and Johnson (1980) suggest that there exists a set of primary conceptual metaphors, which are pre-linguistic and universal, along with a set of conceptual metaphors which are language-specific. They believe that embodiment provides a cognitive basis for the translatability of different languages (see Section 3.1.1). People of different cultures sometimes have similar bodily experiences, so they come up with similar conceptual metaphors. Gibbs (2004, p.1200) claims “a significant aspect of metaphoric language is motivated by embodied experience”. He implies that metaphor translation can be operationalised by identifying those conceptual metaphors (and similar linguistic realisations) that occur in common across cultures and languages (Schäffner & Shuttleworth, 2013).

This explains the straightforward task of translating some universal metaphors that denote similar ideas in different cultures. Research on conceptual metaphors of perception across several languages finds that, in some cases, they are highly consistent (e.g., Deignan et al. 2004; Gibbs 2004; Sweester, 1990). Yu (1998) analysed Chinese metaphors of anger and found that the heat and pressure elements of the metaphors are the same as those in English. The only difference is that in the Chinese metaphors, anger is characterised by the heat and pressure of gas, instead of fluid. Kövecses (2005) examined metaphors for happiness in Hungarian and found many commonalities with those used in English and Chinese. The similarities between metaphorical mappings found by these researchers show that some conceptual metaphors are shared.

While complete consistency of metaphors across different cultures has not been found (Deignan & Potter, 2004), Chitoran (1973, p. 69-70) states that while significant differences in environment, climate, and cultural development exist among various communities, nevertheless a common biological history links human societies. The objective reality in

which people of different cultures live is not identical, but it is by and large similar. Gibbs (2004, p. 1208) points out that linguistic expressions not closely connected to metaphorical concepts grounded in our embodied experience are likely to be more challenging to translate, as these metaphors usually depend on conventional mental images, and commonplace knowledge, within a culture.

Therefore, because different cultures conceptualise the world differently, some metaphors are characterised as being culture-specific (Jensen, 2005). Metaphors reflect the philosophical insights, logic, wisdom, and social conventions at the time of their creation. In other words, these metaphors reflect the human experience in society. They help expose the way social conventions are embedded in language. Thus, attempts at the literal translation of metaphors in SL will likely result in inadequate output, especially when these expressions draw on culturally specific ways of thinking.

By comparing conceptual metaphors in English and Japanese, Hiraga (1991) concluded that the two languages present similarities and differences in conceptual and linguistic metaphors, which cultural variations can explain. He proposes the Comparative Culture Model, which includes four models of conceptual metaphors between English and Japanese: 1) similar conceptual metaphors and similar linguistic metaphors; 2) similar conceptual metaphors and different linguistic metaphors; 3) different conceptual metaphors and the same linguistic metaphors; 4) different conceptual metaphors and different linguistic metaphors.

After investigating the implications of these similarities and differences in the translation process, Mandelblit (1995, p. 483) pointed out that the difficulty in metaphor translation “resides in the use of different metaphorical mappings between the source language (SL) and the target language (TL) to express the same idea”. To him, metaphor translation involves not only a transfer process from one language to another but also a transfer from

one way of conceptualising the world into another. Mandelblit (1995, p. 491) proposed the “Cognitive Translation Hypotheses” (CTH) and devised two schemes of cognitive mapping conditions: Similar Mapping Condition (SMC) and Different Mapping Condition (DMC). The first assumed that the linguistic metaphors in the source and target texts are based on the same metaphorical mapping. The second implied that a difference exists in the metaphorical mapping.

According to Mandelblit (1995), the translation of SMC-type metaphors is straightforward, while that of the second condition is problematic and requires more time to be done well. He based his claim on the measurement of the time translators need to translate metaphors and found that metaphorical expressions that exploit a cognitive domain that is different from the one in the TL take more time to translate. Mandelblit (1995, p. 493) offers this explanation, “the difference in reaction time is due to a conceptual shift that the translator is required to make between the conceptual mapping systems of the source and target languages.” This is because the search for a cognitive equivalent for an SL metaphor in the TL takes time. In other words, the translator needs to find a conceptual mapping that suits the TL reader. The task can be fulfilled without significant delay if a similar TL cognitive domain exists. If not, the translator has to look for the cognitive domain that works in the TL as well as the one used in the SL (Mandelblit, 1995). The result of the first scenario is often an equivalent metaphor or a simile in the TL. The result arising from the second scenario is open to many possibilities: a metaphor might be rendered into a simile, a paraphrase, a footnote, an explanation, or an omission.

Mandelblit’s approach, and more recent applications of his approach, were process-oriented and did not fully account for the implications of the cognitive approach to product of metaphor translation (Merakchi, 2020). Based on Hiraga’s and Mandelblit’s models,

Schäffner (2004) and Maalej (2004) describe the implications of the cognitive approach on product and process of metaphor translation and try to outline some patterns.

Schäffner (2004, p. 1267) compared German political ST and English TT from a cognitive perspective and identified the following translation patterns: 1) conceptual metaphor is identical in the ST and TT; 2) structural components of the base conceptual schema in the ST are replaced in the TT by expressions that make entailments explicit; 3) a metaphor is more elaborate in the TT compared to the ST; 4) ST and TT employ different metaphorical expressions which can be seen originating from same abstract conceptual metaphor; 5) TT highlights a different aspect of the conceptual metaphor.

Maalej (2004) focused on the translation of metaphors between English and Tunisian Arabic, which he considered as remotely unrelated cultures that show more dissimilarities than commonalities. His cognitive model for translating metaphor consisted of three steps (Maalej, 2004): 1) unpack the SL into the conceptual counterparts in the TL; 2) compare cultures using Hiraga's comparative culture model; 3) repack the metaphor into the TL. The *repack* refers to the re-expression of the SL into its equivalent in TL on the basis of understanding how the metaphors are structured. This understanding must be embedded in a pattern of cultural beliefs and practices. Hence, the cultural aspect of a metaphor and "the distance that separates the cultural background of the source text and target audience in terms of time and place" determine how the metaphor should be translated (Maalej, 2004, p. 64). Maalej provided a model for metaphor translation based on the process of translation.

In order to check the similarities and differences of conceptual metaphors, Maalej (2004) adopted a literal translation of metaphors. If the literal translation made sense, he interpreted this as evidence of a shared conceptualisation between English and Tunisian Arabic; if it did not, he would conclude that the two languages use different conceptualisations (Maalej, 2004,

p. 69). Maalej (2004) found that there are more differences than similarities between English and Tunisian Arabic and argued that these differences could make the translation challenging. However, this finding was based on a short satirical novel and might not be widely applicable.

### **2.3.3 English Translation of TCM Metaphors**

As introduced in Section 2.2.4, a prominent feature of TCM language is its widespread use of metaphor. Unschuld (1986) suggests that the metaphoric image in TCM texts is crucial for Chinese readers to comprehend and accept the principles behind TCM. Jia (2012) also points out that it is impossible to fully grasp the concepts and theories without a thorough understanding of the metaphors in TCM, as understanding the source text is fundamental to effective translation (Jia, 2012). This section will review the current progress in the English translation of TCM metaphors.

The commonly used methods in translating TCM metaphors are literal translation, free translation, pinyin transliteration, and thick translation (a strategy featuring an abundant use of annotations and glosses), depending on the context (Niu, 2004c; Li, 2005). These are discussed below.

Literal translation can sometimes retain the cultural connotation in the metaphor used in the TL (Fan, 2012). For example, it can be effective when the TL and SL versions of the metaphor bear a physical resemblance, as shown by the translation of an ontological metaphor *zhizhu zhang* 蜘蛛胀 into “spider-like distension”. This term uses information related to the image of spiders, that is, the physical characteristics of spiders. This information can be combined with the new concept of “swelling” to help understand the TCM concept. Similar examples are seen in the translation of *hou gan* 猴疔 as “hoof-shape

anal fistula” and *mati lou* 马蹄漏 as “monkey-like buttocks of new-born babies” (Tang, 2010).

However, the literal translation of culturally specific terms is less effective. Culture-specific terms refer to the words or phrases commonly known within one country but not another, such as yin and yang. If they are constantly being rendered as yin and yang, regardless of the context, this may mislead TL readers into thinking that yin and yang always carry the same meaning in TCM, which is not true. Cultural awareness is of great importance for high-quality translations of TCM. Because of cultural differences, literal translations that aim to retain the form of the original language sometimes fail to deliver the sense of the original metaphor (Pritzker et al., 2014).

Reaching a stable, unambiguous, literal meaning is impossible when texts are devoid of context and there is little shared knowledge between authors and readers (Gibbs, 1994). Mistranslations caused by a lack of cultural knowledge are commonly seen in literal translations of TCM metaphors and these hinder the comprehension and transmission of TCM knowledge. Fan (2012) claims that some metaphorical images in TCM terms are used to summarise or stress an understanding of a condition, but lack any significant medical value. For these metaphors, the translator can take a free translation approach and discard the vehicle, to better ensure the delivery of its medical meaning. For example, for “*Qi zhe, ren zhi genben ye; gen jue ze jinye ki yi* 气者，人之根本也；根绝则茎叶枯矣”，a literal rendition could be “Hence Qi is the root of the human body.[If] the root is cut off, the trunk and the leaves will surely dry up” (Li, 2008b, p. 1021). The metaphor used in the second half of the sentence is used to illustrate the meaning of the first half. Translating it literally does not provide any additional information, so it can be omitted without incurring any loss of health-related information.



Fan (2012) points out that the Chinese language has changed significantly since ancient times. Thus, the translation of metaphors in TCM classics should always focus on their medical value instead of the ancient literal meanings. But Niu (2014c) argues that some TCM terms are closely linked to Chinese philosophy and culture; abandoning them is to dissect its medical theory, leaving it incomplete.

Transliteration is commonly seen in the English translation of acupuncture points. The naming of acupoints is mostly metaphoric, borrowing images from astronomic and atmospheric changes or phenomena, climate, geographic features (mountains, rivers, terrain) and social structures (Xiao & Xu, 2011). However, such borrowed images are often not amenable to replication in the target text. In the *Standard International Acupuncture Nomenclature* published by the WHO (World Health Organization, 1991), pinyin transliteration without tone marks is adopted as the official guide for TCM overseas education. Although this standard nomenclature promotes the transmission of acupuncture-related knowledge, it has drawbacks. First, the Chinese names of acupoints often have homophonic characters. For example, the pinyin for both 伏兔 and 扶突 is *futu*, and for both 中渚 and 中注 is *zhong zhu* (Yang & Han, 2012). Without knowledge of Chinese, such terms will be difficult for non-Chinese TCM learners to differentiate. Another aspect of this nomenclature that has been criticised is that the use of pinyin does not actually provide a translation. It is a phonetic system of Chinese, and the prolific use of pinyin as a translation method, at the expense of offering TL renditions that are meaningful, fails to capture the richness behind the names in the SL (Jiang & Zhang, 2015b).

The above translation strategies may not be ideal for some condensed metaphorical terms. Shen (2009) suggests “thick translation”, meaning a translation with notes, comments and background knowledge. When the source domain and the metaphorical implications are not

the same in source and target cultures, he believes thick translation is the best way to maintain the full meaning of a TCM metaphor with all its richness. Lan (2010) proposed that the English translation of Chinese medical terms should prioritise reflecting the metaphorical connotations so that the philosophical thinking of Chinese medicine can be better conveyed in the English versions. But thick translation has been criticised as making a translation too lengthy to read (Jiang, 2019; Li, 2021).

As reviewed in Section 2.1, translators of TCM classics, especially *Neijing* and *Shanghan Lun*, come mainly from three types of backgrounds: professional translators, TCM practitioners, and TCM enthusiasts with biomedical training. In translating Chinese medicine, background training in Chinese clinical medicine has been considered critical (Niu, 2004b). Also, some background training in Western medicine is equally essential (Pritzker et al., 2014). Professional knowledge can help a translator make an informed decision when translating difficult metaphorical terms.

#### **2.3.4 Translating TCM Metaphors: A Cognitive Perspective**

The emphasis on formal equivalence can impact the comprehensibility of terms and concepts in TCM diagnosis and treatment (Unshuld, 2010). A crucial factor for the successful communication of figurative language is that both the communicator and the audience share the same cognitive environment (Gutt, 1992). If this is possible, the audience will be able to draw effective contextual conclusions. Otherwise, it is necessary to reconstruct the cognitive environment, to successfully transfer the richness of nonliteral meaning across cultures.

Take the translation of *kere* 客热 for example. In TCM, *kere* is a metaphor to indicate that the heat which causes the illness is not generated internally but due to external factors. In this case, TL readers may find it difficult to infer the intended meaning from literal translations such as “visiting heat”, “visitant heat” and “guest heat”, or “false heat”. These

translations do not create the same cognitive environment. The rendition of “heat caused by exogenous pathogen” does help to convey the message, as it is a reconstruction of the original environment that takes into account the cognition of English readers familiar with the effects of external pathogens (Gu, 2018).

Preserving the metaphorical image can also be essential for diagnosing a disease. An instance to illustrate this point is the translation of the relationships between the internal organs. TCM classics were finished when there were sovereigns in charge and ministers to execute the emperor’s orders. This schema has been applied to the TCM theory of visceral manifestation to describe the function of organs (Li, 2016). For example, the heart is called *junzhu zhi guan* 君主之官 (sovereign/emperor) and the lungs are called the *xiangfu zhiguan* 相傳之官 (ministers). The imperial court-related metaphor describes the importance of the heart by calling it the sovereign of the body; meanwhile, the lungs are the ministers as they can report the status of all the meridians and acupoints to the heart. Other organs are analogous to various officials: the liver is the general, the stomach the minister for granaries, the gallbladder the minister for courage and initiative, and the large intestine the minister for transportation, all being ruled by the sovereign heart. The metaphors are essential to illustrate the understanding of organs in TCM.

Identifying the conceptualisations involved in TCM metaphorical expressions also provides insights into the translatability of TCM metaphors. As discussed in 2.3.2, the translatability of TCM metaphors depends on the extent to which the conceptual system of the source culture is linked to the target culture. Translatability can be achieved by shifting the focus from reproducing the linguistic expressions to identifying and reproducing the conceptualisation behind any particular expression. With such an approach, the issue of translatability is associated with the “level of convergence and/or divergence between the

conceptual systems of source and target cultures, and the amount of common experiential basis shared between the languages (Papadoudi, 2010).

For example, *jin shi bu ming* 金实不鸣 is a term to describe hoarseness originating from the lungs, and *fu di chou xin* 釜底抽薪 is a metaphorical way to describe a treatment method that uses a strong TCM formula to drastically reduce fever. Both are ontological metaphors. If a translator retains the images, they might be rendered as “solid bell metal cannot ring” and “take away the firewood from under the cauldron”. These literal translations can be difficult for English-speaking readers who lack similar cognitive experiences. If, however, they are translated as *hoarseness or aphasia caused by asthenia of lung energy* and *drastically purgative treating method*, respectively, this may facilitate the readers’ understanding of the intended meaning (Tang, 2010).

Zhang and Du (2011) analyse the translation of metaphors in TCM from a cognitive perspective and presents five strategies:

- equivalent mapping, i.e. the source domain and the target domain of the metaphors in ST are precisely the same as those of the TT;
- using a simile to translate the metaphor;
- transformed equivalent translation, i.e. use another metaphorical image that has the same cognitive meaning to replace the original metaphor;
- direct narrative equivalence, i.e. abandon the metaphor and narrate the medical knowledge directly;
- complemented equivalent translation, i.e. maintain the original metaphor but add some background information to achieve equivalence.

However, like other studies on the translation of TCM metaphor (e.g., Hui et al., 2010, Hu et al., 2019, Liang, 2014), Zhang and Du’s study only discussed the translation of specific examples under each proposed strategy. It did not investigate the effect of these translation methods on different types of metaphors.

## 2.4 Summary

In the history of TCM transmission from China to the West, TCM classics have played an essential role. Among these, *Neijing* and *Shanghan Lun* are the most significant and the most frequently translated. The distance in time from when they were compiled, and the ancient classical Chinese they use, add to the challenges in translation. As of today, there are 26 English versions of *Neijing* and 9 of *Shanghan Lun*. But the translations of the TCM terms in the books are inconsistent. There are several standardised English nomenclatures in TCM that have the potential to help with this situation. However, they are not widely used, and this is mainly due to the difficulty in dealing with the metaphorical language used in the classics.

Although there are many ways to define a metaphor, common ground can still be found: metaphor is a linguistic phenomenon that involves two different things sharing some similar or related qualities. Among the various approaches to metaphor, comparison theory believes that metaphor is an implicit comparison based on analogy. Substitution theory holds that metaphor is a substitute for a literal expression with the same meaning. Both theories regard metaphor as ornamental and peripheral in language and fail to recognise the importance of metaphor in expressing human thought. Interaction theory starts to notice that both the tenor and the vehicle of a metaphor are of the same significance in fully delivering the meaning. The interaction between them makes up the core of the meaning.

Contrary to the other three theories, CMT sees metaphor as concerned with thought and holds that the formation of a conceptual metaphor is not based on similarities between the two concepts but rather on the correlation of our experience in both source and target domains, as well as on our ability to structure one concept in terms of the other. Metaphors are abundant in TCM, and although CMT has been introduced to the study of metaphors in

yin-yang, five phases, visceral manifestation, aetiology and pathogenesis, a systematic review of metaphors in diagnosis and treatment is still lacking.

From the perspective of translation study, Dagut proposes that, from a cognitive perspective, the translatability of metaphor is no longer a question but is linked to the level of overlap of the conceptual systems in the source and target cultures. People in different cultures have unique ways of cognition due to the diversity of their histories, cultures, geographical environments, and social structures. All these factors will be taken into account if metaphors are approached from a cognitive perspective. This also requires the translator to be familiar with both source domains and target domains in the two cultures.

As ongoing research on metaphor translation has reached into non-literary areas, DTS has emerged as a practical approach to describe the translation of metaphors in a specialised text and to understand the socio-historical conditions in which translations are produced and received. DTS suggests that summarisation of the strategies used by translators will reveal patterns that will provide a frame of reference for future translations of the same type. The commonly used translation methods while dealing with TCM metaphors have, however, been proposed based on isolated examples, and a more thorough and systematic investigation is needed.

### **Chapter 3 Metaphor Translation: A Multidimensional Framework**

Chapter 2 has established that the analysis of metaphor translation requires linguistic, cultural, and conceptual dimensions, which will be discussed in depth in this chapter. This chapter consists of five sections. Section 3.1 introduces the development of Conceptual Metaphor Theory (CMT) and some of its fundamental concepts, as well as the main criticisms of CMT. From the perspective of translation studies, Section 3.2 reviews the

notion of equivalence and its taxonomy and brings the focus of metaphor translation from finding linguistic equivalents to reaching equivalence on the conceptual level. Section 3.3 highlights the importance of culture to the analysis of metaphor in translation. Section 3.4 introduces existing metaphor identification procedures as a prelude to developing the methodology in Chapter 4. Section 3.5 summarises the key points discussed in the current chapter.

### **3.1 Conceptual Metaphor Theory**

The work of cognitive linguists and psychologists in uncovering conceptual metaphors in English and other languages is characterised by the proposition that metaphors reflect how we think and interpret our experiences (Jensen, 2005; Lakoff, 1993; 2009; 2012; 2014; Lakoff & Johnson, 1980c; 1999; Mooij, 1993; Ortony, 1993; Shuttleworth, 2013; 2014; 2017). This section presents the development, main claims and features, and some key components of the Conceptual Metaphor Theory (CMT). Some weaknesses of CMT are also discussed, as they help to explain the necessity of considering the importance of equivalence in translation studies, the role of cultural influence on translation, and the need for a systematic method to identify metaphor.

#### **3.1.1 Key Propositions of Conceptual Metaphor Theory**

Lakoff and Johnson (1980a) claim that metaphor is pervasive in both thought and everyday language, most typically in conventional metaphors, like “Love is a journey”. According to the traditional theories on metaphor (discussed in Section 2.2.1), conventional metaphors are interchangeable with dead metaphors - conceptual metaphors that have become so commonplace that by now they have lost their vigour and have ceased to be metaphors at all. This account is disputed by Lakoff and Turner, who argue, “Like principles of phonology and grammar, conventional metaphors are relatively fixed, unconscious, automatic, and so

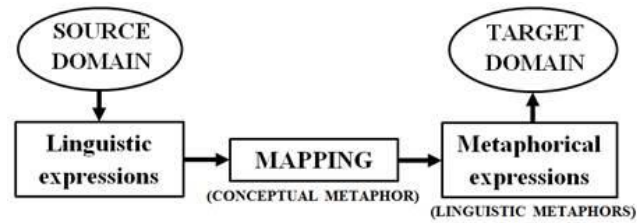
alive that they are used regularly without awareness or noticeable effort". This level of automaticity means that conventional metaphors govern our thinking without us realising it.

According to the CMT, metaphors enable us to comprehend complex and abstract aspects of reality in more concrete, familiar, and easily imaginable terms (Demjén & Semino, 2016; Semino & Steen, 2008). They can delineate ideas that are too difficult or impossible to express using literal language and convey information more expressively (Gibbs, 1994, p. 194). Furthermore, metaphors can be a compact and condensed yet effective means of communication, since they persuade and entertain the audience with concepts that they are already familiar with (Semino & Steen, 2008).

CMT challenges the views of conventional theories by proposing that the use of metaphor has the following three features (Kövecses, 2002; 2008; Lakoff, 1993; Lakoff & Johnson, 1980a; 1980b; 2003). Firstly, metaphor serves as an essential tool by which we conceptualise reality. The way we conceptualise then has an impact on the way we behave. Secondly, metaphor is not a privilege of the elite but a matter of ordinary, everyday language. Some conventional metaphorical concepts are realised by the language we use daily to communicate our experiences, including abstract concepts. It is an inevitable process of human thought and reasoning. Thirdly, metaphor is a mapping from one conceptual domain to another conceptual domain. The mapping is not based on similarities between the two concepts, as believed by the comparison theory of metaphor, but on the correlation of our experience in these two domains and the way we structure one concept in terms of the other.

**Figure 3.1** *The Composition of a Conceptual Metaphor*





As shown by **Figure 3.1**, the two conceptual domains mentioned above are referred to as the source domain and the target domain. The source domain is the one from which we draw metaphorical expressions to understand the target domain. The target domain is what we try to understand through the source domain. In other words, metaphors are characterised by the formula “A is B” in which the target domain A is comprehended through the source domain B. This comprehension is achieved by a set of mappings, i.e., systematic correspondences between target A and source B (Lakoff & Johnson, 1980c). Subsection 3.1.2 provides more details on the source domain, target domain, and mapping.

CMT also distinguishes conceptual metaphor from its metaphorical linguistic expressions by claiming that conceptual metaphor is a conceptual device realised through a linguistic expression (Lakoff & Johnson, 1980b; 2003). By separating metaphorical linguistic expressions from conceptual metaphors, CMT holds the view that “metaphorical language is merely a surface manifestation of conceptual metaphor” (Yu, 1998, p. 32). In other words, the metaphorical expressions that characterise “A is B” type formulas are regarded as the linguistic realisations or manifestations of underlying conceptual metaphors that come from the language or terminology of more concrete conceptual domains (Kövecses, 2002, p. 29). For example, a widely cited example in CMT is that our understanding of life is in terms of a journey. The linguistic expressions related to life come from the embodied experience of journey, and the metaphor itself is the corresponding conceptual metaphor. Based on this claim by CMT, conceptual metaphors will be inferred from linguistic metaphors to

investigate their function in TCM diagnosis and treatment instead of drawing conclusions from individual metaphorical linguistic expressions.

Conceptual metaphors are mostly unidirectional (Kövecses, 2002). In some cases, the source and the target can be reversed. But reversibility is found commonly in isolated metaphorical linguistic expressions, not conceptual domains (Kövecses, 2002, p. 25). Jäkel (1993) tested the notion of metaphor's unidirectionality and found that conceptual metaphors are not reversible in most cases. The most common source domains are found to be concrete, while the most common targets are abstract concepts. The apparent tendency is for conceptual metaphors to go from an abstract to a concrete domain (Semino & Steen, 2008). In this way, conceptual metaphors can help understand intangible and difficult-to-understand concepts.

### ***Embodiment Hypothesis in CMT***

The embodiment hypothesis in CMT states that human beings systematically characterise abstract ideas such as thoughts, religious beliefs, and political and ethical situations in terms of bodily experience (Kristiansen et al., 2006, p. 125). We use available models to create the metaphors we employ, with the human body as the most basic structure. In other words, our interpretations of ourselves create the world, which influences how we understand ourselves (Csikszentmihalyi & Rathunde, 1993). The human body is at the core of such an interaction.

The metaphorical expressions such as “He got a head start in life” or “I am at crossroads in my life” originate from the conceptual metaphor “Life is a journey”, which reveals that we think of life metaphorically as a journey from a starting place to a destination (Lakoff, 1993). It is linked to the embodied experience of motion and the notion that we are going through life as if moving through space.

Interestingly, however, in our experience of the diseases that affect our bodies, most people lack the detailed anatomical or physiological knowledge required to understand what is

happening in a direct and concrete way. So, to interpret many such bodily experiences, they tend to rely on conceptual structures other than, say, the actual anatomical structures that might be involved (Yu, 1998). In our quest to interpret the more obscure events of the body, we thus reverse the process of embodiment, and consistently turn to things in our surroundings, such as nature, technology, science, and religion, to formulate the metaphors we use.

### ***Mapping Between the Source Domain and the Target Domain***

Emerging directly from the embodiment hypothesis, a basic point of the cognitive approach to metaphor is that we, as humans, map our understanding of the structure of a concept from one domain of experience (source domain) onto another (target domain), which is a kind of mental connection made between two unrelated concepts or areas of experience. This process allows us to think and talk about one of these concepts or areas in terms usually reserved for the other; also, it potentially prevents there being an unlimited number of metaphorical expressions relevant to that particular area (Evans, 2006, p. 295; Lakoff, 1993, p. 203).

The relationship between source and target domains is referred to as “mapping”, a set of correspondences between the two (Kövecses, 2010; Lakoff, 1993; Lakoff & Johnson, 1980; 2008). As mentioned above, source domains are generally more concrete and physical, and target domains are more abstract. With source domains of spatial and bodily experiences, mapping enables us to think abstractly and talk about concepts in target domains that we cannot otherwise grasp concretely.

In the above-mentioned conceptual metaphor, “Life is a journey”, the word “journey” is the source domain denoting a more concrete experience, whereas “life”, the target domain, is

more abstract. Here are some linguistic expressions in English originating from this metaphor, listed by Kövecses (2002, p. 2):

1. He's without direction in life.
2. I'm where I want to be in life.
3. She'll go places in life.
4. He's never let anyone get in his way.
5. She's gone through a lot in life.

The corresponding mappings that connect the source and the target domains are as follows:

1. Both have a beginning and an end.
2. Both can be pleasant or unpleasant.
3. Both can be short or long.
4. Both imply changes in places and positions.
5. In both, hindrances and problems can be faced.

The examples above show that our perception of life (an abstract target domain) is organised from our experience of a journey (a concrete source domain). The point of life is understood in terms of the direction of a trip (example 1). Being happy about the current status of life feels similar to being in the place "I want to be" (example 2). An eventful life is like a journey full of significant waypoints (example 5).

These mappings are based on image schemas in which concepts that can be directly understood are used to metaphorically structure other abstract concepts (Lakoff & Johnson, 1987). Some image schemas include: container, balance, source-path-goal, blockage, link, and centre-periphery. The image schema for the aforementioned mappings is the source-path-goal schema, the most common schema that emerges from the experience of our physical functions (Yu, 1998, p. 27). In this schema, experience, emotion, and abstract reasoning are understood through the bodily experience of moving from a starting point to a

destination, suggesting that our conceptual system relies on non-metaphorical concepts to realise the mapping (Yu, 1998, p. 12).

It is worth noting that when two domains of experience are linked by a metaphor, only certain aspects of both domains are highlighted. As Lakoff (1990, p. 54) says, “metaphorical mappings preserve the cognitive topology (that is, the image schematic structure) of the source domain”. Most source domains have an image-schematic structure motivated by “recurring, dynamic patterns of our perceptual interactions and motor programs that give coherence to our experience” (Lakoff & Johnson, 1987, p. xix). Therefore, the mappings can conceal aspects that are that within the image schematic structure. For example, in the “Theories are buildings” mapping, aspects such as the strength and foundations of buildings are emphasised. In contrast, other aspects such as shape, colour, the presence of windows or other dissimilar parts, remain hidden. This focus on only some similarities between the source and target domains is known as the partial nature of mapping (Evans, 2006; Kövecses, 2005). The partial nature of the mapping means that not all features applying to the source domain apply to the target domain. Finding the correct mappings is the beginning of navigating metaphor translation.

### **3.1.2 Limitations of Conceptual Metaphor Theory**

CMT has brought many insights into metaphor studies and metaphor translation. However, it is not without its critics (El Refaie, 2001; Cameron & Deignan, 2006; Deignan, 2008a; Deignan, 2008b; Kövecses, 2010). It has been pointed out that CMT fails to recognise the importance of context. Besides, it focuses heavily on conventional metaphors and lacks consistent criteria for metaphor selection.

Lakoff and Johnson’s approach views metaphors as relatively fixed and universal patterns of thought; yet social, historical and political circumstances “can have an important

influence on the choice and specification of metaphors” (El Refaie, 2001, p. 368). As Chilton (1996) points out in his political discourse analysis, metaphors are not pre-given but are constituted interactively. Most importantly, CMT does not fully consider cross-cultural perspectives and the role of cultural models in shaping our thinking (Fernandez, 1991; Dobrovol’skij & Piirainen, 2005). Quinn (1991) claims that cultural models play decisive roles in shaping how we conceptualise and understand reality, with metaphors simply chosen to match the already existing models in our minds. The role of cultural influence in metaphor research will be discussed in detail in Section 3.3.

As conventional metaphors provide a better explanation of the embodiment of conceptual metaphors, CMT focuses more on conventional metaphors rather than novel or creative metaphors (Cameron & Deignan, 2006; Kövesces, 2010). Conventional metaphors are thought to be easier to identify and easier to translate than creative or novel ones (Dagut, 1976; Newmark, 1988). As seen earlier in Chapter 2, in the genre of TCM texts, metaphors fulfilling different functions are mixed together, with the main two functions argued to be terminological and explanatory. The metaphorical language used in the TCM context brings more translation challenges than text relying more on conventional metaphors, as there is a terminological gap between Chinese and English. To reveal what is kept and missing in the translation of conceptual metaphors in TCM, this study discusses the effect of each rendition in terms of achieving linguistic or conceptual equivalence (equivalence in translation studies is discussed in section 3.2).

Deignan (2008b) criticises CMT’s prioritising of the conceptual level of metaphor, such that diminishes the linguistic level, and proposes that CMT also lacks the methodological tools to support its points. She argues that the linguistic data used to support CMT are generally separate sentences or short paragraphs that lack the necessary context for interpretation and

thus can be seen as invented data. Deignan (2008b) advocates using corpus-based approaches to give more consistency to pre-existing claims. The claimed correspondence between the conceptual metaphors and linguistic expressions can then be tested with actual examples.

Gibbs (2011) further points out that CMT analyses of metaphor typically do not provide explicit criteria for what constitutes a metaphor in language, either at the level of words or phrases. Further, he points to its lack of systematicity when considering a given set of language expressions referring to a specific abstract target domain, and its inability to determine how representative isolated, self-constructed examples or individual examples are in real discourse. Low and Todd (2010) warn against the dangers of overgeneralising on limited linguistic evidence and point to the need to establish a consistent procedure for identifying conceptual metaphors. The identification of metaphors in texts will be discussed further in Section 3.4.

### **3.2 Equivalence in Translation Studies**

As equivalence is assumed in Descriptive Translation Studies (DTS), investigating which kind of equivalence has been achieved by the translation product can help better illustrate the difference between translating a linguistic metaphor and translating its corresponding conceptual metaphor. In translation studies, equivalence has been used by many scholars to describe the nature and the extent of the relationships which exist between ST and TT. In some senses, equivalence is the interlingual counterpart of synonymy within a single language. This section will introduce the transition from linguistic equivalence to cognitive equivalence.

According to Nida (1964), the best translation should be able to evoke in the TL reader the same response as the SL text does in the SL reader. This similarity of response may be

achieved provided that the following two conditions are met. First, the translator must understand how receptive readers perceive the world and structure their experiences. Second, he/she must also try his/her best to find a way to accommodate the translation text to the experience of the TL reader and to the way it is recoded in the TL. Nida was translating the Bible when he proffered his views about equivalence, so he was trying to impact the various audiences that he was simultaneously addressing the same way by proposing dynamic equivalence (Nida & Taber, 1969; Panou, 2013).

Van den Broeck (1978, p. 40) later questions the possibility of measuring the equivalence effect, since no text can have the same effect or elicit the same response in two different cultures and different periods. Gentzler (2001) disputes the concept of dynamic equivalence, proposing that it would not be possible, for example, to proselytise readers, regardless of their culture, to endorse the ideas of Protestant Christianity. Nevertheless, with a synthetical study of semantics, function, context and culture, Nida has produced a systematic and analytical procedure for translators and brought readers into the translation process.

Using comparative linguistics and semantics, Newmark (1981; 1988) replaced Nida's terms of formal and dynamic equivalence with semantic and communicative translation, respectively. The major difference is that semantic translation focuses on meaning, whereas communicative translation concentrates on readers. He defines semantic translation as "attempts to render, as closely as the semantic and syntactic structures of the second language allow, the exact contextual meaning of the original" (Newmark, 1988, p. 39). On the other hand, communicative translation attempts to produce in its readers an effect as close as possible to that in readers of the original. Newmark (1981) believes that literal translation is the only valid approach in both semantic and communicative translation.



Although Newmark has been criticised for his prescriptivism (Munday, 2009, p. 46), the wealth of practical examples in his books has added value for translators.

Koller (1993) further distinguishes five different types of equivalence: a) referential or denotative equivalence in which the ST and TT words are supposed to refer to the same thing in the real world; b) connotative equivalence in which the ST and TT words trigger the same or similar associations among the native speakers of each language; c) text-normative, or text type-based equivalence relating to ST and TT words being used in the same or similar contexts in their respective languages; d) pragmatic equivalence in which the ST and TT words exert the same effect on their respective readerships (corresponding to Nida's dynamic equivalence); and, d) formal equivalence, in which the ST and TT words have similar orthographic or phonological features. He argues that a hierarchy of values can be preserved in translation only if the translator comes up with a hierarchy of equivalence requirements for the target text (Koller, 1993, p. 89). Koller (1995) emphasises that equivalence is a relative concept, as it is not only determined by the historical-cultural conditions under which texts are produced and received but also by a series of linguistic-textual and extra-linguistic concerns which are frequently difficult to reconcile.

Baker (2018) adopts Koller's view, that equivalence is relative because it is influenced by various linguistic and cultural factors (p. 6). Her book, *In Other Words*, is structured around various kinds of equivalence, including textual and pragmatic equivalence (Baker, 1992, 2018). Textual equivalence refers to equivalence that may be achieved between the ST and TT in terms of cohesion and the information conveyed. Baker argues that the linguistic and cultural features presented in a text are of immense importance to translators since they facilitate their own comprehension and analysis of the ST, and thus help them to produce a coherent text in the TL. The translators' decision to maintain the cohesive ties that exist in

the SL text will be guided by three factors: the target audience, the purpose of the translation and the text type. Pragmatic equivalence mainly deals with implicature, that is, what is implied other than the literal meaning. In other words, the focus of interest is not on what is explicitly said but on what is intended or implied in a given context.

Toury (1995, p. 28), on the other hand, believes that every translation is “a concrete act of performance”. He proposes that each TT should be approached with regard to the particular norms under which it was produced, as “the (type and extent of) equivalence manifested by actual translations” was determined by these norms (Toury, 1995, p. 61). Thus equivalence is no longer a set of criteria that translations have to comply with but rather a group of features (the equivalence postulate) that characterises the particular relationships between a TT and its ST. Toury (Toury, 1995, p. 39) claims that “when considered from TT’s point of view, equivalence is not a postulated requirement, but an empirical fact, like TT itself”.

Reiss and Vermeer (1984; 1991; 2013) propose that, in assessments of equivalence, texts must be examined individually, with a focus on their function and communicative effect. According to their Skopos theory, the term equivalence is best used for those instances in which ST and TT fulfil the same communicative function; not every feature of ST needs to be automatically preserved (Reiss et al., 2013, pp. 139-140).

Pym (1992; 2009; 2014) believes that there is no such thing as a perfect equivalence between languages. It is always “assumed equivalence” (Pym, 1992, p. 37). He moves away from the strictly linguistic approach, to viewing translation as a transaction in which equivalence is the equality of exchange value between an ST and a TT (Pym, 2014). Equivalence becomes a negotiable entity, with translators performing the negotiation. He posits relationships of equivalence between texts without appeal to objective meanings, and acknowledges the role of translating subjects (the translators), in maintaining these relationships. He also

distinguishes between natural and directional equivalence. Natural equivalence exists between languages prior to the act of translating and is not affected by directionality. Meanwhile, theories of directional equivalence give the translator the freedom to choose between several translation strategies, choices not dictated by the ST. According to Pym (2014), although there might be many theories around the intention of the original text and author, it is the translator who ultimately negotiates a solution, a proposal that highlights the role played by the translator's subjectivity. In this study, the translators' backgrounds will be biased when discussing their translation preferences.

According to Lakoff and Johnson (1980), metaphor is thought-based. Thus, the translation problem is shifted from the linguistic to the conceptual level (Schäffner, 2013). From a CMT perspective, equivalence in translation must be investigated at both the linguistic and conceptual levels. Hence, if the ST and TT use different linguistic expressions, for instance, and both are the realisation of the same conceptual metaphor in the ST and TT, it is deemed that conceptual equivalence is achieved.

In conceptual equivalence, metaphors are ideally translated from one language into another with the least loss of understanding between ST and TT readerships. Apart from looking for replicable linguistic units, the equivalence of their conceptual structure, sometimes metaphorical, should be considered. As discussed in Section 2.2, the metaphorical nature of TCM language has the cognitive function of illustrating medical theories or practices. It is proposed in this study that TCM metaphors should be looked at as cognitive constructs over and above their role as linguistic entities.

As equivalence between ST and TT is not achieved at the level of words but at the level of text and metatext (Baker, 2011, p. 122; Torop, 2008), the idea of cognitive equivalence can be useful when discussing the general cognitive similarities, or differences, between

cognitive operations (such as the use of metaphor), but it cannot be applied prescriptively to evaluate how good one translation choice is, nor to establish translation procedures. This study is descriptive in nature, first analysing the level of equivalence achieved by various translation strategies, and then comparing their cognitive effects in a given context. If a translation strategy can reconstruct the cognitive environment of another culture for its target audience, then the richness of nonliteral meaning can be considered to have been successfully transferred.

### **3.3 Cultural Turn in Metaphor Translation**

Chapter 2 has established that the cultural dimension is as important as the linguistic if translators are to finding TT equivalents for metaphors used in the ST. This section elaborates this topic, the consideration of cultural factors in the choice of metaphors.

#### **3.3.1 Universal Metaphors vs. Culture-specific Metaphors**

According to Grady (1999), some fundamental metaphors that are closely linked to bodily experience are shared by human beings of different languages or cultures. Such metaphors are called “primary metaphors”. For example, the conceptualisation of the “up” and “down” is linked to our perception of gravity and hence is shared by people regardless of their culture or language. The orientational metaphors such as “More is up” and “Less is down” are considered primary metaphors. By examining the metaphorical expressions of happiness in Chinese, Yu (1998) shows that there is a fundamental correspondence between Chinese and English regarding the metaphor “Happiness is up”. For example, “*Ta hen gaoxing* 他很高兴” and “He is very high-spirited (happy)”, and “*Tamen qingxu gaozhang* 他们兴趣高涨” and “Their spirits are running high” (Yu, 1998, pp. 60-70) express the same meaning, showing that happiness has been related to *gao* (high) and high/up in both cultures.

In addition to the primary metaphors, Kövecses (2005, pp. 156-157) asserts that many universal metaphors are shared between different languages and cultures. According to him, various conceptual metaphors related to emotions such as love, anger and happiness are universal. This view is based on the interaction between emotions and the body, as when a human being is exposed to a strong emotion such as love or anger, the body temperature increases. In this case, the body is perceived as a container whose inside heats up as the emotions drastically change.

This physical and physiological interaction explains a multitude of conceptual metaphors, such as the “An angry person is a pressurised container” noted by Kövecses (2005, p. 39-40). This conceptual metaphor is realised in English through linguistic metaphors in expressions such as “You make my blood boil” and “When I told him, he just exploded” (Kövecses, 1986; Lakoff & Kövecses, 1987). Kövecses (1995) examined the existence of this conceptual metaphor in several other English-related and -unrelated cultures, such as Chinese (King, 1989; Yu, 1995, 1998), Japanese (Matsuki, 1995), Wolof (Munro, 1991), and Hungarian (Lakoff & Kövecses, 1987). Later Kövecses (2000) further stated that Zulu (Taylor & Mbense, 1998) and Polish (Micholajczuk, 1998) also conceptualise this metaphor in the same way.

But after examining the metaphors arising from the concept of anger in different cultures, Kövecses (2000) stresses that although anger is conceptualised universally, anger is a social construction and thus its conceptualisation varies considerably from culture to culture. Thus, different cultures can produce both universal and culture-specific metaphors. For example, in Chinese, anger *qi* is a fluid whose build-up can lead to increased pressure in the body or in an organ. This pressure typically leads to an explosion that corresponds to the loss of control over the anger. In Chinese, anger does not have a temperature, which makes it

different from the English, Hungarian and Japanese metaphors, which consider anger as “hot” (Kövecses, 2000, p. 164). He proposes different languages and cultures base their concept of anger on different components and levels of embodiment, thereby creating partly universal, partly culture-specific concepts. This is made possible by the process of differential experiential focus, as explained below.

Yu (2003) puts forward that considerations of the bodily experience can only reveal what could potentially be a metaphor. How the metaphor is used in a given culture depends on its cultural norms (Yu, 2003, p. 43). If culture can be understood as a constructed reality in different times and different places, it follows that people’s understanding of their embodied experience is apt to differ. Wang and Sun (2021) found that even for the same Mandarin-speaking group, schooling and training experience can influence people’s metaphorical conceptualisations of time succession. Gibbs (1994, p. 75) states that the sharing of context and knowledge between authors and readers is necessary for people to reach a stable and unambiguous interpretation of a text. The intertwining of consciousness, language, and metaphor mean that environment, behaviour, values, and culture influence how we understand and experience ourselves.

### **3.3.2 The Importance of Culture in Translation**

From a translation perspective, Newmark (1988, p. 103) defines culture as “a way of life and its manifestations peculiar to one speech community”, in contrast to what might be called “universals”, that is, the “general aspects of nature and humans and their physical and mental activities: numbers and dimensions”. According to Newmark, culture consists of the following components:

- Ecology: animals, plants, local winds, etc.
- Material culture (artefacts): such as food and clothes.

- Social culture: work and leisure.
- Organisation, customs and ideas such as politics and religion.
- Gestures and habits.

Katan (1999, p. 26) has a similar view and defines culture as a shared mental model or map of the world. By shared mental model, he means a “system of congruent and interrelated beliefs, values, strategies and cognitive environments which guide the shared basis of the behaviour”. People in a specific culture use this model to perceive and interpret their surroundings. This view of culture suggests that, when translating a text from a source language and source culture, the translator needs to be aware of the patterns of thinking and acting in the source culture and, also of course, the TL’s cultural models of reality. Other translation theorists have advocated this view of looking at the translation from the TL audience’s perspective, including Gutt (1992) and House (1997).

The cultural differences between English and Chinese relevant to this study also encompass the dimension of inequality in the reach of the two languages (House, 2013; Montgomery, 2013). This concept is relevant when studying the translation from English, the global lingua franca, into other languages, or vice versa. In the global, and now highly digital environment, English is the language most used for general communication and to reach the global market (Schäffner, 1998, p. 95). It has been found to influence other languages via translation (Godev, 2018; Scammell, 2018).

Kövecses (2005) distinguishes the different dimensions of culture into seven types: the social dimension, that also encompasses gender differences; the ethnic dimension; the regional dimension; the style dimension; the religious dimension; the diachronic dimension and the development dimension. He acknowledges that the frontiers between these dimensions are movable, and “the dimensions along which metaphors vary merge in most cases” (Kövecses, 2005, p. 111).

Cross-cultural variation, according to Kövecses (2010, p. 207), manifests itself through congruent metaphors and alternative metaphors. By using the universal metaphor in several languages, “An angry person is a pressurised container”, Kövecses (2010, p. 207) points out this metaphor does not specify what kind of container is used, how the pressure arises, whether the container is heated or not, what kind of substance fills the container, and so on. These things could be specified by each culture that has it. These specific metaphors are different because they bring to the generic metaphor specific cultural content. But they are still congruent with the generic one in the sense that they exhibit the same general structure. Alternative metaphors are found in different cultures because a culture may use a set of different source domains for a particular target domain, or a culture uses a particular source domain for conceptualising a set of different target domains. For example, Chinese shares with English some source domains for happiness: *up*, *light*, and *fluid in a container*. But the metaphor “Happiness is flowers in the heart” in Chinese, does not exist in English (Kövecses, 2010, p. 208). These two types of cross-cultural variations in the use of metaphor are seen as a major source of difficulty for translators (Kövecses, 2014, p. 31).

Unschuld (1989) asserts that when metaphors used by one culture or community are unavailable or inaccessible to those from another culture, seeking to start a conversation is apt to be fraught with difficulty. Researching cross-cultural metaphors can further our understanding of how humans differ from each other due to the cultural constructs that shape our worldviews. Yu (1998, p. 46) points out that culture and biology are mutually dependent and coexistent: “For this reason, a complete study of human meaning must include both “encultured” and “embodied” meaning to reveal the whole picture of human cognition in terms of how it is relative across different cultures and universal among all human beings”.



Investigations into conceptual metaphors across languages and cultures can have practical implications. Mühlhäusler (1995, p. 46) believes the study of non-Western metaphorical systems would even help solve problems such as social, technological, environmental, and philosophical in Western cultures by “generating alternative ways of looking at things.” Thus, looking at medical problems from a non-Western angle can possibly provide useful new perspectives.

In TCM, for instance, acupuncture points are described as caves, organs and systems as officials in a hierarchy of the army or government, channels as conduits, and disease as a complex interaction with the environment (Huang & Jia, 2021; Lan et al., 2010; Lan & Wallner, 2014). They are examples of relational metaphor or metaphor by analogy. The formulation of such metaphors is heavily influenced by Chinese culture, as the original metaphors used in the TCM classics have preserved the traditional philosophies of the time. A probe into conceptual metaphors employed in TCM may give non-Chinese readers access to a cognitive understanding of TCM terms. Thus, practitioners may be able to better connect their observations with the theoretical knowledge and to communicate better with patients unfamiliar with TCM. Sensitivity to the metaphorical aspects of language can also play a crucial role in deriving appropriate conclusions in similar cross-cultural research (Pritzker, 2003).

### ***Thick Translation for Culture-Specific Terms***

For translating culture-specific terms, one method used to recreate the cognitive environment is called thick translation. The term “thick translation” is derived from Clifford Geertz’s characterisation of the ethnographer’s work as “thick description”, a notion Geertz used in his interpretation of cultures (Hermans, 2003). He borrowed it from two essays by the philosopher Gilbert Ryle (Ryle, 1968; Geertz, 1973, pp. 6-7). Later, Kwame Anthony

Appiah (1993) introduced “thick translation” to describe one way of translating culture-specific parts of a text. Thick translation is literal translation accompanied by annotations and glosses, to locate the text in a rich cultural and linguistic context.

Among the strategies proposed for translating TCM metaphors (see Section 2.3.4), one form of thick translation is complemented equivalent translation, which is to maintain the original metaphor but add some background information to achieve equivalence. By examining the translation of culture-specific terms in *Neijing* and *Shanghan Lun*, several scholars have concluded that the thick translation in the form of complemented equivalent translation utilised by translators Zhaoguo Li, Paul Unschuld, and Guohui Liu can fully deliver the cultural connotations of Chinese philosophy-related TCM terms, and thus help the Western readers to a deeper understanding of the TCM theories (Jiang, 2019; Liu, 2016; Zhang & Chen, 2021). But Li (2021) warns of the overuse of notes, brackets, and references, which may negatively impact the fluency of the translated text. Besides, he says, the translators’ views on the ambiguous terms, expressed by explanation in brackets or footnotes, may influence readers’ interpretation of the original text, which should not be the purpose of a translation. He suggests translators using thick translation should improve their translation skills if they are to provide the most useful and accurate information.

### **3.4 Metaphor Identification**

One major weakness of CMT is that it does not provide a clear set of criteria to identify a metaphor, and the examples provided by Lakoff and Johnson are mostly coined to match their argument (Merakchi, 2020). To address this issue, Charteris-Black (Charteris-Black, 2004) proposes that a word whose literal meaning is incongruent with the context can be considered metaphoric. But he does not offer any more detailed procedure to identify metaphors. Currently, two procedures are available, known as the Metaphor Identification

Procedure (MIP) and its updated version, Metaphor Identification Procedure Vrije University (MIPVU). The methodology of this study will be drawn from these, and any adjustments to them will be covered in detail in the next chapter.

### ***Metaphor Identification Procedure (MIP)***

MIP was put together by a group of researchers from different disciplines, including linguistics, cognitive linguistics, psycholinguistics, applied linguistics, and stylistics, and was first published in *Metaphor and Symbol* in 2007 (Pragglejaz Group, 2007). This group is named “Pragglejaz” by the researchers, consisting of the first letters of the researchers’ first names. MIP aims to present “an explicit method that can be reliably employed to identify metaphorically used words in discourse” (Pragglejaz Group, 2007, p. 2).

MIP seeks to identify linguistic metaphors as the first step in metaphor research. MIP and its newer version, MIPVU (Metaphor Identification Procedure Vrije University), both focus on linguistic metaphor identification and leave aside the identification of the underlying conceptual metaphor. Steen (1999; 2014) considers the step of identifying metaphor to be a crucial one in any research about metaphor. Metaphor identification is not only a methodological issue but underpins the “validity” of the research (Steen, 2014, p. 15).

The procedure for linguistic metaphor identification is composed of the following four steps (Pragglejaz Group, 2007, p. 3):

1. Read the entire text/discourse to establish a general understanding of the meaning.
2. Determine the lexical units in the text/discourse.
3. a. For each lexical unit in the text, establish its meaning in context, i.e. how it applies to an entity, relation, or attribute in the situation evoked by the text (contextual meaning). Take into account what comes before and after the lexical unit.

b. For each lexical unit, determine if it has a more basic contemporary meaning in other contexts than the one in the given context. For our purposes, basic meanings tend to be:

- more concrete; what they evoke is easier to imagine, see, hear, feel, smell, and taste;
- related to bodily action;
- more precise (as opposed to vague);
- historically older;

Basic meanings are not necessarily the most frequent meanings of the lexical unit.

c. If the lexical unit has a more basic current-contemporary meaning in other contexts than the given context, decide whether the contextual meaning contrasts with the basic meaning but can be understood in comparison with it.

4. If yes, mark the lexical unit as metaphorical.

To summarise, according to MIP, a linguistic metaphor arises when the basic meaning of the lexical unit (the word or a string of words) is incongruent with its discursive meaning (meaning in context).

When applying the procedure, one of the difficulties is deciding what counts as “basic meaning”. The researchers of MIP define basic meaning as the most concrete meaning of any lexical item and also as the historically older meaning. MIP specifies a corpus-based dictionary, the MacMillan English Dictionary for Advanced Learners, to establish a word’s basic meaning (Rundell, 2002).

But dictionaries alone would not be sufficient to analyse a specialised type of text. Marquez (2010) applied the MIP to the analysis of linguistic metaphors in a specialised corpus of bilingual American English and Mexican Spanish. He argued that it is necessary to adapt the dictionary to the language variety, and to introduce dictionaries other than English ones for the analysis of metaphors, for example, in his case, a Mexican Spanish dictionary.

### ***Metaphor Identification Procedure Vrije University (MIPVU)***

One limitation of MIP is its disregard of direct metaphors, a problem addressed in one of the major updates Steen and his group of researchers at Vrije University in Amsterdam brought up the MIP. The updated version is called MIPVU (Steen, 2010, pp. 25-26), and its steps are:

1. Find metaphor-related words (MRWs) by examining the texts word-by-word.
2. When a word is used indirectly, and some form of a cross-domain mapping may potentially explain that use from a more basic meaning of that word, mark the word as metaphorically used (MRW).
3. When a word is used directly, and its use may potentially be explained by some form of cross-domain mapping to a more basic referent or topic in the text, mark the word as a direct metaphor (MRW, direct).
4. When words are used for lexico-grammatical substitution, such as third-person pronouns, or when ellipsis occurs where words may be seen as missing, as in some forms of coordination, and when a direct or indirect meaning is conveyed by those substitutions or ellipses that may potentially be explained by some form of cross-domain mapping from a more basic meaning, referent, or topic, insert a code for implicit metaphor (MRW, implicit).
5. When a word functions as a signal that a cross-domain mapping may be at play, mark it as a metaphor flag (Mflag).
6. When a word is a new formation coined, examine the distinct words that are independent parts according to steps 2 through 5.

MIPVU distinguishes between a simile and a direct metaphor. If an analogy expresses a resemblance between two objects belonging to the same source domain, then it is a simile. If the comparison takes place between two different source domains, then it is a direct metaphor. MIPVU also distinguishes between indirect metaphors and direct metaphors. Direct metaphors are signalled, while indirect metaphors require situational knowledge to decide if they are metaphorical.

Another point that MIPVU takes into consideration is the implicit metaphor that occurs when a grammatical substitute or a pronoun is in use (Step 4 of the procedure). Together with MIPVU's distinction between simile and direct metaphor, the inclusion of such implicit metaphors makes the identification of metaphors more comprehensive. Steen et al. (2010, p. 21) note that a high-quality metaphor identification procedure is needed for both quantitative and qualitative analyses.

Lu and Wang (2017) have assessed the replicability of MIPVU for Mandarin Chinese by examining the distribution of metaphor-related words in three different Chinese texts: academic discourse, fiction, and news. They found that MIPVU can be reliably applied to the linguistic metaphor identification in Mandarin Chinese. MIPVU will be modified for classical Chinese in this study.

### **3.5 Summary**

This chapter provides the theoretical framework both for analysing the translation of TCM metaphors from three dimensions: conceptual, linguistic, and cultural, and also for the methodological basis used in the current study. The main proposals of CMT and several important concepts of CMT, including embodiment, mapping, the source domain and target domain, are introduced. From the translation point of view, finding the correct mapping between the source and the target domains of a metaphor and understanding the incomplete nature of the mapping are important factors that need to be considered. It is shown that CMT's shortcomings, such as its neglect of cultural contexts, its inconsistency in metaphor identification and its dependency on the conventionality of metaphor, mean that, on its own, it is insufficient to serve as a framework for the current study. We must also evaluate a metaphor's universality and culture-specificity, to help choose the best strategy for translating potentially culturally specific metaphors. The culture-specific metaphors that are

abundant in TCM are analysed in Chapters 5 and 6. This chapter also introduced typologies of equivalence in translation study, to stress the importance of reaching cognitive equivalence in metaphor translation. Considerations of equivalence start at the linguistic level and become increasingly wide-ranging, and taken together, they provide a frame of reference for the analysis of the translations of TCM metaphors in the next chapter. They also lay the foundations for a discussion of which strategies have been used and which level, or kind, of equivalence each translation has achieved, and its corresponding cognitive effects. Regarding the methodological approach used here, a modified form of MIPVU has been chosen as the method for metaphor identification in the present study.

## **Chapter 4 Research Questions and Methodology**

This thesis draws together several disciplines, including traditional Chinese medicine (TCM), translation studies, and metaphor studies. The research questions primarily concern issues around the metaphors used in TCM diagnosis and treatment, and how these metaphors are translated. The need to consider the three dimensions of the metaphor: linguistic, cultural, and conceptual has been covered in the previous chapters. This chapter describes how a combination of different approaches takes these three dimensions into account in an integrated way. It is divided into three sections: Section 4.1 lists the research questions of this study; Section 4.2 describes the selection criteria for the source texts, the methods used to identify the linguistic metaphors in Chinese and English corpora, the corpus management tool, and how the underlying conceptual metaphors are inferred from the linguistic data; Section 4.3 summarises the main points discussed in this chapter.

### **4.1 Research Questions and Methodology**

This thesis aims to carry out systematic and integrative research on the role of metaphors in Traditional Chinese Medicine (TCM) diagnosis and treatment and the translations of these metaphors into English within the framework of Conceptual Metaphor Theory (CMT). According to CMT, conceptual metaphors are the realisation of the mappings from a concrete source domain to an abstract target domain (Lakoff & Johnson, 1980a; 1980b). In this study, the target domain is TCM diagnosis and treatment-related knowledge. The conceptual metaphors used to describe such knowledge, and the conceptual domains that the metaphors draw from have not been researched before. As discussed in Section 3.3, whether the metaphors used are culture-specific is an important factor influencing their translation.

So this study aims to answer the following questions:



*Q1. What are the conceptual domains that underlie the linguistic metaphors used to describe diagnosis and treatment in the TCM classics *Neijing* and *Shanghan Lun*?*

*Q2. What are the conceptual metaphors that are related to the identified conceptual domains, and what role do these conceptual metaphors play in conveying the knowledge of TCM diagnosis and treatment?*

*Q3. What strategies have been used to translate the conceptual metaphors used to describe diagnosis and treatment in *Neijing* and *Shanghan Lun*?*

*Q4. Which translation strategy can most effectively transfer the health-related information encapsulated in the metaphors used to describe diagnosis and treatment in *Neijing* and *Shanghan Lun*?*

To answer these questions, I will first collect diagnosis- and treatment-related linguistic metaphors from *Neijing* and *Shanghan Lun* to build a genre-specific specialised corpus. Secondly, I will categorise the linguistic metaphors based on the source domains they draw from and discuss the function of conceptual metaphors under each source domain in terms of delivering health-related knowledge. Thirdly, I will compare the corresponding translation techniques adopted by different translators and look into the factors that may have influenced the translators' decision-making processes and which translation method works most effectively in transmitting health-related information.

## **4.2 Methodology**

This study will identify metaphorical expressions from a corpus built from three TCM classics, the two parts of *Neijing* (*Huangdi Neijing Suwen* and *Lingshu Jing*) and *Shanghan Lun*. A corpus is “a large collection of authentic texts that have been gathered in electronic form according to a specific set of criteria” (Bowker & Pearson, 2002, p. 9). The criteria for selection can be as varied as the purposes for which the corpus is built and include size,

sampling, the population it draws from, and representativeness, among other things (Tony & Andrew, 2003).

The corpus compiled for the study consists of two sub-corpora: “TCM corpus-CN” (TCM corpus consisting of original Chinese text) and “TCM corpus-EN” (English equivalents of the Chinese text). It is a genre-specific electronic corpus. This section will introduce the selection criteria used for the source texts and the target texts in English. It will also include the procedure to identify TCM metaphors, the corpus analysis tools used in corpus compilation and query, and the categorisation of metaphors.

#### **4.2.1 Source of the Original Text**

The *Neijing* and *Shanghan Lun* were written approximately 2000 years ago. The two books were carved on bamboo slips and have undergone engraving and copying from generation to generation, during which it was inevitable that parts of the texts would be lost or changed (Zhang & Cheng, 2016). Many TCM scholars have, over the centuries, tried to correct possible mistakes and fill in the gaps. They have resorted to the versions or annotations circulated and kept elsewhere to proofread the classics. In the early 1960s, experts from TCM universities in China, organised by China’s People’s Medical Publishing House (PMPH)<sup>6</sup>, put forward new recensions of six classics, namely, *Huangdi Neijing Suwen* 黄帝内经素问 (Suwen of Huangdi Neijing), *Lingshu Jing* 灵枢经 (Treatise of Lingshu), *Jingui Yaolue Fanglun* 金匱要略方论 (Synopsis of Prescriptions of the Golden Chamber), *Zhujie Shanghan Lun* 注解伤寒论 (Annotated Shanghan Lun), *Wenbing Tiaobian* 温病条辨

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<sup>6</sup> PMPH is one of the largest professional medical publishing companies in China. In addition, PMPH is the only World Health Organisation Collaborating Centre for Health Information and Publishing.

(Treatise on Differentiation and Treatment of Epidemic Febrile Disease) and *Shibing Lun* 时病论 (Treatise on Seasonal Diseases) (People's Medical Publishing House, 2012).

According to PMPH, the six classics published by them provide accurate emendations and a clear arrangement of content. Because of the plum blossom that appears on each of the covers, these books are called *Meihua Ban* 梅花版 (plum blossom version) and are considered the most authoritative versions (People's Medical Publishing House, 2012). The set published in 1963 was in classical Chinese, but owing to its popularity, the publisher re-published this set of books in simplified Chinese in 2012.

Among the six classics, the present study chooses the *Huangdi Neijing Suwen*, *Lingshu Jing* and *Shanghan Lun* as the source texts to build three sub-corpora, which are named *suwen\_cn*, *lingshu\_cn* and *shanghanlun\_cn*, respectively. The *suwen\_cn* totals 109,866 Chinese characters, *lingshu\_cn* totals 79,311 Chinese characters, and *shanghanlun\_cn* totals 36,255 Chinese characters.

#### **4.2.2 Source of the Translations**

Both *Neijing* and *Shanghan Lun* have been translated a number of times. A search of the existing literature found that from 1925 to 2020, they have been translated, in part or in their entirety, into twenty-six English versions of *Neijing* (Appendix A) and nine English versions of *Shanghan Lun* (Appendix B). **Table 4.1, 4.2, and 4.3** shows that up to 2020, there were six complete translations of *Suwen*, *Lingshu*, and *Shanghan Lun*, respectively.

**Table 4.1** *The Complete Translations of Suwen*

No.	Year	Author	Background of the author/s	Title
1	1978/2002	Henry C. Lu	Chinese Canadian, TCM practitioner and teacher	A Complete Translation of the Yellow Emperor's Classics of Internal Medicine and the Difficult Classic (H. C. Lu, 1978, 2004)
2	1995	Maoshing Ni	Chinese American, TCM practitioner and teacher	The Yellow Emperor's Classic of Medicine: A New Translation of the Neijing Suwen with Commentary (Ni, 1995)
3	1997	Nelson Liansheng Wu and Andrew Qi Wu	Chinese American, TCM practitioners and teacher	The Yellow Emperor's Canon Internal Medicine (Wu & Wu, 1997)
4	2004/2008	Zhaoguo Li	Chinese, TCM Translator	Yellow Emperor's Canon of Medicine—Plain Conversation (Li, 2004)
5	2011/2016	Paul U. Unschuld	German, Professor of Medical History	Huang Di Neijing Suwen: An Annotated Translation of Huang Di's Inner Classic—Basic Questions (Unschuld et al., 2011)
6	2015/2019	Mingshan Yang	Chinese TCM Teacher	New English Version of Essential Questions in Yellow Emperor's Inner Canon (Wu & Wu, 1997) The yellow emperor's classic of medicine—essential questions (Fu & Yang, 2019)

**Table 4.2** *The Complete Translations of Lingshu*

No.	Year	Author	Background of the author/s	Title
1	1978/2004	Henry C. Lu	Chinese Canadian, TCM practitioner and teacher	A Complete Translation of the Yellow Emperor's Classics of Internal Medicine and the Difficult Classic (Lu, 1978, 2004)
2	1997	Liansheng Wu and Qi Wu	Chinese American, TCM practitioners and teacher	The Yellow Emperor's Canon Internal Medicine (Wu & Wu, 1997)
3	2002	Jingnuan Wu	Chinese American, TCM practitioners and teacher	Lingshu or the Spiritual Pivot (Wu, 2002)
4	2004/2008	Zhaoguo Li	Chinese, TCM translator	Yellow Emperor's Canon of Medicine—Spiritual Pivot (Li, 2008b)

5	2005/2006/2010	Nguyen Van Nghi	Vietnamese-French physician	Huangdi Neijing Lingshu Volume 1: Books 1-3 with Commentary Huangdi Neijing Lingshu Volume 2: Books 4-5 with Commentary Huangdi Neijing Lingshu Volume 3: Books 6-9 with Commentary (Nguyen et al., 2005, 2006, 2010)
6	2011/2016	Paul U. Unschuld	German, Professor of medical history	Huang Di Neijing Lingshu: The Ancient Classic on Needle Therapy (Unschuld, 2016)

**Table 4.3** *The Complete Translations of Shanghan Lun*

No.	Year	Author	Background of the author/s	Title
1	1986/1993 2007/2016	Xiwen Luo	Chinese TCM practitioner	Treatise on Febrile Disease Caused by Cold (Shanghanlun) (Zhang & Luo, 1986, 1993, 2007, 2016)
2	1998	Craig Mitchell, Ye Feng, Nigel Wiseman	Mitchell: American TCM teacher Wiseman: British TCM teacher Feng: Chinese TCM practitioner	Shanghan Lun: On Cold Damage (Mitchell et al., 1998)
3	2005	Hai Huang	Chinese TCM practitioners	Introduction to Treatise on Exogenous Febrile Disease (Huang, 2005)
4	2009	Greta Jie De Young	Chinese-Australian TCM teacher	Shang Han Lun Explained: A guided Tour of an Ancient Classic Text Written by Zhang Zhong Jing in 200 AD and its Modern Clinical Applications (Young & Marchment, 2009)
5	2016	Guohui Liu	Chinese-American TCM practitioner	Discussion of cold damage (Shanghan Lun): Commentaries and Clinical Applications (Liu, 2015)
6	2017	Zhaoguo Li	Chinese TCM translator	Shanghan Lun (on Cold damage) (Zhang et al., 2017)

To also explore the influence of a translator's professional background in his or her choice of translation strategies, their occupation and educational experience have been taken into

consideration when selecting versions of translations. If the translators of two English versions have similar professional backgrounds, Worldcat<sup>7</sup> is checked to compare the number of copies of their books in libraries worldwide. All the English commentaries are kept in the corpus. For the Suwen and Lingshu English sub-corpora, the group of non-TCM practitioner translators includes Zhaoguo Li (Chinese TCM translator) and Unschuld (German sinologist and medical historian), and the group of TCM practitioner translators include Henry C. Lu (Chinese-Canadian TCM practitioner) and Liansheng Wu and Qi Wu (Chinese-American TCM practitioner). The Suwen sub-corpus totals 107,230 English words, and the Lingshu sub-corpus totals 85,354 English words.

For *Shanghan Lun* English sub-corpus, the group of non-TCM practitioner translators includes Xiwen Luo (Chinese TCM scholar and translator) and Zhaoguo Li (Chinese TCM translator), and the group of TCM practitioner translators includes Craig Mitchell (first author, American TCM practitioner and translator) and Guohui Liu (Chinese-Canadian TCM practitioner and translator).

It is noted that all the Chinese and English texts were firstly collected in the form of books, which means they are not available electronically in HTML format or text format. They were scanned and processed by Adobe Acrobat Reader so as to allow for optical character recognition. The recognised texts are cleaned manually to be ready for analysis by text-processing tools (Sketch Engine in this study).

#### **4.2.3 Identifying Metaphors in the Source Text**

The next step is to select the metaphorical expressions from the Chinese texts, which involves identifying them manually and grouping them semantically under conceptual

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<sup>7</sup> The website WorldCat.com displays the collections and services of more than 10,000 libraries worldwide.

domains. Although some progress has been made in automatic and semi-automatic metaphor identification (Fass, 1991; Sardinha, 2006; Ureña & Faber, 2011), no system can yet produce a reliable list of metaphors without considering the text type (Shuttleworth, 2016). The corpora used in the present study are TCM-specialised, in which case no tag words exist in classical Chinese that can accurately signal the existence of a metaphor. For this reason, in this research, metaphorical expressions have been identified manually. Corpus tools such as concordance and collocation can help provide a clear view of the usage of a word - metaphorical or non-metaphorical - in various contexts.

The content of *Neijing* lays the basis for almost every aspect of Chinese medicine, including diagnosis and treatment principles and methods, aetiology, herbal medicine, acupuncture, visceral manifestation, and health preservation (Zhai & Li, 2016). Among these, the descriptions of diagnosis and treatment summarise the knowledge of ancient Chinese doctors from different schools. By taking a holistic view of illness, these doctors believed that the onset and progression of a disease results from both internal and external factors. According to Wang (2002), a highly regarded expert on TCM classics, texts discussing diagnosis and treatment in *Suwen* can be mainly found in Chapters 3, 5, 7, 12, 13, 14, 15, 17, 18, 19, 20, 22, 25, 26, 28, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 50, 51, 52, 62, 65, 70, 74, 75, 76, 77, 78, 79 and 80, and in *Lingshu* can be mainly found be in Chapters 1, 4, 6, 9, 10, 19, 29, 37, 45, 48, 49, 55, 57, 66, 73, 74, and 75.

With regard to the tagging the metaphorical texts related to TCM diagnosis and treatment, the definitions used for this study are listed below:

TCM diagnosis (Deng & Ergil, 1999, p. 163) refers to:

“The process of combining the internal relationships and the signs/symptoms so as to arrive at a differentiation of the pattern. In this process, the four examinations, the eight principles and other methods of pattern identification are used”.

TCM treatment (Flaws & Finney, 1996, p. 6) refers to:

“Knowing the pattern, one formulates the professionally appropriate treatment principles, and these principles should take one immediately to the right category of formulas and medicinal for the patient”.

In distinguishing expressions of metaphorical nature, this study will adopt the broad sense of conceptual metaphor in the context of TCM diagnosis and treatment, which includes all forms of analogy. However, words that are not marked as metaphorical in the specified context may still fall into the category of another figurative expression, such as hyperbole, which is not within this study’s scope. The corresponding English-translated texts of these examples will be extracted from the English corpus.

The metaphor identification method applied to the current corpora is an adaptation of the Metaphor Identification Procedure Vrije University (MIPVU) (Steen, 2010; Steen et al., 2019), an updated version of the metaphor identification procedure (MIP) developed by the Pragglejaz Group (Pragglejaz Group, 2007) as described in Section 3.4. The MIPVU was chosen because it allows the integration of the analogies examined in this study. Under the framework of CMT, analogies can be seen as a form of metaphor as both involve a mapping between two domains (Steen, 1999).

Both MIPVU and MIP were initially developed to work with English texts, so some adjustments have been made for MIPVU to be adapted for the present study. For example, in MIPVU or MIP a general user’s English dictionary is used to define the basic meanings of a word, while, in this study, several dictionaries of classical Chinese were used.



This metaphor identification procedure in this study involves two parts. The first part deals with adjustments introduced to allow the identification of linguistic metaphors in the Chinese corpus. The second part deals with identifying linguistic metaphors and their functions in context.

Below are the steps to identify the linguistic metaphors in TCM-cn corpus, adapted from (Pragglejaz Group, 2007; Gerard et al., 2019):

Step 1. Establish a general understanding of the text. As noted in Section 3.4, the Pragglejaz group advocates “Read the entire text discourse to establish a general understanding of the meaning” (Pragglejaz Group, 2007, p. 3). This was also the method used in this study. Metadata and a wordlist generated by Sketch Engine can help establish the general meaning and general context for metaphor identification. The words belonging to different knowledge domains would show incongruity. Charteris-Black (2004) claims that incongruity indicates that a word might be used metaphorically, and thus, I paid special attention to any incongruities in the text.

Step 2. Determine lexical units. Determining lexical units in Chinese is different than in English. In English, a word with a separate part-of-speech tag can be treated as a lexical unit (Steen, 2010, p. 27). Although Sketch Engine can automatically tag the Chinese corpus, classical Chinese words are not restrictively categorised into parts of speech: nouns can be used as verbs, verbs as nouns, adjectives as verbs, numerals as verbs, and so on (Wang & Li, 2016, p. 6). So, the lexical unit in this study is a Chinese word regardless of its part of speech. A classical Chinese word can consist of one or two Chinese characters (Wang et al., 2016). Some TCM terms are polywords, which according to MIP (Pragglejaz Group, 2007) and MIPVU (Steen, 2010), can still be considered single lexical units.

Step 3. Compare the contextual meaning to the basic meaning. Several dictionaries of classical Chinese were consulted to provide the basic meaning of a word, including *Guhanyu Changyongzi Zidian* 古汉语常用字字典 (Dictionary of Common Classical Chinese) (Wang et al., 2016), *Shuowen Jiezi* 说文解字 (Discussing Writing and Explaining Characters) (Xu, 2021), and *Ziyuan* 字源 (Etymology of Chinese Character)

(Li, 2012). Several authoritative annotations from renowned TCM scholars were used to decide the contextual meaning. If the basic meaning of a lexical unit was sufficiently distinct from the contextual meaning and the contextual meaning of the lexical unit can be related to the basic meaning by some form of similarity, it was marked as a metaphor.

Step 4. Identify direct metaphors. If a linguistic metaphor was signalled by one of the metaphor signals provided in the *Rhetoric in Classical Chinese* (Yu, 2011), including *ru* 如, *ruo* 若, *you* 犹 and *si* 似, all of which are similar to *like*, and *pi* 譬 (to draw an analogy), the word after the signal was marked as a direct linguistic metaphor.

Step 5. Identify indirect metaphors. If a marked linguistic metaphor did not contain any metaphor signals, it was considered an indirect metaphor.

Step 6. Identify metaphor functions. As mentioned earlier, terminological metaphors can be seen as a means to fill a lexical gap when a phenomenon is first encountered and described. In this study, whether a metaphorical word is a term is determined by consulting *Zhongyi Dacidian* 中医大辞典 (Dictionary of Traditional Chinese Medicine) (Li, 2005), *Huangdi Neijing Dacidian* 黄帝内经大辞典 (Dictionary of Huangdi Neijing) (Zhou et al., 2008), *Zhongguo Yixue Dacidian* (Dictionary of Chinese Medicine) (Xie, 1994) and *Xinxiu Shanghan Lun Yanjun Dacidian* 新修伤寒论研究大辞典 (New Dictionary of Research on Shanghan Lun) (Fu, 2017). For the interpretation of the TCM metaphors, a full list of the annotations and dictionaries is provided in **Appendix C**.

After the linguistic metaphors had been marked in the corpus, the translation equivalents were retrieved from the English corpus, and their metaphoricity was evaluated following similar steps to those noted above. The main difference is that the basic meaning was determined by one or more of the general user's dictionaries of English. In the present study, the *American Heritage Dictionary of the English Language fourth edition* (AHD) (Editors of the American Heritage Dictionaries, 2016), *Webster's Third New International Dictionary, Unabridged* (W3) (Grove & Merriam-Webster Inc., 1996), *Oxford Dictionary of English third edition* (ODE) (Stevenson & Oxford University Press, 2011), and the *Oxford English Dictionary second edition* (OED) (Simpson et al., 2004) were used.

#### **4.2.4 Corpus Construction and Management Tool**

This section describes how the data were prepared for analysis. There are various software tools for studying metaphor in discourse, such as Atlas.ti, NVivo, Vis Dis, and so on (Kimmel, 2012). For this study, three software programs were tried in the beginning: NVivo 11, WordSmith Tools version 5 (Scott & Tribble, 2006), and Paraconc version 1 (Chujo et al., 2007). But WordSmith and Paraconc could not process classical Chinese. NVivo was used at an early stage of this research because of its wide use in text analysis, but it was too slow when processing the Chinese corpora. In the end, Sketch Engine was employed for this study.

Sketch Engine was launched in 2004, and it has been improved over the last 12 years (Kilgarriff et al., 2014). It is a powerful internet-based tool that offers an easy way to query the corpus and it also provides more space for data storage. Sketch Engine presents the following advantages: its structure is well developed and designed to work with different languages, including English and Chinese. It has the largest web-based English and Chinese language corpora (the TenTen corpora family). And it works well with the classical text in this study (Miloš et al., 2013).

The key functions of Sketch Engine that were used for the analysis of the corpus are:

##### ***Word Sketch***

Word sketch refers to “a one-page summary of a word’s grammatical and collocational behaviour” (Arts et al., 2014, p. 9). This function offers information related to the use of the word in the corpus, such as statistical information. It also summarises all modifiers of the word and their frequencies, and the verbs, prepositions and adjectives with which a word of interest collocates. This information is useful for translators as it is corpus-based evidence of how words are used in context.

Word Sketch was used to find all the possible metaphorical expressions formed from metaphorical word roots, such as yin 阴, yang 阳, and five phases (metal, wood, water, fire, and earth) and so on. The results were used to facilitate the manual selection of metaphorical expressions. For example, **Figure 4.1** shows words and phrases containing yin, by listing the words before, just before, after, and just after yin. “Just before” and “just after” indicate the word used right before or after the word of interest, which shows the most typical word combination. “Before” and “after” show the collocations of the word.

**Figure 4.1** *Word Sketch of Yin (It Shows the Words and Phrases Containing Yin By Listing the Words Before, Just Before, After, and Just After Yin)*

↔	☰ ☷ ☱ ☲ ☳ ☴	☰ ☷ ☱ ☲ ☳ ☴	↔	☰ ☷ ☱ ☲ ☳ ☴	☰ ☷ ☱ ☲ ☳ ☴	↔	☰ ☷ ☱ ☲ ☳ ☴	☰ ☷ ☱ ☲ ☳ ☴
words before "阴"		words just before "阴"		words just after "阴"		words after "阴"		
太	...	太	...	司	...	司	...	
太阴		太阴		太阴司天		太阴司天		
少	...	少	...	太阳	...	天	...	
少阴		少阴		少阴太阳		太阴司天		
手	...	于	...	也	...	脉	...	
手太阴		并于阴		阴也		太阴之脉。起于		
刺足	...	为	...	而	...	而	...	
刺足少阴		为阴		阴而补足		阴而补足		
并	...	刺足厥	...	之	...	复	...	
并于阴		刺足厥阴		太阴之		少阴之复		
为	...	足厥	...	在	...	胜	...	
为阴		病在足厥阴		太阴在泉		少阴之胜		
足	...			者	...	太阳	...	
病在足太阴				太阴者		手少阴太阳主治		
于	...			不	...	泉	...	
于阴				阴不		太阴在泉		
在	...					之	...	
在足厥阴						太阴之		
在手	...					补足	...	
在手少阴						阴而补足		
补足	...					别 noun	...	
补足太阴						太阴之别。名曰		
阳明	...					别 adverb	...	
阳明太阴						阴;其别者。上		
	▼						▼	

### Concordance

The pattern identification in a corpus stresses that the meaning of language is discovered in context, not from words in isolation (O’Keeffe & McCarthy, 2010, p. 156). It requires a methodology that prioritises the search for repetition and co-occurrence, which is usually carried out by the Key Word In Context (KWIC) or the concordance line. The concordance line consists of a node word or phrase with a small amount of context (measured in characters) to the left and the right (as shown by **Figure 4.2**). The amount of context can be increased depending on the needs of the research.

**Figure 4.2** *Concordances of Yin Shows Its Uses in Different Contexts*

Left context	KWIC	Right context
阴也。发于<g 阳。七日愈;发于<g	阴	。六日愈。以阳数七。阴数六故也。
反下之。<g 热入因作结胸;<g 病发于	阴	。<g 而反下之。一作汗出。因作痞也
也。<g 病在阳。则热而脉躁;<g 在	阴	。则寒而脉静;<g 极则阴阳俱衰。<g 卫
身不疼、但重。乍有轻时。无少	阴	证者。大青龙汤发之。九。用前第八方
[270] 伤寒三日。三阳为尽。<g 三	阴	当受邪。其人反能食而不呕。<g 此为三
少阳病欲解时。从寅至辰上。辨太	阴	病脉证并治合三方。方三首。[273] 太
温覆取汗。[277] 自利不渴者。属太	阴	。<g 以其藏有寒故也。当温之。宜服
医反下之。因尔腹满时痛者。属太	阴	也。桂枝加芍药汤主之;大实痛者。桂枝
但欲寐。五六日自利而渴者。属少	阴	也。虚故引水自救。若小便色白者。少
利。其人汗出不止者。死。<g 有	阴	无阳故也。[347] 伤寒五六日。不结胸
与胁。亦中其经。黄帝曰。其中于	阴	。奈何?歧伯答曰。中于阴者。常从臂
其中于阴。奈何?歧伯答曰。中于	阴	者。常从臂胛始。夫臂与胛。<g 其阴皮
之于府。<g 故中阳则溜于经。<g 中	阴	则溜于府。黄帝曰。<g 邪之中人藏奈何
则阳之合。<g 病在阳之阴者。<g 刺	阴	之经。<g 病在阴之阳者。<g 刺络脉。<
阴阳俱不足。<g 补阳则阴竭。<g 写	阴	则阳脱。如是者。可将以甘药。不可

The concordance tool in Sketch Engine is similar to all other concordancers. It provides all occurrences of a word in a specified breadth of context. The results of the concordance can be sorted in various ways. The search can be conducted by different means: a search by a

word, a lemma, a phrase, a character or a corpus query language (CQL). The CQL search can retrieve the linguistic metaphors from the corpus, as a whole or by type (direct, indirect).

**Figure 4.3** *Annotated Metaphorical Expressions Containing Yin in the Specialised Corpus by Using CQL <MRE/> [word= “阴”]*



A corpus query code should not match any recognisable chunk of a word that might be highlighted when using the search function in Word. For this reason, the code MRE is the abbreviation for “metaphor-related expression”, and direct and indirect metaphors were annotated “ZJY” and “FZJ”, respectively. The CQL function allows the user to query the corpus using one of these annotations. For instance, searching for all annotated metaphorical expressions containing yin in the specialised corpus can be done by typing CQL <MRE/> [word= “阴”] (as shown in **Figure 4.3**). Jakubíček et al. (2010) describe how to use the CQL function in Sketch Engine to achieve fast syntactic searching.

#### 4.2.5 Conceptual Metaphor Inference and Categorisation

After having tagged the linguistic metaphors in the corpus, the next step is to infer the conceptual structure from the linguistic forms. Steen was the first writer in cognitive and

applied linguistics to demonstrate the analytical move from linguistic to conceptual metaphor (Deignan, 2005). Steen (1999; 2011)<sup>8</sup> proposes a five-step procedure for conceptual metaphor inference (an overview is shown in **Table 4.4**):

Step 1. Identification of metaphor-related words. Metaphorical expressions are identified in discourse based on Lakoff's definition of metaphor: "metaphor as a set of correspondences between two conceptual domains, with linguistic metaphor deriving from conceptual structures" (following the metaphor identification procedure introduced in Section 4.2.3).

Step 2. Identification of metaphor-related propositions. Metaphor propositional analysis is carried out to state as logically and simply as possible how concepts relate to each other in a sentence. Steen (2011, p. 93) provides an example of the propositional analysis for the sentence "Lakoff attacked Glucksberg": P1 (*attacks<sub>s</sub> Lakoff<sub>t</sub> Glucksberg<sub>t</sub>*). P1 stands for Proposition 1, while t and s stand for target domain and source domain.

Step 3. Identification of open metaphorical comparison. The proposition identified in step 2 is rewritten as two incomplete propositions to indicate the source and target domain separately. For "Lakoff attacked Glucksberg", step 3 produces: SIM {F, x, y [F (LAKOFF, GLUCKSBERG)]t [ATTACK (x, y)]s}. As shown by **Table 4.4**, line 1 ({F, x, y}) of step 3 indicates a relationship of similarity (SIM) between the two propositions in lines 2 and 3. F indicates activity, and x and y indicate entities or activity, and they are implicit in the metaphor. Line 2 ([F (LAKOFF, GLUCKSBERG)]t) expresses that the entities (x and y) in the target domain (t) are Lakoff and Glucksberg, and the unspecified target domain activity is signalled by F. Line 3 ([ATTACK (x, y)]s) expresses the unspecified entities or activity in the source domain *attack* being signalled by x and y.

Step 4. Identification of analogical structure. This step is to fill in the missing terms in step 3 F in line 2 and x and y in line 3. For "Lakoff attacked Glucksberg", they are

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<sup>8</sup> Steen's five-step procedure in 2011 was worded slightly different than his 1999 version, but the steps and the main idea remain the same.

filled out as follows: SIM [criticise (Lakoff, Glucksberg)]t [attack (attacker, attacked)]s. The analogy of “criticism is attack” is formed.

Step 5. Identification of cross-domain mapping. The mapping between the source and target domain can be constructed based on the analogy of step 4, which, in terms of CMT, generates a conceptual metaphor. Steen (2011, p.96) explains this “enables the explication of other possible entailments that are implied by the analogy, such as the presumable correspondence between words or arguments on the one hand and weapons or for instance fists on the other”. So “Lakoff attacked Glucksberg” could be possibly connected to “Argument is war”.

**Table 4.4** Five-Step Analysis of “Lakoff Attacked Glucksberg”

*Adapted from Steen (2011, p. 94)*

Steps	Analysis
Text	Lakoff attacked Glucksberg
1. Identification of metaphor-related words	<i>Attacked</i>
2. Identification of metaphor-related propositions	P1 ( <i>attack, Lakoff, Glucksberg</i> )
3. Identification of open metaphorical comparison	SIM{F, x, y [F (Lakoff, Glucksberg)]t [ <i>attack</i> (x, y)]s}
4. Identification of analogical structure	SIM [ <i>criticise</i> (Lakoff, Glucksberg)]t [ <i>attack</i> ( <i>attacker, attacked</i> )]s}
5. Identification of cross-domain mapping	TARGET < SOURCE DOMAIN <i>criticise</i> < <i>attack</i> Lakoff < <i>attacker</i> Glucksberg < <i>attacked</i> possible inferences <i>arguments</i> < <i>weapons</i>

This procedure brings some insights into how the conceptual metaphor’s source and target domains are identified and highlights potential mappings between the source and the target



domains. However, the formulation of the conceptual metaphor is not described in detail. For example, Steen claims *attacked* in “Lakoff attacked Glucksberg” derives from the conceptual metaphor “Criticism is attack”. It can also be the more general conceptual metaphor “Argument is war” already identified by Lakoff and Johnson in their book *Metaphor We Live By* (Deignan, 2016; Lakoff & Johnson, 1980b). None of the mappings highlighted in Steen’s analysis could directly lead to the conceptual metaphor “Argument is war”. The method does not answer the problem of how we can formulate one specific conceptual metaphor rather than another based on language data.

Deignan (2016) comments that the five steps make the structural and logical aspects of working from linguistic to conceptual metaphor very clear, but the move from step 4 to step 5 is the weakest link in the procedure, mostly depending on the researcher’s intuitions. The issue arises not just when following the five-step method but in all attempts to infer conceptual metaphors from linguistic metaphors (Deignan, 2016).

But in this study, the target domain is unified: the domain of TCM diagnosis and treatment. Various source domains are used to describe specific terms in TCM diagnosis and treatment. To address the drawback of Steen’s procedure, the source domain grouping in this study followed Lakoff and Johnson’s original grouping method published in 1980, and the subtype groupings has been compared to the source domains identified by several CMT-inspired studies on TCM metaphors (Chen, 2015; Jia, 2009, 2012; Li, 2016), as well as Lakoff’s Master Metaphor List (Lakoff et al., 1991).

Once all linguistic metaphors are identified, they are categorised into the following conceptual groups: ontological type, including entities, container, nature, personification and conduit; structural type, including yin and yang, five phases, and war; orientational type

including exterior and interior, up and down, left and right, and front and back. The linguistic metaphors are grouped into various source domains by seeking some level of generalisation.

When organising the metaphorical expressions under broad conceptual domains, the intention is to provide consistent and clear categories of the metaphors used in TCM classics.

Based on the generalised source domains, all the conceptual metaphors are inferred from the linguistic metaphors following Steen's five-step analysis. As the source domains have been researched before and the target domain is specific, the drawbacks of Steen's procedure can be largely avoided.

### **4.3 Summary**

This chapter revealed the research questions in relation to the categories of metaphors used in TCM diagnosis and treatment, and to the effect of different translation strategies in delivering health-related information. The criteria for choosing the original classical Chinese and English translations are also elaborated. The current available linguistic metaphor procedures of MIPVU have been adapted with some adjustments to fit the purpose of the TCM-specialised corpus. The analytical tool and its main features are also introduced. The last part of this chapter details how conceptual metaphors are inferred from linguistic metaphors and categorised.

## Chapter 5 Linguistics and Conceptual Metaphors in the Specialised Corpus

You did not draw [on the method of] comparing the likes. Hence, your knowledge has not [reached the level of] understanding yet.

Chapter 76 Suwen, translated by Unschuld (2011, p. 661)

The quote above from *Neijing* confirms that the function of analogies in the book is to provide an accurate understanding of health-related events. Analogies, in the cognitive linguistic view, are one type of conceptual metaphor (Lakoff & Johnson, 1980a; 1980b), and as such, translating these analogies into English involves two steps. The first is to unpack the “understanding” expressed through metaphors in the source text, which is discussed in this chapter. The second step is to reproduce the “understanding” in the target text, which will be investigated in Chapter 6.

Researching the translation of TCM metaphor from the cognitive point of view highlights the importance of considering three levels of meaning: the semantic (basic semantic content), the contextual (contextual associations), and the pragmatic (the user’s intentional and attitudinal implications). The Conceptual Metaphor Theory (CMT) will focus on appreciating the richness of metaphor and processing its cognitive content in the source language. Consequently, CMT can help unveil the determinative factors that influence the process and results of metaphor translation.

Using the views of CMT as a lens, this chapter reports on the quantitative and qualitative analysis of the specialised corpus of TCM diagnosis and treatment and will answer the first two research questions:

*Q1. What are the conceptual domains that underlie the linguistic metaphors used to describe diagnosis and treatment in the TCM classics *Neijing* and *Shanghan Lun*?*

*Q2. What are the conceptual metaphors that are related to the identified conceptual domains, and what role do these conceptual metaphors play in conveying the knowledge of TCM diagnosis and treatment?*

The chapter is divided into five parts. Section 5.1 provides an overview of linguistic metaphors identified in the corpus under study. Section 5.2 presents the quantitative findings related to the identified linguistic metaphors and their corresponding conceptual domains. Sections 5.3, 5.4, and 5.5 move to a detailed qualitative analysis of the conceptual metaphors. Each section focuses on one main type of conceptual metaphor, namely, ontological, structural, or orientational, following the order of the frequency of the linguistic metaphors found in the specialised corpus. As the primary purpose of the original texts is to convey health-related information, examples will be used to illustrate how the conceptual metaphors function in delivering such information.

## **5.1 An Overview of Linguistic Metaphors in the Specialised Corpus**

The quantitative analysis of metaphors in this section reports on the identification and function of metaphors in the small-sized specialised corpus of TCM diagnosis and treatment texts. As discussed in Chapter 4, the identification of metaphorical expressions, and their corresponding source domains, requires a certain level of generalisation (Deignan, 2007).

### **5.1.1 Metaphor Signalling**

Following the metaphor identification procedure introduced in Chapter 4, this study manually located 2,975 linguistic metaphors from the TCM diagnosis and treatment texts in the two classics *Neijing* and *Shanghan Lun*. The labelling of direct metaphors in classical

Chinese was made using the signals listed in the book, *Rhetoric in Classical Chinese* (Yu, 2011). Metaphor signals identified in the corpus are *ru* 如, *ruo* 若, *you* 犹 and *si* 似, all of which are similar to *like*, and *pi* 譬, which means to draw an analogy. The current study did not find the signalling word *bi* 比 (compare to). **Table 5.1** below shows the identified indirect metaphors, direct metaphors with metaphor signals, and their absolute and relative frequency<sup>9</sup> in the specialised corpus.

**Table 5.1** Frequency of Direct and Indirect Metaphors in the Specialised Corpus<sup>10</sup>

Signals	Absolute frequency	Relative frequency
<b>Direct metaphors</b>	107	3.60%
Ru 如	78	2.62%
Ruo 若	8	0.27%
You 犹	8	0.27%
Si 似	8	0.27%
Pi 譬	5	0.17%
<b>Indirect metaphors</b>	2868	96.40%
<b>Total</b>	2975	100.00%

**Table 5.1** above shows that 107 direct metaphors are found in the corpus, accounting for only 3.6% of all the identified linguistic metaphors. The signal word *ru* (like) is the most frequent in the Chinese corpus, signalling 78 out of 107 direct metaphors (2.6% of all metaphors). This finding is consistent with the discussion on using the figure of speech in Medical Classical Chinese, in which *ru* was the only typical metaphor signal found in the

<sup>9</sup> The absolute frequency describes the number of times a particular a data item that has been observed to occur in the specialised corpus; the relative frequency is the frequency of the data item divided by the total number of observations, shown as a percentage (Bybee and Hopper, 2001, p. 231)

<sup>10</sup>The procedure to mark a metaphor as direct or indirect is described by Steen (2010), see Section 4.2.3.

TCM classics studied (Gao & Li, 2016, p. 59). Other signals *ruo*, *you* and *si* tie for second place, with eight occurrences. The signal *pi* is the least frequent metaphor signal, with only five occurrences in the Chinese corpus. Metaphor signals can remind the readers of possible mappings between the source and target domains, illustrated by the example below.

*Example 1*

- |            |  |
|------------|--|
| <b>STs</b> | <ol style="list-style-type: none"><li>1. 春脉如弦。</li><li>2. 发汗则谵语，脉弦。</li></ol>  |
| <b>TTs</b> | <ol style="list-style-type: none"><li>1. The pulse of spring is <b>like the string of a musical instrument</b> (Lu, 2004, p. 131).</li><li>2. Caution must be taken not to promote sweating; otherwise, delirious speech and a <b>wiry pulse</b> will occur (Liu, 2015, p. 420).</li></ol> |

In this example, a pulse condition *xianmai* 弦脉 (string-like pulse) was expressed in two ways: signalled by *ru* in ST1 and unsignalled in ST2. The difference is also reflected in the TTs. The metaphor signal *ru* can immediately inform the reader of the presence of mapping between the pulse pattern and the string of a musical instrument, which is implicit in ST2. In the absence of the signal, the “wiry pulse” may strike non-Chinese readers as odd. So, alternative English translations such as taut pulse and string-like pulse have been recommended (World Health Organization, 2007).

Compared to direct metaphors, unsignalled metaphors like ST2 were much more frequently found, accounting for 96.4% (2868/2975) of the identified metaphors. Since no previous quantitative analysis of TCM metaphors could be found, this result was compared with research on academic prose, where a low proportion of direct metaphors has also been reported (Steen et al., 2010a; 2010b; Herrmann, 2015). Due to the small number of direct metaphors, and the straightforward nature of translating them, the translation analysis in Chapter 6 will focus on the indirect metaphors.

### 5.1.2 Distribution of Terminological and Generic Metaphors

By referring to TCM dictionaries, analysis of the functions of the linguistic metaphors identified in the Chinese corpus showed that 2,172 out of 2975 (72.71%) are terminological metaphors, and the rest 26.99% are generic metaphors (**Table 5.2**). The result indicates that in TCM diagnosis and treatment, metaphors mostly serve a terminological role.

**Table 5.2** *Frequency and Relative Frequency of Terminological and Generic Metaphors in the Specialise Corpus<sup>11</sup>*

Metaphor function	Absolute frequency	Relative frequency
<b>Terminological</b>	2172	73.01%
Indirect	2163	72.71%
Direct	9	0.30%
<b>Generic</b>	803	26.99%
Indirect	706	23.73%
Direct	97	3.26%
<b>Total</b>	2975	100%

This result is in line with research on the use of metaphors in scientific communication (Ervás et al., 2017; Harré et al., 2000). Metaphors are used to formulate new terms when an existing term for a specific structure or phenomenon does not suffice to describe the new object properly, or to draw attention to important aspects, or when no other term is available (Martin & Harré, 1982, p. 97; Sangoi, 2014, p. 78).

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<sup>11</sup> Whether a metaphorical word is a term is determined by consulting *Zhongyi Dacidian* 中医大辞典 (Dictionary of Traditional Chinese Medicine) (Li, 2005), *Huangdi Neijing Dacidian* 黄帝内经大辞典 (Dictionary of Huangdi Neijing) (Zhou et al., 2008), *Zhongguo Yixue Dacidian* (Dictionary of Chinese Medicine) (Xie, 1994) and *Xinxiu Shanghan Lun Yanjun Dacidian* 新修伤寒论研究大辞典 (New Dictionary of Research on Shanghan Lun) (Fu, 2017).

Below is a typical example showing the prevalence of terminological metaphors in the original text:

*Example 2*

**ST** 若下之，则胃中空虚，客气动膈。

**TT** If **purging** is employed, there will be a **deficiency** in the stomach, leading to **disturbance** of the diaphragm by **pathological** factors. (Liu, 2015, p. 595)

This line explains what would happen if patients were treated wrongly. The 12-character compound sentence consists of four linguistic metaphors. The *xia* 下 (down), *xu* 虚 (deficient), *keqi* 客气 (visiting qi) are TCM terms, and *dong* 动 (move) is generic to describe the act of the *keqi*. The *xia* treatment is one of the main treatment methods in TCM, and is so named because purgative medicine will cause the process that involves the pathogenic factor dwelling in the body to go “down”. *Xu* is a syndrome characterised by the lack of various kinds of essence, as if the stomach is “deficient” in energy. *Keqi* generally indicates pathogenic factors from outside, so they are “visitors’ whose prolonged stay is not welcome (Gao, 2013). The fact that three metaphorical terms are used in one sentence demonstrates the prevalence of terminological metaphors in the corpus. The high proportion of terminological metaphors indicates that *Neijing* and *Shanghan Lun* were targeting readers who are learning, teaching, or practising TCM, as stated by Gao (2013) and Wang (2002).

**Table 5.2** also presents the categorisation of direct and indirect metaphors according to their functions. The analysis found that, with nine exceptions, the 2,172 terminological metaphors identified in the corpus are mostly indirect; the rest are generic metaphors. This tendency can be seen in the usage of *fu* 伏 (lie prostrate) in the example below.

*Example 3*

**STs** 1.伏如横弩,起如发机。



2. 伏梁何因而得之?

- TTs
1. The retention of the needle [to wait for the arrival of Qi] is just like a fully pulled bow; the arrival of Qi is just like to shoot the arrow (Li, 2004, p. 337).
  2. What is the cause of Fuliang? (Li, 2004, p. 487).

The first metaphor is signalled by *ru*, describing the waiting for the arrival of qi. By using the image of an arrow being held on a fully pulled bow, readers can sense the level of concentration and attention required while waiting for the arrival of qi, before using a needle. The second metaphor is not signalled, and is used in the context of discussing the cause of the disease *fuliang* 伏梁. The literal meaning of fuliang is a beam lying flat. When a mass is formed between the umbilicus and heart, its shape looks like a beam, and the disease is so named (it is also called “cardiac fullness”). The two usages of fu suggest that a word used as a term in TCM tends not to be signalled. As for generic metaphors, every 1 in 7 (91/706) metaphors is signalled in the corpus, and the rest remain implicit.

Researchers of technical texts have considered why terminological metaphors are less likely to be signalled. When these metaphors are used to define a specialised concept (Goatly, 1997) or describe new scientific models (Boyd, 1993), they tend to be conventionalised, and no metaphor signal is required to draw the reader’s attention to the potential mappings between the metaphor’s source and target domains. The richness of terminological metaphors without signals may pose more problems in their translation. They are TCM terms that cannot be discarded easily. This aspect will be discussed within each conceptual metaphor category in Chapter 6.

## 5.2 Conceptual Domains Identified in the Specialised Corpus

This section answers the first question:

*Q1. What are the conceptual domains that underlie the linguistic metaphors used to describe diagnosis and treatment in the TCM classics Neijing and Shanghan Lun?*

The linguistic metaphors in the corpus were grouped into various source domains by seeking some level of generalisation. Lakoff's research derives from materials in English, so, here, most of the linguistic expressions in the source text did not align well with any of his source domain subtypes that are listed in his updated metaphor classification in the *Master Metaphor List* (Lakoff et al., 1991). The grouping of subtypes in this study was therefore based on the source domains already identified in several previous TCM metaphor studies. These had been inspired by Lakoff and Johnson's original grouping method published in 1980, in which they categorised metaphors into three fundamental groups: ontological, orientational, and structural (Chen, 2015; Jia, 2009; 2012; Lakoff & Johnson, 1980b; Li, 2016).

**Table 5.3** shows the identified source domains and related linguistic metaphors, in absolute and relative frequencies. Based on analysis of the conceptual domains from which they originate, the source domains of the linguistic metaphors can be classified into 13 subtypes, with three main types of metaphors, in the following order of frequency: ontological metaphors, including entities, containers, nature, personification, and conduits; structural metaphors characterised by war, the relations between yin and yang, and the movements of the five phases; and orientational metaphors, including exterior and interior, up and down, left and right, and front and back.

**Table 5.3** *Identified Source Domains and the Frequency of Their Related Linguistic Expressions*<sup>12</sup>

Source domain	Subtype of source domain	Absolute frequency	Relative frequency
<b>Ontological</b>		1808	60.77%
	Entities	476	16.00%
	Containers	421	14.15%
	Nature	389	13.08%
	Personification	308	10.35%
	Conduits	194	6.52%
<b>Structural</b>		649	21.82%
	Yin and yang	343	11.53%
	War	285	9.58%
	Five phases	48	1.61%
<b>Oriental</b>		511	17.18%
	Exterior and interior	210	7.06%
	Up and down	154	5.18%
	Left and right	128	4.30%
	Front and back	19	0.64%
<b>In total</b>		2975	100%

It can be seen from **Table 5.3** above that ontological domains are the most frequently used among the three major types. According to the Conceptual Metaphor Theory (CMT), ontological metaphors “involve the projection of entity or substance status on something that does not have that status inherently” (Lakoff & Johnson, 1980, p.197). The prevalence of

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<sup>12</sup> Source domain grouping in this study followed Lakoff and Johnson’s method published in 1980, and the identified subtypes can be found among the source domains already researched by several CMT-inspired studies on TCM metaphors (Chen, 2015; Jia, 2009, 2012; Li, 2016), as well as “Master Metaphor List” by Lakoff et al. (1991).

ontological metaphors is in line with the claim that they exist in abundance in TCM text (Chen, 2015). They draw from various source domains to help interpret our experiences and enrich our perception of the world (Chen, 2015, p. 53).

Among the ontological metaphors, the largest source domain used in TCM diagnosis and treatment discourse was “entities”, which accounted for 16% of all the labelled linguistic expressions. Although this finding is not in line with earlier studies about metaphor, where personification ranks first among the metaphors in a variety of subjects and genres (Herrmann, 2013; Charteris-Black, 2004; Papadoudi, 2010; Semino & Steen, 2008). It can be explained by the subject of the corpus. Almost every chapter selected in the study has mentioned or discussed pulse examination, the method most frequently used in TCM to diagnose disease, and which lays the foundation for treatment (Wang, 2002). In TCM, the observed variations of the pulse are attributed to the qualities of everyday objects. As the pulse under the skin cannot be seen or examined directly, ancient doctors felt the beating of the artery. They summarised patterns by using variations in the beating to name and differentiate pulse conditions. For example, *Ximai* 细脉 (thready pulse) feels as thin as a thread, but it is still palpable. The same naming method has been applied to other pulse conditions, such as *changmai* 长脉 (long pulse), *duanmai* 短脉 (short pulse), *hongmai* 洪脉 (surging pulse), *chenmai* 沉脉 (sunken pulse), *huamai* 滑脉 (slippery pulse), and so on.

The second most frequent source domain in the corpus, at 14.5%, is “containers”. In TCM, the internal organs are described as types of containers, such as *zang* 藏 (depository) or *fu* 府 (treasury), which were structures with various storing functions in ancient China (Wang et al., 2016). The *zang*-organs are likened to depositories where things are stored for safekeeping, while the *fu*-organs are more like those treasuries where things come and go. The state of the organs is also depicted with the attributes of containers, such as “empty”,

“full”, “deficient”, “inflated”, and so on. The “container” group of metaphors has some overlap with orientational metaphors, for example, discussion of the interior and exterior of the body could also be framed with respect to the body itself being a container. However, such a discussion seems better served by the orientational group, and, thus, the metaphors related to the bodily interior and exterior will be discussed in the section on orientational metaphors.

The third source domain is “nature”, which includes the sun, the moon, clouds, rivers, mountains, and the six qi. The environmental factors of *feng* 风 (wind), *han* 寒 (cold), *shu* 暑 (summerheat), *shi* 湿 (dampness), *zao* 燥 (dryness), and *huo* 火 (fire) are also part of the macrocosm, and can equally be applied to the human microcosm (Gao, 2013, p. 80). As with containers, each environmental factor has associated properties. Ancient doctors summarised the causes of illness by using the image of a factor as a basis (Lan, 2015). According to TCM, if the balance between nature and the human body is disrupted, these normal forces would take their chance to attack the human body and become pathogenic factors. For example, the wind can be strong or gentle, and its movement is unpredictable. When it blows, everything in the environment is more or less impacted, and the degree of any damage depends on its strength. Some disease patterns resemble these features of wind, and their causes are thus considered to be wind (Jia, 2011). Further, the names of most acupoints along the meridian channels originate from our observations of natural elements and events (Li & Li, 2009). However, given that WHO had already published an alphanumeric system for English nomenclature of meridian channels in 1991, now in wide use in TCM education outside of China (Ye & Zhang, 2017), in this study metaphorical names in meridian channels were not included, and their source domains or translation are not discussed.

The conceptual domain “personification” ranks fourth, with 10.35% of the linguistic metaphors drawing from this domain, which includes human-related characteristics and actions. TCM scholars have different views on the classification of this domain. Tu (2008) splits this domain into politics and war, a classification that leaves out emotions and relationships, which can be instantiated by *wuzang suowu* 五脏所恶 (literal: the five Zang-organs’ dislikes, denoting the factors which the five zang-organs are susceptible to) or *wei baibing mu* 为百病母 (literal: is hundreds of diseases’ mother, denoting something that is the cause of hundreds of disease). Chen (2015) holds that the domain of “social relations”, like kinships, should be removed from the ontological category and be treated as a structural domain. In the *Master Metaphor List* (Lakoff, 1991), the source domain “actions’ is listed under the type of “event” structure, and “emotion” is assigned a separate type, while people, society, relationships and society are placed under the label of *others*. Kövecses (2002), however, points out that personification can be perceived as a form of ontological metaphor. It entails human qualities given to nonhuman entities, which means it falls into the ontological type of metaphor. In this study, the metaphorical expressions related to human beings are considered to share the common denominator of personification.

The last source domain is “conduits”, most frequently instantiated by references to the meridian system. It has been argued in Chapter 3 that the use of the conduit metaphor in TCM is different to that in Lakoff’s examples. According to Lakoff and Johnson (1980b; 2003), ideas are objects that can be sent along a conduit to the hearer. In TCM, the intangible meridian channels are described as conduits that can connect organs and, thus, for example, transport blood and qi (Li, 2012). Energy circulates in this network of passages, along which the acupuncture points are distributed. These passages can extend in all directions and lead to various body parts, and people will get sick if they are blocked. The meridian system is a

major theoretical structure in TCM. Much of its content is identified, referred to or discussed in a metaphorical language, which makes the image of a conduit of great significance. Although categorising conduit-related expressions in TCM under the conceptual domain is not exactly in line with CMT's original propositions, here it is considered as a creative application of CMT in TCM text.

Unlike ontological metaphors by which we can pick out parts of our experience and treat them as discreet entities or substances, structural metaphors are cases where one concept is metaphorically structured in terms of another (Lakoff & Johnson, 2003, p. 15). In this study, the structural metaphors comprised 13.14% of the linguistic metaphors, including the concepts of yin and yang, war, and the five phases (metal, wood, water, fire, and earth). Chen (2015) suggests that qi (also called vital energy) is an important structural metaphor in TCM. But, more accurately, it is the compound words formed with qi that are used metaphorically, such as *hanqi* 寒气 (cold qi) and *requ* 热气 (hot qi). These compound words originally denoted natural elements and then gradually acquired additional meanings. Thus, in this study, qi will not be discussed alone; the metaphorical compound words with qi are presented where appropriate.

The source domain of “war” is almost as frequent as personification. The use of war-related words such as “attack”, “enemy”, or “destroyed” is classified by Lakoff and Johnson (2003) into the domain of personification, while they view “Argument is war” as a typical structural metaphor. As discussed in Chapter 3, there is some overlap between the three fundamental types of metaphor. After analysing the war-related linguistic expressions, I found that the features of war helped construct an important conceptual system in TCM theory, in which the process of a man getting sick or being healed is described as the battle between vital qi

(or healthy qi) and all kinds of pathogenic factors (Li, 2012). From pinning down the cause of diseases to selecting treatment plans, many descriptions draw from various aspects of war. Orientational metaphors organise a whole system of concepts concerning spatial orientations (Lakoff & Johnson, 2003, p.15). The orientational domains, including the relations between inside and outside, up and down, left and right, and front and back, accounted for 17.18% of the linguistic metaphors in the TCM corpus. These opposites are mostly used to discuss treating methods, body parts and syndrome names. A particular case of mapping is that the relative position or functions of the reproductive or digestive organs can be mapped using the orientation of the front and back, or up and down, thus providing a euphemistic frame of reference that is useful in the Chinese cultural context.

The CMT viewpoint adopted here has resulted in the categorising of the linguistic metaphors in TCM diagnosis and treatment discourse as belonging to 13 source domains. Although most of the source domains in the corpus are also found in other text types, the mappings in TCM can be very different. This is partly because the corpus's subject is narrowed down to TCM diagnosis and treatment. Another reason is reflected in the discussion above; some metaphors are embedded in culture-specific source domains, adding to the translation challenge.

The following three sections will focus on ontological, orientational, and structural metaphors to answer the second question:

*Q2. What are the conceptual metaphors that are related to the identified conceptual domains, and what role do these conceptual metaphors play in conveying the knowledge of TCM diagnosis and treatment?*

The conceptual metaphors were inferred from the identified linguistic metaphors by Steen's five-step procedure, described in Section 4.2.5 (Steen, 1999, 2011). These metaphors are



presented within each main type of conceptual domain. It is worth noting that in the view of CMT, the conceptual structures of metaphor are assumed to exist in the form of conceptual metaphors such as “Argument is war” instead of metaphorical linguistic expressions such as “Lakoff attacked Glucksberg”. Linguistic metaphors are used to instantiate the use of conceptual metaphors in various contexts.

### **5.3 Ontological Metaphors**

**Table 5.3** shows that ontological metaphors comprised the largest proportion of linguistic metaphors in the corpus. By drawing from the source domains of entities, containers, nature, personification, and conduits, or their associated qualities, conceptual metaphors were formulated to illustrate and explain various aspects of TCM diagnosis and treatment knowledge, including pulse conditions, inspection<sup>13</sup>, pathological change, and so on. **Table 5.4** below presents the ontological conceptual metaphors in the specialised corpus, and they will be discussed using instances of linguistic metaphors.

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<sup>13</sup> The four diagnosing methods in TCM are inspection, listening and smelling examination, inquiry, and palpation.

**Table 5.4** *Ontological Metaphors in the Specialised Corpus*

<b>Subtype of source domain</b>	<b>Conceptual metaphor</b>
<b>Entities</b>	<ul style="list-style-type: none"><li>- Pulse conditions are entities.</li><li>- Factors influencing diagnosis and treatment are entities.</li><li>- Pathological changes are entities.</li></ul>
<b>Containers</b>	<ul style="list-style-type: none"><li>- Body parts are containers.</li></ul>
<b>Nature</b>	<ul style="list-style-type: none"><li>- Pathogenic factors are natural elements.</li></ul>
<b>Personification</b>	<ul style="list-style-type: none"><li>- Pathogenetic factors are evil.</li><li>- Pathogenetic factors are visitors.</li><li>- Organs have emotions.</li><li>- Organs have a hierarchical relationship.</li><li>- Medicinals have a hierarchical relationship.</li></ul>
<b>Conduits</b>	<ul style="list-style-type: none"><li>- Meridians are conduits.</li></ul>

### 5.3.1 Entities

The source domain of “entities” was the most frequently exploited in the specialised corpus.

The main conceptual metaphors mapping from this source domain were found to be:

- Pulse conditions are entities.
- Factors influencing diagnosis and treatment are entities.
- Pathological changes are entities.
- Observations are entities.

The establishment of these conceptual metaphors depends on finding similarities between discoveries in TCM practice and familiar objects, including animals, plants and daily items.

These objects (or part of them) and their characteristics (source domain) were used to explain abstract concepts (target domain) that ancient doctors summed up in their practices. The four conceptual metaphors were examined to see how different linguistic metaphors instantiate them to convey diagnostic and therapeutic knowledge.

*Conceptual metaphor: Pulse conditions are entities.*

*Example 4*

**ST** 秋日下肤，**蛰虫**将去；冬日在骨，**蛰虫**周密。

**TT** In autumn, [the pulse is beating] beneath the skin just like **the insects going into hiding**;  
in winter, [the pulse] is near the bone just like **animals in hibernation**. (Li, 2004, p. 203)

Example 4 informs the reader of what the pulse is like in autumn by comparing it to *zhecong* 蛰虫, dormant insects hiding in the earth (Fu, 2010, p. 86; Zhang & Sun, 2008b, p. 96). With the metaphor “pulses are dormant insects”, the impression is given of the pulse in autumn being slightly deeper than in summer, by analogy with the reduced visibility of insects as they prepare to enter diapause. In winter, the pulse continues to descend, and its beating seems to occur between the bones of the forearm (radius and ulna) like the now-dormant insects hiding in their nest. The experience with pulse-taking is vividly depicted by mapping from the source domain of an insect’s life cycle. The common knowledge of the insect’s physical characteristics, habits, and growth provide the basis for mapping the already familiar qualities into target domains that are otherwise hard to describe.

The description of findings made by feeling the pulse also draw from the features of chickens and other birds, to explain diagnostic criteria. For instance, when the pulse of an ailing spleen appears sharp, hard, and short, and is described as *niao zhi hui* 鸟之喙 (bird’s beak), this indicates spleen deficiency. When the lung pulse appears alone (that is, without stomach qi) its soft feeling is described as *yi maoyu zhong renfu* 以毛羽中人肤 (use a feather to touch the skin), and this indicates the patient is in a critical condition. It can thus be seen that both healthy and unhealthy pulses utilise cross-domain mappings to explain the pulse beating patterns.

In addition to animals and insects, plants are also used to describe pulses based on the knowledge of the plants' morphological traits, colours, smells, uses, and other characteristics. For example, one pulse condition is called *koumai* 芎脉 (literal: scallion pulse, WHO: hollow pulse). When the doctor presses hard on the vein to feel the pulse, *koumai* appears as soft and hollow as a scallion (Li & Huang, 2016, p. 195). Pulsation has also been compared to the sensations brought by touching leaves, pulling vines, and so on.

As well as comparing pulse patterns to plants and animals, the ancient TCM practitioners also likened them to non-organic items in their surroundings. These items' size, shape, function, and other attributes provided a rich basis for constructing metaphors. Among the 28 diseased pulse conditions, a majority were described using, and named after, daily items or their attributes, such as string-like pulse, drumskin pulse, slippery pulses, tight pulse, rough pulse, floating pulse, soggy pulse, and so on (Gao, 2013, p. 105). By using metaphorical descriptions based on items in daily life, learners (or readers) can more easily relate, and learn to differentiate pulse conditions (Chen, 2015).

*Conceptual metaphor: Factors influencing diagnosis and treatment are entities.*

Another mapping that was evident was that of a tree's *biao* 标 (tip of a tree) and *ben* 本 (root of a tree) onto various aspects of diagnosis and treatment, to stress the relationship between factors influencing diagnosis and treatment. For example, in the line, “*bing wei ben, gong wei biao, biaoben bu de, xieqi bufu* 病为本，工为标，标本不得，邪气不服” (literal: the patient is the root, the doctor is the tip; if the tip does not suit the root, the evil qi will not be subdued), the relationship between doctor and patient is compared to a tree's tips and root, to stress the critical role of the patient in achieving recovery (Long & Long, 2004, p. 200; Zhang & Sun, 2008b, p. 82). While the doctor can play their part when the patient is cooperative, if the patient does not follow doctors' instructions as stated in “*biaoben bude*”,

the pathogen will not be eliminated, and the treatment is likely to fail. The line uses tips and roots to tell doctors to recognise the active role of patients. A similar analogy was found in the text where the disease is the root and diagnosis and treatment are the tips. The disease can only be cured when the tips match the root (People's Medical Publishing House, 2012, p. 58).

Elaborating upon the senses of “principal” and “secondary”, several metaphors in the specialised corpus derived from the source domain of root and tip to describe the relations of other things. Regarding the relationship between immunity and pathogens, the healthy qi (immunity) was the root, and the pathogens were the biao. In investigating disease pathogenesis, a disease's cause was the root, its symptoms were the tip, the old or primary disease was the root, and the new or secondary disease was the tip. In describing the site of the disease, the one inside the body was termed the root, and the one on the body's surface was termed the tip. The tip and root metaphor effectively assists doctors in locating the principal aspect of a contradiction to reach a correct diagnosis and make suitable treatment plans (Zheng, 2016, p. 392). The various connotations of root and tip can also, of course, bring challenges to translations.

The attributes of entities were also used. When explaining how to make a customised prescription, a text recommended that *boyao* 薄药 (literal: thin drug, means low-dose drug) is for people with high drug sensitivity, while *houyao* 厚药 (literal: thick drug, means high-dose drug) is for less sensitive people. As a pair of antonyms, “thin” and “thick” were used to indicate two dosage levels of medication: low-dose and high-dose. A similar case of antonyms can be found in *da* 大 (big) and *xiao* 小 (small). The contrast brought by this pair has also been used as a euphemism for faeces and urine.

*Conceptual metaphor: Pathological changes are entities.*

Features of livestock and insects can be used to embody pathological changes. For example, in the line “*He qi er chi zhe, bifa bentun* 核起而赤者，必发奔豚”, the disease *bentun* 奔豚 (running-piglet syndrome) indicates a mass of qi ascending from the abdomen to the chest which will make the patient feel abdominal pain, chest tightness and shortness of breath (Nanjing University of Chinese Medicine & Chen, 2010, p. 531). The motion of the mass of qi feels as if a piglet is running around in the body, so it has been named “running piglet” syndrome.

Regarding insects, one text on disease differentiation states that if the puffiness of the eyelids presents like a *wocan* 卧蚕 (lying silkworm), it indicates a water-related disease (edema) (Wang, 2002, p. 231). The image of a silkworm highlights the shape and size of the swelling. Another type of edema, *shishui* 石水 (stony edema), refers to an illness marked by edema formed in the abdomen (Zhang & Sun, 2008b, p. 260). The edema is formed in the lower part of the abdomen as it is very “heavy” and felt as being very hard, resembling the quality of a stone.

*Conceptual metaphor: Observations are entities.*

Inspection using visual observation, for example, of the facial complexion (Gao, 2013), is another diagnosing method described in the corpus. There are five colours of the complexion, namely, reddened, bluish, darkish, yellow and white. The “white” complexion is described as the colour of the *eyu* 鹅羽 (goose feather) and less like the colour of raw salt, which is yellowish and lacks lustre.

Some observations in diagnosis and treatment were embodied by reference to the size and colour of certain plants. In a text introducing the acupuncture applied at the lung and large intestine meridians, it is stated that in the procedure, there will be “*chuxue ru dadou* 出血如

大豆” (literal: bleeding like soybeans). This is a direct metaphor signalled by *ru*, depicting the size of the blood drops in the needling session. It tells the practitioner that if the needling is done correctly, the drops of blood should be as big as soybeans (Long & Long, 2004, p. 435). In another text on using acupuncture to treat malaria, the practitioner is told where to apply needling by stating, “*xian shi shen zhi chi ru xiaodou zhe* 先视身之赤如小豆者” (literal: first observe the body where it is as red as small red beans<sup>14</sup>). Patients with malaria will present purpura, and these spots on the skin are as red as red beans (Long & Long, 2004, p. 485). The familiarity with soybeans and red beans helps readers grasp the details of the treatment method. The linguistic metaphors arising from this conceptual metaphor are mainly direct metaphors with signals to remind the reader of the existence of cross-domain mapping, which makes translation less complicated than other indirect metaphors. Thus, the translation of this conceptual metaphor will not be discussed in Chapter 6.

The discussion above shows that the characteristics of plants, animals, and everyday items have been used to describe various aspects of TCM diagnosis and treatment. By drawing upon images of these entities or their attributes, conceptual metaphors were instantiated by different linguistic metaphors to illustrate and explain pulse conditions, inspection, diseases, pathological change, and so on. These source domains (plants, animals or everyday items) were not necessarily culturally specific, but the way they were mapped could be. As Kövecses (2000) and Yu (2003) have pointed out, the formation of a metaphor and its use in a given culture depends on the cultural norms. The entities or the specific features that ancient practitioners chose to formulate a medical metaphor reflect their life experiences, social customs and thinking patterns. The mappings analysed above show that the metaphors

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<sup>14</sup> Small beans are red beans. They are sometimes referred as small red beans in Chinese.

used in the specialised corpus display a high level of cultural specificity, which could hinder cross-cultural communication.

### 5.3.2 Containers

In the source domain of “container”, by the conceptual metaphor “Body parts are containers”, various linguistic metaphors are used to illustrate and explain the phenomena related to the characteristics and functions of the body parts and organs.

*Conceptual metaphor: Body parts are containers.*

#### Example 5

- ST** 所谓五**脏**者，**藏**精气而不泻也，故满而不能实。六**腑**者，传化物而不**藏**，故实而不能满也。
- TT** The so-called Five **zang-organs** only **store up** Jingqi (essence-qi) and will not discharge it. That is why they are always Man (full) but not Shi (to be filled up). The so-called Six **fu-organs** only transport and transform food and will not **store it up**. That is why they are always Shi (to be filled up) but not Man (full) (Li, 2004, p. 151)

The example above explains the characteristics and function of the visceral organs drawing on the conceptual metaphor: “Body parts are containers” (Li, 2016). The word *zangfu* 脏腑 is a collective term in TCM for the internal organs. The sinogram *zang* 脏 underwent an evolution process: 臧 - 藏 - 臟 - 脏 (Lan, 2015). According to the earliest comprehensive dictionary of Chinese characters (ca. 100 CE), *Shuowen Jiezi* 说文解字 (Discussing Writing and Explaining Characters) (Xu, 2021), “*zàng* 藏 is used to *cáng* 藏”<sup>15</sup>, in which *zang* refers to a place to store (*cang*) precious things, a treasure house (Gao, 2013, p. 47). *Zang* was taken by TCM authors and analogised to the five organs - heart, liver, spleen, lungs, and

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<sup>15</sup> There are five tones in Chinese, namely, first, second, third, fourth, and fifth tone. Tone marks are placed on the vowel to show the tone.



kidneys<sup>16</sup> - which are supposed to *cang* 藏 (store) the essential qi without *xie* 泄 (discharging) it, as stated by the first simple sentence. The organs in TCM loosely correlate to modern anatomy, but they also have additional functions and meanings (Gao, 2015).

The *fu* 腑 was originally written as “府” (Lan, 2015). According to *Guhanyu Changyongzi Zidian* 古汉语常用字字典 (Dictionary of Common Classical Chinese ) (Wang et al., 2016), in ancient China it referred to a storing system to maintain “six materials”, namely, water, fire, metal, soil, wood, and grain. These items are indispensable to people’s life. Therefore, the six fu were analogised to the six organs: the gallbladder, stomach, large intestine, small intestine, bladder, and sanjiao<sup>17</sup> (Gao, 2013, p. 59). These organs are supposed to receive, transform, transport water and grain and discharge the waste out of the body but not store it.

All the knowledge related to zang-organs and fu-organs was systematised as the visceral manifestation theory, an important theory in TCM (Zheng, 2016, p. 111). Deriving from this schema of seeing internal organs as storages with different functions, various linguistic metaphors like “store”, “full” and “filled up” are used to describe the internal organs’ physiological activities and pathological changes.

In addition, zang and fu are sometimes used metaphorically to describe the storing function of other body components. For example, the head is the fu for storing *jingming* 精明 (bright essence) (Long & Long, 2004, p. 228), and the blood vessel is the fu for blood (Long &

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<sup>16</sup> It should be noted that the organs in TCM have a much broader meaning than what is typically thought of their functions in Western medicine.

<sup>17</sup> Sanjiao 三焦 is a concept in TCM and acupuncture. It is believed to be a body cavity that can influence other organs, and overall health, mainly through the movement of qi and fluids. It is divided into three parts: the upper jiao relates to organs in the thorax and respiration, the middle jiao relates to the organs above the navel and digestion, and the lower jiao relates to the organs below the navel and defecation and urination (Gao, 2013, p. 61).

Long, 2004, p. 224). These two are not related to fu-organs in visceral manifestation; thus, the use of fu in different contexts needs to be differentiated.

### 5.3.3 Nature

In the source domain of “nature”, there is one conceptual metaphor “Pathogenic factor are natural elements” used to illustrate and explain various phenomena related to pathogenesis.

*Conceptual metaphor: Pathogenic factor are natural elements.*

#### *Example 6*

**ST** 太阳病，发热，汗出，恶风，脉缓者，名为**中风**。

**TT** In tai yang disease, where there is fever, sweating, aversion to wind and a moderate pulse, it is called **zhong feng syndrome** (Liu, 2015, p. 59).

Example 6 lists the symptoms of a disease termed *zhongfeng* 中风 (literal: struck by wind, WHO: wind stroke<sup>18</sup>). Wind is depicted as a pathogenic factor rather than a natural phenomenon. Wind, cold, summer heat, dampness, dryness, and fire are called *liuqi* 六气 (six climatic factors), which correspond to seasonal changes (Gao, 2013, p. 80).

The wind blows intermittently, arises quickly, moves upward and outward, and makes things shake and sway. Such are the symptoms associated with wind, like *fare* 发热 (literal: give out heat, which means fever) and *chuhan* 出汗 (to sweat) in this example (Gao, 2013, p. 338). The wind is also unpredictable and can go in every direction. The disease *fengbi* 风痹 (wind impediment or moving impediment) is characterised by migratory arthritis with pain spreading from one joint to another.

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<sup>18</sup> The *zhongfeng* in *Neijing* and *Shanghan Lun* indicates an external febrile disease, which is different from its meaning today. Now in TCM practice, it usually means another disease presenting sudden appearance of hemiplegia, deviated eyes and mouth and impeded speech attributed to contraction of pathogenic wind, which is close to a “stroke”, a cerebrovascular disease in modern medicine.

Under normal conditions, the six qi are like the typical climatic variations of nature. They can nurture the body, assist physiological activities, and harmonise the inner qi with nature. Because practitioners in ancient times had fewer available explanations for illness, the external qi was seen as the disease-causing factor (Gao, 2013, p. 79). When discussing the cause of diseases, the six qi become *liuyin* 六淫 (six excesses), also known as six exogenous pathogenic factors. To further explain the nature and characteristics of the origins of disease, ancient Chinese medical experts classified diseases based on similarities in observed effects and on their understanding of natural phenomena and disease patterns (Gao, 2013, p. 80).

In most instances in the text, the six qi appeared alone without forming a compound word with qi or excess. The context made it clear whether they were being used metaphorically to indicate pathogenic factors. For example, when describing *wufeng* 恶风 (aversion to wind) is one of the symptoms of *zhongfeng* 中风 syndrome (wind-stroke), the first *feng* is the natural phenomenon of wind, and the second is a term indicating the pathogenic wind.

#### **5.3.4 Personification**

In the source domain of “personification”, there are mainly five conceptual metaphors:

- Pathogenic factors are evil.
- Pathogenic factors are visitors.
- Organs have emotions.
- Organs have a hierarchical relationship.
- Medicinals have a hierarchical relationship.

These conceptual metaphors are used to illustrate and explain various phenomena related to pathogenesis, as well as the constitution of TCM formulas.

*Conceptual metaphor: Pathogenic factors are evil.*

*Example 7*

**ST** 血弱气尽，腠理开，邪气因入，与正气相搏。

When there is deficiency of both qi and blood, the interstices open and then **pathological**

**TT** **factors** invade, leading to **fighting between** anti-pathogenic qi **and pathological factors** (Liu, 2015, p. 298).

In the previous conceptual metaphor analysis, it has been shown that diseases were thought to be caused by excessive or unseasonal climatic factors. These pathogenic factors are sometimes called *xieqi* 邪气 (evil qi). Example 7 starts with the patient's condition, which entails *xueruo qijin* 血弱气尽 (deficiency of both qi and blood) and *couli kai* 腠理开 (pores are open), leaving the patient vulnerable to illnesses. At this moment, something “evil” takes the chance to *ru* 入 (enter) the body and *bo* 搏 (wrestle) with the *zhengqi* 正气 (upright qi, also called healthy qi, which means immunity in the text on pathogenesis). The disease-causing factors and the body's immunities have been personified to describe the process of getting sick: immunity fights against an “evil” villain. Because of the deficiency of qi and blood, the upright qi would not be strong enough to defeat the evil, so people get sick. Thus, a quality of human beings is being used to explain the cause of illness, by using the analogy that good immunity is always defending against the invasion of evils. The two terms, *xieqi* and *zhengqi* have been widely used in TCM, and all the pathogenic factors can be called *xie* (Gao, 2013, p. 80).

*Conceptual metaphor: Pathogenic factors are visitors.*

Some pathogenic factors come from outside the body; they are compared to guests or visitors. This type is called *ke* 客 or *keqi* 客气 (visiting qi), and the body is the *zhu* 主 (host). As discussed for the previous conceptual metaphor, the pathogenic factors will enter the body when its defence is down. In other words, the body with compromised immunity will be “visited” with diseases. Based on this logic, the “visitor” will eventually leave when the body defeats the disease. The relationship of guest and host has been projected onto the body

and pathogenic factors, to stress that keqi is external. At the same time, xieqi indicates all the internal and external pathogenic factors. For example, chapter 4 of *Neijing* states, “*Fengke yinqi, jing nai wang, xie shang gan ye* 风客淫气，精乃亡，邪伤肝也”， which was translated as “When wind attacks the body, [it gradually] damages Qi and exhausts Jing (Essence). [This is because of] the impairment of the liver by Xie (Evil)” (Li, 2004, p. 35). It means when the visiting pathogenic wind enters the body, the liver will be damaged (Long & Long, 2004, p. 56). The pathogenic wind was considered as a “visiting qi” as it comes from outside.

*Conceptual metaphor: Body has emotions.*

Just as human beings have emotions, body parts were sometimes personified in the TCM text, and discussed as if they have likes and dislikes. The target domain, the working condition of the human body, is embodied in linguistic metaphors such as “*Xue qi zhe, xiwen er wuhan* 血气者，喜温而恶寒” (blood and qi like warmth and dislike cold). When it is cold, the channelling of qi and blood will stagnate. The stagnation of blood and qi can be diffused by warmth (Zhang & Sun, 2008b, p. 322). The metaphor “like” and “dislike” vividly depicted the influence of temperature on blood and qi. Similar analogies can be found in the text when it discusses bodily organs.

*Conceptual metaphor: Organs have a hierarchical relationship.*

When *Neijing* and *Shanghan Lun* were written, there were sovereigns with imperial court ministers to consider and manage different aspects of society, and this schema has been applied to detail the function of organs (Li, 2016). For example, in the line “*Wuzang liufu, xin wei zhi zhu* 五藏六府，心为之主”， the heart is called the sovereign ruling all the zang-organs and fu-organs because it is the seat of the most important part of our being- the *shen*

神 (spirit). Other organs are analogous to ministers or officials: the lung by the side of the heart is the prime minister, the liver the general, the stomach the minister for granaries, the gallbladder the minister for courage and initiative, the large intestine the minister for transportation, and so on (Gu, 2014; Lan et al., 2010; Li, 2016). The pericardium wrapping around the heart acts as its courtier, delivering joy and happiness. The heart is the container for the shen, but it is the courtier-pericardium that is responsible for the heart's beating.

If the heart malfunctions, other organs will collapse, just like a kingdom without its king. By comparing the hierarchy of officials, this systematic analogy lays out the functions of each organ and how they cooperate.

*Conceptual metaphor: Medicinals have a hierarchical relationship.*

Similarly, the prescription in TCM is normally based on the concept of “sovereign, minister, assistant, and courier”, as expressed by the linguistic metaphor “*Zhubing zhi wei jun, zuojun zhi wei chen* 主病之谓君，佐君之谓臣”, which was translated as “[The drugs for] treating disease are called the Monarch [drugs]; [the drugs for] assisting the Monarch [drugs] are called the Minister [drugs]” (Li, 2008b, p.1229). The source domain of hierarchical relationships between the members of the imperial court has been used to guide the combination and dosage of drugs of different roles. As emperors are always at the centre, a TCM formula contains at least one sovereign medicinal, and might be supplemented by one or more of the minister, assistant, and courtier drugs (Li & Lin, 2000, p. 644).

### **5.3.5 Conduits**

In the source domain of “conduit”, the conceptual metaphor found in the specialised corpus was “Meridians are conduits”, which was used to explain the features and functions of the meridians.

*Conceptual metaphor: Meridians are conduits.*

*Example 8*

**ST** 凡刺之理，经脉为始，营其所行，制其度量，内次五藏，外别六府。

**TT** The tenets of needling are based on the Channels to explore their running route, decide their length, differentiate [their relationships with] the Five Zang-Organs internally and Six Fu-Organs externally (Li, 2008b, p. 189).

The example states that treatment by acupuncture is based on the characteristics of the meridian system: the path they travel through, their length and their connections with the internal organs (Hebei Medical University, 2009, p. 177; Zhang & Sun, 2008a, p. 73). Most acupuncture points are situated along the major 20 meridian pathways, so the “*ci zhi li* 刺之理 (theories in acupuncture)” starts with knowledge of meridians, including their pathways, measurements, and their connection with the five zang-organs and the six fu-organs. Although meridians are not anatomical structures, they are thought to be the conduits through which the blood and the vital energy qi flow (Gao, 2013, p. 231). By treating otherwise invisible channels as conduits, people can easily understand the physiological functions of the channels: they are hollow inside, so they can transport blood and qi from the place where they are generated to the place they are in need, and their measurements decide which organ they are connected to.

Besides, in a typical conduit system there would be main conduits and secondary branches, which became the meridians and collaterals in TCM. The collateral system also incorporates a branching expanse of capillary-like vessels that spread throughout the body. By virtue of the network formed by meridians and collaterals extending in all directions within the body, connections are created amongst the organs, the skin, the orifices and so on.

And as with typical conduits, circulation among body parts is only viable when the channels are not blocked. This leads to the needling principle that deals with stagnation of blood and

qi; treatments aim to remove the obstruction and thus restore normal circulation of blood and qi. Viewing the abstract concept such as the meridians and collaterals as a system of conduits, they can be referred to, quantified, and discussed, one of the implications of using ontological metaphors (Lakoff & Johnson, 2003).

#### 5.4 Structural Metaphors

Structural metaphors can be used to construct one complex concept (usually abstract) in terms of some other (usually more concrete) concept. Two Chinese philosophical concepts, yin and yang and the five phases, along with the concept of war, were the source domains of this type of metaphor in the TCM corpus. The readers' existing knowledge of these concepts provides the cognitive basis for understanding and explaining pathogenesis and treatment in TCM. **Table 5.5** below presents the conceptual metaphors under each source domain, and they will be instantiated by linguistic metaphors in the discussion that follows.

**Table 5.5** *Structural Metaphors in the Specialised Corpus*

Subtype of Source Domain	Conceptual Metaphor
<b>Yin and Yang</b>	- Opposite forces in the body are yin or yang.
	- Pathogenic factors are yin or yang
	- Body parts are yin or yang.
	- Meridians are yin or yang.
	- Medicinals are yin or yang.
	- Pulse is yin or yang.
<b>War</b>	- Disease is war.
<b>Five Phases</b>	- Five zang-organs are five phases.
	- Five emotions are five phases.
	- Five flavours are five phases.



### 5.4.1 Yin and Yang

#### *Example 9*

- ST** 阴阳者，天地之道也，万物之纲纪，变化之父母，生杀之本始，神明之府也，治病必求于本。
- TT** **Yin and yang** are the Dao (way) of Heaven and Earth, the fundamental principle governing all things, the parents of all changes, the beginning of life and death, and the palace of Shenming. Treating diseases must follow the fundamental principle (Li, 2004, 57).

Example 9 shows the multiple implications of yin and yang in TCM (Long & Long, 2004, p. 77). They are the fundamental principle governing the myriad of things, the origin of all changes, the beginning of life and death, and the treasury storing bright spirit<sup>19</sup>. The various and pivotal roles played by yin and yang make it inevitable that they are fundamental to developing any treatment plan.

According to the book, *Discussing Writing and Explaining Characters* (Xu, 2021), yin refers to a closed door, darkness and the south bank of a river and the north side of a mountain; yang refers to height, brightness and the south side of a mountain. These meanings of yin and yang originated in the daily life experience of the ancient Chinese. The outside became bright at sunrise, and people would get up and go to work; the outside became dark at sunset, and they would return home to rest. This sun-based daily pattern led to a conceptual idea: yang represents movement, and yin represents rest (Lan, 2015; Unschuld, 1989).

These conceptual ideas have been gradually projected to substances, elements, and events with similar qualities (Lan, 2015; Unschuld, 1989). The attributes are assigned based on concrete materials or forms but are determined by the dynamic functions, actions and relationships with other entities. For example, water pertains to yin, because of the dominant

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<sup>19</sup> According to WHO nomenclature, bright spirit refers to “all the human life activities including mind, will, mood and thinking, governed by the heart”.

impression that water is cool and moist; fire to yang because it seems warm and bright. Heaven pertains to yang because heaven qi is imagined as light, lucid, ascending and hovering above; earth to yin because earth qi is imagined as heavy, turbid, descending and staying below. The *Dao De Jing* 道德经 (also called *Tao Te Ching*, The Book of the Way, ca.6<sup>th</sup> century BCE) affirms that the contradictory qualities of yin and yang are intrinsic attributes of everything. Reconciling these qualities is the key to reaching harmony. Chapter 42 of Dao De Jing states “*Wanwu fuyin er baoyang, chongqi yiwe he wan* 万物负阴而抱阳，冲气以为和 (The ten thousand things carry yin and embrace yang. They achieve harmony by combining these forces)” (Feng & English, 1972, Chapter 42).

The philosophical understanding of yin and yang plays a pivotal role in understanding health and the human body, drawing on the ideas of interdependence, waning-waxing, transformation, counterbalance and the required harmony of yin and yang. *Neijing* develops these ideas while discussing and explaining medical practice, thus making the yin and yang the guiding theory of Chinese medicine. The relationship between yin and yang has been used to explain the relationships between various pairs of opposites evident in the human body’s physiological activities (Gao, 2013, p. 35). For example, qi, which has a propelling and warming function, is regarded as yang; blood, which has a nourishing and moistening function, is regarded as yin. The organic structure, the physiological functional activities of the body, and the signs and symptoms of pathological changes can all be differentiated based on the characteristics of yin and yang. **Table 5.6** shows more examples of the corresponding yin and yang features of nature and, in particular, humans.

**Table 5.6** *The Yin and Yang of Nature and Human*

*Adapted from Lan (2015)*

<b>Nature</b>		<b>Human</b>	
Yin	Yang	Yin	Yang
Earth	Heaven	Female	Male
Moon	Sun	Death	Life
Water	Fire	Abdomen	Back
Night	Day	Blood	Qi
Dark	Bright	Zang-organs	Fu-organs
Internal	External	Nutrient qi	Defensive qi
Descend	Ascend	Internal	External
Structure	Function		
Hypoactive	Hyperactive		

The harmony between all these pairs of yin and yang ensures health, and disharmony causes disease; thus, to cure is to restore harmony. Yin and yang differentiation is an essential principle in TCM diagnosis and treatment (Gao, 2013). Based on the yin or yang nature of body parts, and many features of our environment, yin and yang are used to determine the cause of disease, the nature of acupuncture treatment, and the prescription of a formula. The conceptual metaphors originating from the concept of yin and yang in the specialised corpus are listed below:

- Opposite forces in the body are yin or yang.
- Pathogenic factors are yin or yang.
- Body parts are yin or yang.
- Meridians are yin or yang.
- Medicinals are yin or yang.
- Pulse is yin or yang.

These conceptual metaphors are instantiated by linguistic expressions to discuss their function in TCM.

*Conceptual metaphor: Opposite forces in the body are yin or yang.*

Yin and yang were thought to be the basic fabric of everything in existence, operating in the universe in either yin or yang forms of qi. Qi (also known as vital energy), a force arising from the interplay between yin and yang, becomes a context in which yin and yang are seated and function (Lan, 2015). The interpretation of yin and yang as qi positions yin and yang as a dynamic and natural form of flowing energy.

Derived from this view, the relationship between yinqi and yangqi provides a general method for analysing the functions and activities of the human being, which can be seen in terms of upward and downward, and inward and outward movements. Yangqi comes from outside and moves upward, while yinqi stays inside and moves downward. In TCM, this pattern of movements is used to explain the interactions between yinqi and yangqi as essential qi of the body; maintaining normal physiological activities depends on the dynamic balance between yinqi and yangqi (Gao, 2013, p. 35). Disruption of their balance would result in abnormal conditions. For example, chapter 34 of *Suwen* states that “*Yangqi shao, yinqi duo, gu shenhan ru cong shuizhong chu* 阳气少，阴气多，故身寒如从水中出”，which has been translated as “Yangqi is insufficient while Yinqi is superabundant. That is why they feel as cold as just getting out of cold water” (Li, 2004, p. 425). This line explains that, without external pathogenic factors, the overpowering yinqi within the body could also make a healthy person feel cold (as cold pertains to yin) (Nanjing University of Chinese Medicine, 2011, p. 315). It is worth noting that in TCM discourse, yinqi and yangqi are sometimes abbreviated as yin and yang. As stated in Chapter 5 of *Suwen*, “*yin zai nei, yang zhi shou ye, yang zai wai, yin zhi shi ye* 阴在内，阳之守也；阳在外；阴之使也”，it means the

nutrients pertaining to yinqi stay inside the body and support the normal functions pertaining to yangqi, and yangqi, in return, promotes the generation of yinqi (Long & Long, 2004, p. 89).

*Conceptual Metaphor: Pathogenic factors are yin or yang.*

In addition to being forces within the human body, both yin/yinqi and yang/yangqi can metaphorically indicate illness-inducing factors, based on the conception that yin is related to cold, and yang is related to hot and external. For example, chapter 75 of *Lingshu* states that “*Yu weiqi xiangbo, yangsheng zhe, ze wei re, yin shengzhe, ze wei han* 与卫气相搏，阳胜者，则为热，阴胜者，则为寒”，translated as “[It will] combat with the Weiqi (Defensive-Qi). [If] Yang is in predomination, [it will] lead to heat; [if] Yin is in predomination, [it will] lead to cold” (Li, 2008b, p. 907). It means when the external pathogenic factors have entered the body, heat-syndrome would present if yang-related pathogenic factors win over the defensive qi, and cold-syndrome would present if yin-related pathogenic factors win over the defensive qi (Nanjing University of Chinese Medicine, 2011, p. 558). As the yin and yang would “combat” with the defensive qi of the body, they are no longer the normal qi within the body, but pathogenic qi.

It might be acceptable for a translator to mix both of these meanings in the discourse when describing the influence of nature’s yin/yangqi or yin/yinqi on the human body’s yin/yinqi or yang/yangqi, as they correspond well with each other in TCM. But when yin/yinqi or yang/yangqi are used to denote pathogenic factors, for example in parts of the text related to diagnosis and treatment, elucidating their contextual meaning would help to avoid misunderstanding.

*Conceptual metaphor: Body parts are yin or yang.*

Chapter 80 of *Suwen* states, “*Ci jie wuzang qixu, yangqi youyu, yinqibuzu* 此皆脏气虚，阳气有余，阴气不足”，which has been translated as “These are the states of Qi deficiency of the Five Zang-Organs [due to] excess of Yangqi and insufficiency of Yinqi” (Li, 2004, p. 1281). The yangqi refers to the qi of the fu-organs and yinqi refers to the qi of the zang-organs (Long & Long, 2004, p. 1143). In TCM, the five zang-organs (kidneys, liver, heart, spleen, and lungs) are organs pertaining to yin, as they are supposed to store qi, a function related to yin. The six fu-organs (gallbladder, stomach, large intestines, small intestines, bladder, and sanjiao), are organs pertaining to yang, responsible for transporting and digesting food - any movement is related to yang (Gao, 2013).

Features of the zang-organs and fu-organs can be further categorised into yin and yang. The activity or function of each organ which pertains to movement, is its yang aspect, while the substance they store is its yin aspect. Movement and storage regulate themselves to maintain equilibrium. The connotations of yin or yang in the text discussing internal organs depend, for the original authors, upon which organ or which part (or feature) of the organ referred to is yin or yang. For translators less well-versed in TCM theory, however, there clearly is much potential for confusion.

*Conceptual metaphor: Meridians are yin or yang.*

It is stated by *Neijing* that, “*Fan ci zhi fang, bi bie yin and yang* 凡刺之方，必别阴阳”，meaning “To do needling, [one] must differentiate [whether the disease is of] yin or yang [in nature]” (Li, 2004, p. 719; People’s Medical Publishing House, 2012, p. 242). According to TCM, twelve principal meridians run within the human body. They are classified into yin and yang meridians according to the yin or yang nature of the organs to which they correspond. As mentioned above, kidneys, liver, heart, spleen, and lungs pertain to yin, gallbladder, stomach, large intestines and small intestines, bladder and sanjiao pertain to

yang. Further, the pericardium is also included in the discussion of meridians, and it is considered to be related to yin. So, there are three yin meridians (lung, pericardium, heart) and three yang meridians (large intestine, small intestine, sanjiao) of the arm, and three yang meridians (stomach, gall bladder, bladder) and three yin meridians (spleen, liver, kidney) of the leg. The yin meridians traverse the inner side of the limbs, the front of the trunk, throat, abdomen, and chest, while the six yang meridians are distributed on the outer side of the limbs and the head, face and the back of the trunk. The knowledge of the relationship between the meridians and organs in terms of yin and yang sets the basis for understanding how to needle the right acupoints for an illness of the yin or yang type,

*Conceptual metaphor: Medicinals are yin or yang.*

Adopting a holistic view of health, the remedies in TCM are designed to work on the whole body instead of just the inflicted site. To achieve this goal, TCM practitioners always pay attention to the general properties of herbs, such as the “natures”, “flavours”, and “movements” when formulating prescriptions that match the properties of the herb with the diagnosed patterns of the illness. The yin and yang theory has been used to categorise these properties and provides a set of basic guidelines for the use of herbal applications. Regarding the four natures, cold and cool are related to yin, and warm and hot are related to yang. Among the five flavours, sour, bitter and salty are yin, and sweet and pungent are yang. Among the four movements, the tendency to ascend and float in the body is yang, and the tendency to descend and sink is yin (Gao, 2013, p. 37). All these properties can yield different therapeutic results.

When choosing medications for treatment, it is essential to first identify the disease pattern and then select herbs of appropriate properties to match them, based on yin and yang. For example, “*Rezhe han zhi* 热者寒之” (literal: hot ones need to be cooled down), herbs with

cooling and purgative effects (pertaining to yin) can be used to reduce the excessive heat in conditions of a yang type (Long & Long, 2004, p. 1160). By mastering these properties of medicinals, TCM practitioners can choose the appropriate ones once they have clarified the treatment principle and method.

*Conceptual metaphor: Pulse is yin or yang.*

Chapter 5 of the Suwen states that “*Shan zhen zhe, chase anmai, xianbie yin and yang* 善诊者，察色按脉，先别阴阳”，meaning that a competent diagnostician must learn how to differentiate yin and yang in a pulse examination, a statement with multiple layers of meanings (Li, 2004, p. 79). To start with, through pulse palpation at three locations (cun, guan, and chi) on both wrists, the general health condition of a person and a particular organ can be fully recognised. Chi is distal, and cun is proximal, so chi is closer to the outside, so it is considered to pertain to yang, and cun consequently pertains to yin (Gao, 2013, p. 36). Further, the eight elements of the pulse condition at the six locations (left and right cun, guan, and chi), including depth, rate, regularity, width, length, smoothness, stiffness, and strength, can also be further divided into yin and yang. The intensity of each element is rated by the sensation of the arterial pulse perceived by a TCM practitioner, along a continuum with yin and yang at the extremes. For example, the rate is the number of beats in a minute, with the slowest being yin and the most rapid being yang (Gao, 2013, p. 36).

#### **5.4.2 War**

Unlike yin and yang, or the five phases (discussed below), which originate from Chinese philosophy and carry strong cultural connotations, military metaphors have widespread use in medical texts (Fuks, 2010; Harrington, 2012; Semino et al., 2017). In TCM, diseases are often presented in war-related metaphors when describing their origin and course.



*Conceptual metaphor: Disease is war.*

*Example 10*

**ST** 风胜则动，热胜则肿，燥胜则乾，寒胜则浮，湿胜则濡泻。

**TT** **Predominance** of wind causes tremor [of the limbs], **predominance** of heat produces swelling, **predominance** of dryness leads to desiccation, **predominance** of cold results in dropsy and **predominance** of dampness brings about watery diarrhea. (Li, 2004, p. 61)

The example above explains the symptoms caused by different pathogenic factors. These factors, including wind, heat, dryness, cold, and dampness, will “attack” the human body. If they *sheng* 胜 (win) the battle, people will become sick, and various symptoms will appear. The pathogenesis of tremor, swelling, desiccation, dropsy, and diarrhea have often been described as the immune system losing the battle. Specifically speaking, tremors will happen if the pathogenic wind wins over the immune system. Similar words, like “attack”, “injury”, and “assault”, are often used in discussing the cause of illness.

Many other applications of military metaphors for disease, or treatment, can be found in TCM. In referring to the body’s resistance to disease, the terms “defence”, “resistance”, and “guard” are often used (Xie & Jia, 2011). And the use of medication is to “attack” the pathogenic factors to restore health. As stated in *Shanghan Lun*, “*Biao jie zhe, nai ke gong zhi* 表解者，乃可攻之” (literal: One can attack after the exterior was resolved), meaning “Purging cannot be used until the exterior syndrome has been resolved” (Liu, 2016, p. 449). The contextual meaning of “attack” is to use purgative medication. In TCM, an “attack” involves offensive treatment methods, for example, the use of medication that can promote sweating, purgation, vomiting, and so on, all aiming at eliminating the pathogenic factors from the body. A more detailed mapping between war and disease in TCM is shown in **Table 5.7**.

These war-related terms, such as win, lose, strike, attack, invasions, resistance, and so on, are also still commonly used to describe illness. This implies that the translation of war-related metaphors in TCM can be less complicated than with other culturally loaded metaphors.

**Table 5.7** *The Mapping Between War and Disease*

	<b>War</b>	<b>Disease</b>
<b>Conceptual domain</b>	Source domain	Target domain
<b>Start</b>	Invasion/Attack	Pathogens entering the body
<b>Sides</b>	Two opposing sides	Pathogens and the human body
<b>Tools</b>	Weapons	Medication
<b>Defence</b>	Fortress	Immune system
<b>Course</b>	Short or prolonged	Acute or chronic
<b>Result</b>	Win or lose	Healthy, recovered or sick

### 5.4.3 Five Phases

As mentioned in Section 5.3.1, yin and yang continuously wax and wane and transform into one another in a never-ending circle of harmonisation; they tend to do so in a predictable pattern. The stages of yin and yang transformation are referred to as the *wuxing* 五行 (five phases), namely, metal, wood, water, fire, and earth. As they are constantly moving and changing, each will become dominant at different times in the natural cycle, and thus can affect an individual's health (Chen, 2016). Health conditions arise when the cycle is interrupted by one phase, which becomes too strong or weak. In TCM, the five phases have been associated with different elements such as orientations, climates, organs, emotions, and so on. In the specialised corpus, the main conceptual metaphors mapping from this source domain were found to be:

- Five zang-organs are five phases.
- Five emotions are five phases.
- Five flavours are five phases.

These conceptual metaphors are used to illustrate and explain relationships between organs, emotions, and flavours of TCM medicinals, as the basis to make diagnosis and devise strategies to restore the natural cycle.

*Conceptual metaphor: Five Zang-organs are five phases.*

*Example 11*

**ST** 肝见庚辛死...是谓真脏见皆死。

**TT** [The appearance of the Zhenzang (Genuine-Zang) pulse of] the liver indicates death in [the day of] Gengxin. ... This means that the appearance of any Genuine-Zang pulse will lead to death (Li, 2004, p. 231).

The example above states that death will occur if a specific type of pulse has been detected. According to TCM theory, the liver relates to wood, and the day of *gengxin*<sup>20</sup> 庚辛 has the attribute of fire. The five phases theory stipulates that fire suppresses wood; that is why a patient who shows the pulse of the liver will die on the day when the pulse is suppressed, that is, the day of gengxin (Long & Long, 2004, p. 261). To fully understand the short phrase *gan jian gunxin si* 肝见庚辛死, readers need to know the corresponding relationship between the five viscera and the five phases and the suppressing and nourishing relationships between the five phases.

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<sup>20</sup> Geng is a heavenly stem and xin is an earthly branch. Stems-and branches are historically used as a means to record days in China.

**Figure 5.1** *The Relationships Between Five Zang-organs (Viscera) Based on the Five-Phase Theory*



As shown in **Figure 5.1**, each phase gives birth to and nourishes the next phase in sequence (i.e., water nourishes wood, wood nourishes fire, etc.). Meanwhile, each phase also has a restraining influence on the opposite phase (i.e., water suppresses fire, wood suppresses earth, etc.). By differentiating the nature of diseases based on the five phases theory, doctors can tell the cause and predict the course, as shown in example 11. Further, by enhancing or diminishing the qualities and functions associated with a particular phase, a practitioner may either nourish a phase in deficiency or drain a phase in excess, or restrain a phase that exerts too much influence. For translators, the challenge is to incorporate all this information into one sentence for readers unfamiliar with this background knowledge.

*Conceptual metaphor: Five emotions are five phases.*

In TCM, the five zang-organs manage five emotions: joy, anxiety, grief, fear, and anger. Thus, given the projection from the five zang-organs to the five phases, the five emotions also share these connections, as shown in **Figure 5.1**. Joy relates to fire, anxiety to earth, grief to metal, fear to water, and anger to wood. For example, according to the Five Phases Theory, fire suppresses earth, correspondingly, “*xi sheng you* 喜胜忧 (joy conquers grief)”. This treatment principle suggests that, for patients immersed in grief, measures that can

make them feel joyful should be adopted (Long & Long, 2004, p. 860). The suppressing cycle has also been used to treat diseases caused by poor emotional health. While translations such as “joy suppresses grief” likely have wide cultural accessibility, other relations shown in **Figure 5.1** (e.g. the suppressive influence of anxiety on fear) would be difficult for readers to comprehend if they lacked a comprehensive knowledge of the five phase theory.

*Conceptual metaphor: Five flavours are five phases.*

Also drawing on the five-phase theory, the medicinal herbs used in TCM have five basic flavours: salty, sour, bitter, sweet, and astringent, correlating to kidneys, liver, heart, spleen, and lungs (Gao, 2013). Each flavour signals a specific therapeutic effect upon the corresponding organ, while an excessive amount of a flavour can make its corresponding organ hyperactive. For example, “*Wei guoyu suan, ganqi yi jin, piqi nai jue* 味过于酸，肝气以津，脾气乃” was translated as “Excessive taking of sour [flavour] makes ganqi (liver-qi) hyperactive and piqi (spleen-qi) exhausted” (Li, 2004, p. 37). It means that the sour taste corresponds to the liver, so eating too much sour food can cause the liver to be hyperactive (Long & Long, 2004, p. 59). At the same time, liver and spleen will exist in a relationship called over-restraint or over-acting (the abnormally severe restraining of the five phases in the same sequence as normal restraining), thus, the hyperactive liver will exhaust the spleen-qi. This example shows how the classification of food and TCM herbs according to the five-phase theory can help explain pathogenesis, and even help in the development of a treatment plan (Zheng, 2016, p. 54). Skilful application of the five flavours aims to balance the phases and the corresponding organs and channels, and thus help the body to return to harmony and health.

## 5.5 Orientational Metaphors

Orientational metaphors refer to metaphorical concepts organised with reference to spatial orientations such as up-down, exterior-interior, front-back, left-right, and so on. They can be directly experienced, because of our abilities to see and hear (Lakoff & Johnson, 1980b). In the specialised corpus, this type of direct experience becomes the basis for understanding abstract concepts such as the location of body parts, symptoms, treatments, qualities, and sometimes for descriptions related to reproduction organs. **Table 5.8** below presents the orientational metaphors in the specialised corpus, and they will be discussed with regard to instances of linguistic metaphors.

**Table 5.8** *Orientational Metaphors in the Specialised Corpus*

Subtype of Source Domain	Conceptual Metaphor
Exterior-interior	- Symptoms are exterior or interior.
Up-down	- Purgative treatment is down. - Up is good; down is bad. - Body parts are up or down.
Left-right	- Symptoms and treatments are left or right.
Front-back	- Front is urination; back is defecation.

### 5.5.1 Exterior and Interior

*Conceptual metaphor: Symptoms are exterior or interior.*

#### *Example 12*

**ST** 下利，腹胀满，身体疼痛者，先温其里，乃攻其表。

**TT** When there is diarrhea, abdominal distention and fullness, and pain over the body, one should first warm the interior and then address the exterior disorder (Liu, 2015, p. 846).

This example shows that for patients with diarrhea, abdominal distention, fullness, and pain, the *li* 里 (interior) should be addressed before treating the *biao* 表 (exterior) (Guo & Zhang, 2012, p. 398). From the context, that the “interior” should be warmed and the “exterior” attacked, it can be seen the “interior” or “exterior” no longer directly indicates the inside or outside of the body, but the aspects of the disorder presented on the surface, or inside, of the body. This use of interior and exterior to differentiate symptoms presented inside or outside the body is frequently seen in TCM when treatment plans for febrile diseases are being devised (Li & Huang, 2016).

### 5.5.2 Up and Down

*Conceptual metaphor: Purgative treatment is down.*

The *xia* 下 (down) is one of the three offensive therapeutic approaches within TCM; the other two are the promotion of sweating and vomiting. According to *Neijing*, the administration of these treating methods should be in line with the condition of the patient, it states “*Gu xiaozhi xiaozhi, tuzhi xiazhi, buzhi xiezhi* 故消之削之，吐之下之，补之泻之，久新同法”，which was translated as “[So patients should be treated according to their constitution] with either resolving therapy or reducing therapy, vomiting therapy or purging therapy, tonifying therapy or eliminating therapy. [The treatment of both] new and old [diseases must follow] such a rule” (Li, 2008b, p. 875). The “down” vividly depicts the process of using purgative medicine to empty the bowel or promote urination, so the pathogenic factors accumulated inside the body can be expelled (Fu, 2010, p. 372). This therapy can treat constipation and edema with laxative and diuretic prescriptions, respectively.

*Conceptual metaphor: Up is good; down is bad.*

As discussed by Lakoff and Johnson (1980b), as humans are standing upright, and our head is at the top, we tend to believe up is good and down is bad. In *Neijing*, doctors in ancient times could be ranked as *shang* 上(up), *zhong* 中 (middle), and *xia* 下(down). For example, the *Neijing* describes the difference between a skilful doctor and a poor doctor by stating “*Shanggong, ci qi weisheng zhe, xiagong, ciqu fangqi zhe* 上工，刺其未生者...下工，刺其方袭者也”， which has been translated as “When excellent doctors deal with diseases, they take initial measures to prevent it from progressing. While unskilful doctors resort to treatment only when the disease has already occurred, and thus aggravating the disease” (Li, 2008b, p. 863). The doctor who can masterfully handle all diagnostic methods to prevent disease is considered to be *shanggong* 上工 (up worker), skilful doctor. This type of doctor can treat nine out of ten patients, while the doctor who can only use diagnostic methods to treated is considered as *xiagong* 下工 (down worker), doctors with poor skills. The relative location of up and down is used to rank doctors with different capabilities.

*Conceptual metaphor: Body parts are up or down.*

In a similar way, as we are standing upright, our body can be divided into “upper part” and “lower part”. For example, chapter 5 of the *Neijing* states, “*Jiuqiao buli, xiayu shangshi, tiqi juchu yi* 九窍不利，下虚上实，涕泣俱出矣”， which was translated as “the nine orifices are blocked, the lower [part of the body] is Xu (deficiency or asthenia) and the upper [part of the body] is Shi (excess or sthenia)” (Li, 2008b, p. 71). It means when people become old, the *jingqi* in the lower part of the body will be deficient and the *yinqi* will become excessive in the upper part of the body (Zhang & Sun, 2005, p. 34). The *shang* (up) or *xia* (down) does not refer to the orifices proceeding this pair but specifically refers to the upper or lower part of the body as orifices cannot be “excessive” or “deficient”.



The analysis above shows that “up” and “down” have multiple meanings in TCM, but none of them was directly related to making a diagnosis or devising a treatment.

### **5.5.3 Left and Right**

*Conceptual metaphor: Symptoms and treatments are left or right.*

Similar to the usage of exterior and interior, left and right also have two layers of meaning in the corpus. One is the left or right side of the body, and the other is the symptoms on the left or right side. For example, when discussing the correct way to practice needling, *Neijing* states that “*Yiyou zhizhuo, yizuo zhiyou* 以右治左，以左治右 (literal: use right to treat left and use left to treat right)”, which explains the needling principle that one should needle the acupoints on the right side of the body to treat the symptoms on the left side of the body and vice versa (Long & Long, 2004, p. 97). It can be seen that this metaphorical use of left and right, as with exterior and interior, has a specific meaning in the area of TCM, which creates challenges for translation.

### **5.5.4 Front and Back**

*Conceptual metaphor: Front is urination; back is defecation.*

In addition to their use to indicate the anterior and posterior area of the body, front and back can also be used as euphemisms to indicate defecation and urination in TCM. For example, “*Qianhou butong* 前后不通 (literal: front and back not passable)” in *Shanghan Lun* means the patient is having issues with both urinating and passing stools, or other forms of bladder and bowel dysfunction (Guo & Zhang, 2012, p. 404).

## 5.6 Summary

The analysis in this chapter has demonstrated the abundance of linguistic metaphors in TCM and the importance of conceptual metaphors in explaining abstract concepts in TCM diagnosis and treatment. As seen from the use of direct and indirect metaphors presented in Section 5.1.1, signals words with a meaning similar to like or as were seldomly used. Such signals can remind readers of certain resemblances between two unrelated items or events. Most metaphors are indirect, which suggests that the metaphors used in the original Chinese texts are based on shared experiences of the author and the audience. Section 5.1.2 shows that most linguistic metaphors are TCM terms, which implies the critical role of metaphors as conveyors of health-related information in communication between a TCM specialist (the author) and other potentially specialist audience members (the readers).

Further analysis of the linguistic metaphors in 5.2 shows they are mainly mapped from the conceptual domains of items and events in the surroundings, philosophical concepts in Chinese culture, and orientations. From the analysis of conceptual metaphors found in the corpus in Sections 5.3, 5.4, and 5.5, it can be seen that, across the three main types of metaphors, some are culturally specific, and some are not. Conceptual metaphors originating from the domain of yin and yang and five phases all carry cultural specificity, complicating their translation. The analysis of the conceptual metaphors also shows that they all embrace knowledge specific to TCM diagnosis and treatment. Chapter 6 will identify the translation strategies used to render both culturally specific and universal metaphors, and evaluate their effectiveness in delivering diagnostic or treatment knowledge into English.

## Chapter 6 Analysis of Metaphor Translation in TCM Diagnosis and Treatment

This chapter reports on the translations of the conceptual metaphors identified in the specialised Chinese corpus and aims to answer the final two research questions:

*Q3. What strategies have been used to translate the conceptual metaphors used to describe diagnosis and treatment in Neijing and Shanghan Lun?*

*Q4. Which translation strategy can most effectively transfer the health-related information encapsulated in the metaphors used to describe diagnosis and treatment in Neijing and Shanghan Lun?*

The first three sections in this chapter discuss the ontological metaphors (Section 6.1), orientational metaphors (Section 6.2), and structural metaphors (Section 6.3) and their subtypes. To answer the third question, each section starts with the different usages of each subtype of metaphor in the Chinese corpus and uses examples to compare the translation strategies adopted by translators of various backgrounds. The translation of culture-specific metaphors is discussed where applicable. To answer the fourth question, each section ends with a discussion of the various translation strategies, considering their effectiveness in transmitting the health-related message encapsulated in the metaphors.<sup>21</sup> All the annotations,

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<sup>21</sup> The two widely accepted English nomenclatures, *The International Standard Chinese-English Basic Nomenclature of Chinese Medicine* by the World Federation of Chinese Medicine Societies and *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region*, are listed alongside the translations as reference when applicable. They are abbreviated as WFCMS and WHO. For the meaning of Chinese characters or words, *Shuowen jiezi* (Discussing Writing and Explaining Characters), *Guhanyu changyongzi zidian* (Dictionary of Common Classical Chinese), and *Ziyuan* (Etymology of Chinese Character) are used. For the meaning of English words, *Oxford Dictionary of English* third edition, *Oxford English Dictionary* second edition, *Webster's Third New International Dictionary*, unabridged, and *The American Heritage Dictionary of the English Language*, fourth edition are used, abbreviated as ODE, OED, W3 and AHD.

comments, and dictionaries used in this section are listed in Appendix C. Section 6.4 summarises Chapter 6.

## 6.1 Translation of Ontological Metaphors

In the specialised corpus, by drawing from the source domains of entities, containers, nature, personification, war, and conduits, or their features, conceptual metaphors were formulated to illustrate and explain various aspects of TCM diagnosis and treatment knowledge. In this section, the translation of the conceptual metaphors is instantiated by the translation of their linguistic metaphors. The effectiveness of each translation strategy in conveying diagnostic and therapeutic knowledge will also be discussed.

### 6.1.1 Entities

As discussed in Section 5.3.1, the main conceptual metaphors mapped from this source domain were found to be:

- Pulse conditions are entities.
- Factors influencing diagnosis and treatment are entities.
- Pathological changes are entities.

*Conceptual metaphor: Pulse conditions are entities.*

#### *Example 1*

#### ST

色青者，其脉弦也；赤者，其脉钩也；黄者，其脉代也；白者，其脉毛；黑者，其脉石。

#### TTs

**Wu**<sup>22</sup> When the complexion is green, the pulse condition should be **wiry**; when the complexion is red, the pulse condition should be **hooked**; when the complexion is yellow, the pulse

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<sup>22</sup> Wu used here refers to the Wu team (Liansheng Wu and Qi Wu), who are treated as a single translator.

condition should be **intermittent**; when the complexion is white, the pulse condition should be **floating** and **slippery**; when the complexion is black, the pulse condition should be **stony**.

**Lu** Green corresponds to a **wiry** pulse, red corresponds to a **hooky** pulse, yellow corresponds to an **intermittent** pulse, white corresponds to a **hairy** pulse, and black corresponds to a **stony** pulse.

**Li** Bluish complexion [is usually accompanied by] **taut** pulse; reddish complexion [is usually accompanied by] **hook** pulse; yellow complexion [is usually accompanied by] **dai** pulse; whitish complexion [is usually accompanied by] **hairy** pulse; and blackish complexion [is usually accompanied by] **stony** pulse.

**Unschuld**<sup>23</sup> The complexion, if it is greenish, the corresponding [movement in the] vessels is that of a **string**; if it is red, the corresponding [movement in the] vessels is that of a **hook**; if it is yellow, the corresponding [movement in the] vessels is intermittent; if it is white, the corresponding [movement in the] vessels is that of a **body hair**; if it is black, the corresponding [movement in the] vessels is that of a **stone**.

The practitioners in ancient China drew from the size, shape, function and other attributes of everyday items to sum up the pulse patterns under different conditions. Some of the mappings are culturally specific, and some are not. The example above describes the correlations between the five complexions and the five pulse conditions (Guo, 2010a, p. 41; Hebei Medical University, 2009, p. 69; Nanjing University of Chinese medicine, 2006; Zhang & Sun, 2008a, p. 30). Inspecting the complexion and taking the pulse of the patient are two basic TCM diagnostic methods. Each complexion corresponds to a specific pulse. In making a diagnosis, TCM practitioners need to detect a matching pair to confirm their observation.

In this example, the complexion of greenish, red, yellow, white, or black corresponds to the pulse of *xian* 弦 (string), *gou* 钩 (hook), *dai* 代 (intermittent), *mao* 毛 (hair), or *shi* 石 (rock). Aside from dai pulse, the other four pulse terms were named after everyday items. The xian pulse feels straight, taut, and long, just like touching the tightly pulled string of a musical

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<sup>23</sup> Unschuld used here refers to the Unschuld team (Paul Unschuld and Hermann Tessenow), who are treated as a single translator.

instrument. The gou pulse arrives strong at the chi position of the wrist and departs weakly at the cun position, and its movement resembles the shape of an ancient belt hook. The mao pulse feels weak and floating when pressing down, like a hair or feather floating in the air. The shi pulse feels hard and slippery like a rock.

The names of the four pulses borrow images from specific aspects of common entities, and the mappings can be difficult to understand today, especially since some are culturally specific, and some require in-depth knowledge of TCM. In particular, gou pulse can be confusing for readers. Why does a pulse arriving strong and fading out would look like a hook? As shown in **Figure 6.1**, the gou in modern Chinese does equate to a standard hook in English, but in TCM gou actually refers to *daigou* 带钩 (belt hook). The belt hook worked as a buckle in ancient times, had a large head, and a thin end. As a daily item for men of the times, referencing the sensation of touching the hook across its length was an effective way to describe a pulse whose features also varied between the two points palpated during diagnosis.

**Figure 6.1** *An Ancient Belt Hook in China and a Normal Hook Today*



The mao (feather) pulse is less complicated. The ancient Chinese used feathers or hair as a metaphor to describe something light (Hebei Medical University, 2009, p. 69). We feel a

soft sensation by placing our fingers lightly on a feather or a hair, but if we press down hard, it can hardly be felt anymore. So, this common experience was used to reference the pulse that exhibits the same features, when palpated first lightly and then under pressure.

Understanding the shi (rock) pulse requires some knowledge of the metaphorical thinking of TCM. Our first impression of rock or stone is, perhaps, that it is hard or large. But this pulse is called “rock” is for other reasons. According to TCM theories, the kidney corresponds to water in the five phases and winter in the four seasons (Gao, 2013). When winter arrives, water freezes up and becomes as hard as a rock. The “rock” also expresses the idea that the pulse is sunken, just like rocks sink in water. Further, ice can also be slippery. The main features of the shi pulse are sunken and slippery. In opposition to the mao pulse, this pulse can only be felt when using pressure.

The analysis of the metaphorical pulse names above shows the difficulties of finding exact English equivalents. For example, in the translations of the “string” pulse in *Lingshu*, Wu, Lu, and Unschuld kept the original mapping, that is, *wiry* or *string*. The common meaning of *string* and *wiry*, according to the *Oxford Dictionary of English* (Stevenson & Oxford University Press, 2011), is “Material consisting of threads of cotton, hemp, or other material twisted together to form a thin length” and “Resembling wire in form and texture”. The two definitions do not mention anything resembling the features of a pulled string that has been mapped to a pulse pattern: straight, taut, and long. According to *Oxford English Dictionary* (Simpson et al., 2004), wiry pulse as a medical term means a “small, sharp, or thready pulse”. But the thready pulse in TCM is named *ximai* 细脉 (fine/thin/thready pulse), a pulse condition different from xian pulse. Li used “taut” to describe the string pulse, which describes the tight feeling of the pulse in a more straightforward way.

All four translators rendered *gou* as “hook”. The belt hook, an ancient item, is itself unfamiliar to contemporary Chinese readers, and this pulse is nowadays called “flooding pulse”, which is more accessible. For this term, which has no equivalent in either English or modern Chinese, Li and Unschuld provided extra notes to reduce any confusion raised by the image of “hook”. In notes at the end of the relevant chapter, Li specified that “Hook (钩)<sup>24</sup> pulse refers to the Heart-Pulse which appears full when coming and weak when receding” (Li, 2008b, p. 96). Unschuld added a footnote for the *gou* pulse by translating the explanation from the annotated *Neijing* by the Nanjing University of Traditional Chinese Medicine, “A movement in the vessels that resembles a hook comes abundantly filled and leaves weakened. It is a heart vessel movement” (Unschuld, 2016, p. 99).

For the translation of the *mao* pulse, three translators translated it as “hair” or “hairy”. Wu chose to translate the pulse features rather than the source domain, describing the pulse as “floating and slippery”. According to the OED (Simpson et al., 2004), *hairy* means “covered with hair” or “alarming and difficult”. Neither of these meanings is related to the sensation that the pulse seems to be floating at the wrist. To deal with this problem, both Li and Unschuld also added notes to explain what a hair pulse is.

All the translations used “stone” or “stony” for *shi* pulse. The problem with “stony” is that, according to the ODE (Stevenson & Oxford University Press, 2011), it means “covered with or full of small pieces of rock” or “not having or showing feeling or sympathy”. Neither of these meanings is related to the image that would have originally been invoked by the name *shi*. A direct translation, “rock” or “stone” still leaves some room for readers to wonder

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<sup>24</sup> The translator appeared to mix the characters “钩” and “勾”, both pronounced *gou*. Dictionary of Common Classical Chinese shows the second *gou* means *delete*, *cancel* or *attract* in classical Chinese, not “hook”.



which aspects of a rock have been used in this metaphor. Interestingly, maintaining ambiguity in TCM translation is encouraged by Mitchell et al. (1998), who argue that translators should not make decisions for the readers but rather let them interpret the original text by themselves.

From the four translations of the metaphorical pulse names considered above, it can be seen that Wu and Li did not have a consistent translation strategy. Wu sometimes transferred the metaphor, and sometimes not. Li used direct translations with adjectives and nouns and even pinyin for the dai pulse. Lu tended to use adjectives, and Unschuld adopted word-by-word translation. Both Li and Unschuld added notes to explain their translations further.

From the perspective of effective transmission of TCM knowledge, a consistent strategy for translating the names of the pulse conditions is important, whether that be by equivalence mapping or by direct narrative equivalence. However, the above discussion shows that the metaphorical names can be hard to comprehend and metaphors is not significant in terms of making a diagnosis. The strategy of direct narrative equivalence adopted by Li, that is, translating xian pulse as taut pulse, seems to better inform the readers as to the pulse condition's main characteristics. Likewise, the mao pulse, shi pulse, and gou pulse can be translated as floating pulse, sunken pulse, and flooding/surging pulse, respectively, as adopted by WHO's nomenclature for TCM.

*Conceptual metaphor: Factors influencing diagnosis and treatment are entities.*

In Section 5.3.1, I analysed the concepts of biao (tip) and ben (root) in TCM. Biaoben originally meant the tip and the root of a tree and this was mapped onto multiple relations between various factors in diagnosis and treatment. The translation of one of these relations is analysed below.

*Example 2*

ST

小大不利治其标，小大利治其本。

TTs

<b>Wu</b>	When other disease is contracted first and then the retention of feces and urine occur, <b>the branch which is the retention of feces and urine</b> should be treated first; if there is no retention of feces and dysuria, <b>the root which is the disease contracted first</b> should be treated first.
<b>Lu</b>	<b>The secondary condition of diseases</b> should be treated first in treating diminished urination and difficult bowel movements. When urination and bowel movements are not disordered, the <b>primary condition</b> should be treated first.
<b>Li</b>	The treatment [of the case marked by] difficulty in urination and defecation should be] concentrated on its <b>Biao</b> ; the treatment [of the case marked by] normal urination and defecation [should be] concentrated on its <b>Ben</b> .
<b>Unschuld</b>	When urine and stools do not pass freely, treat its <b>tip</b> . When urine and stools pass freely, treat its <b>root</b> .

This example indicates which aspect of an illness should be dealt with first when different symptoms appear, or the so-called *biaoben* 标本 principle (tip and root of a tree) in TCM treatment (Fu, 2010, p. 307; Nanjing University of Chinese Medicine, 2011, p. 563; Wang, 2004, p. 397; Zhang & Sun, 2005, p. 296). The biao needs to be treated first when the patient has difficulty in urination and defecation, as these symptoms represent acute conditions. After this problem is resolved, the ben can be treated. The ben and biao here refer to the primary and secondary conditions, respectively.

In the four translations, Wu adopted a complemented equivalent translation. He added explanations for the original metaphor of branch (his translation for “biao”) and root by directly pointing out that the branch is “the retention of faeces of urine” and the root is the “disease contracted first”. Lu discarded the metaphor and directly translated it as “the secondary condition of disease” and “the primary condition”. But his translation did not tell readers that the secondary condition refers to the difficulty in urination and defecation.

Li and Unschuld kept the metaphors in their translations. Li used transliteration and capitalised the first letter of biao and ben. He added a note for biao and ben when they first appeared in the relevant chapter, but the note he provided asked the reader to look up a note in another chapter; this can be inconvenient for readers, since this entire chapter relies upon the principle of biao and ben in treatment. Unschuld adopted a similar strategy by literally translating biao and ben as tip and root. He added footnotes for the two terms by translating comments from Bing Wang and Jiebin Zhang, thus explaining the contextual meaning of biao and ben.

Given that the biao/ben principle is such an important treating principle in TCM (Shandong University of Traditional Chinese Medicine & Hebei Medical University, 2009), a consistent translation approach, for example either as biao and ben or tip and root, can help readers better understand its application in different scenarios. Consistency when translating terminology is considered of great importance in TCM translation (Lan, 2010b; Liu, 2008). Lan (2010) points out that metaphorical terms can be hard to understand at first sight, but with the help of explanation within the translation or in the form of notes, readers will gradually familiarise themselves with terms that repeatedly appear. In this regard, Unschuld cited TCM scholars' comments to explain the contextual meaning of biao and ben wherever these two appear. Considering that each of Unschuld's and Li's translations for Neijing has over 2,000 pages, Li's practice of asking readers to cross-check notes in other parts of the text is less convenient than Unschuld's.

*Conceptual metaphor: Pathological changes are entities.*

*Example 3*

ST

发汗后，其人脐下悸者，欲作奔豚，茯苓桂枝甘草大枣汤主之。

#### TTs

<b>Mitchell<sup>25</sup></b>	When, after sweating has been promoted, the person has palpitations below the umbilicus about to become <b>running piglet</b> , Poria (Hoelen), Cinnamon Twig, Licorice, and Jujube Decoction (fu ling gan cao da zao tang) governs.
<b>Luo</b>	After adoption of diaphoresis, a jumping sensation below the umbilicus <b>like a running little pig starting to move is called Bentun</b> . Prescribe Decoction of Poria, Ramulus Cinnamomi, Radix Glycyrrhizae and Fructus Ziziphi Jujubae to bring down the adverse feeling.
<b>Liu</b>	After promotion of sweating, the patient has a violent, pounding feeling below the umbilicus and it is about to develop into a <b>running piglet [symptom]</b> . Poria, Cinnamon Twig, Licorice and Jujube Decoction (fu ling gui zhi gan cao da zao tang) should be prescribed.
<b>Li</b>	After perspiration, the patient suffers from palpitation underneath the navel <b>similar to a running piglet</b> [which can be] treated by Fuling Guizhi Gancao Dazao Decoction(茯苓桂枝甘草大枣汤, poria, cinnamon twig, licorice and jujube decoction).

This example describes the application of a TCM prescription *fuling guizhi gancao dazao tang* 茯苓桂枝甘草大枣汤 (poria, cinnamon twig, licorice and jujube decoction), which should be given to patients who are about to experience *bentun* 奔豚 (running-piglet syndrome) after diaphoresis (Guo & Zhang, 2012, p. 70; Li, 2010, p. 73; Liu, 2008, p. 72). Bentun is the name of a syndrome that is marked by a mass of qi ascending from the abdomen to the chest, sensed as if there is a piglet running around in the stomach.

Mitchell (1999, p.170) retained the metaphor by saying “palpitations below the umbilicus” are “about to become running piglet”, but a mass of ascending qi can only become like a “running piglet”; it cannot become a “running piglet”. This translation is not complemented with any note. In the commentary, it was further explained that “Movement of the kidney

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<sup>25</sup> Mitchell used here refers to the Mitchell team (Craig Mitchell, Ye Feng, and Nigel Wiseman), who are treated as a single translator.

water is felt as palpitations below the umbilicus and it may be followed by running piglet” (Zhang et al., 1999, p. 171).

Both Luo and Li used a simile to translate bentun by using the signal word “like” and “similar”, to remind the readers that the running piglet is a figure of speech. Beside the use of the simile, he added “is called bentun”, which clarifies that bentun is the name of the syndrome. Liu also used a square bracket to enclose the “symptom” as an attempt to reach the same goal. But he seemed to mix up symptom (zheng 症) with syndrome (zheng 证). Lan (2015, p. 233) holds the view that literal translation should be the main approach for translating most of the specific disease names so as to preserve consistency, independence, and integrity of the theoretical system of Chinese medicine.

The translation of bentun is similar to the case of biaoben. They are not single-use metaphors but TCM terms and cannot be replaced by equally concise English expressions which directly express their meaning. Whether they are presented as pinyin or literal translation in English, consistency is of great importance. Further, explanations are necessary to help readers to understand the meaning of the direct translation, thus, complemented equivalent translation is the suitable strategy for this type of terms.

### **6.1.2 Containers**

In the source domain of “container”, various linguistic metaphors arising from the conceptual metaphor “Body parts are containers” were used to illustrate and explain the phenomena related to the characteristics and functions of the body parts and organs. The translation of this conceptual metaphor is discussed below.

*Conceptual metaphor: Body parts are containers.*

*Example 4*

ST

五藏不平，六府闭塞之所生也。头痛耳鸣，九窍不利，肠胃之所生也。

TTs

<b>Wu</b>	The disharmony of the <b>five viscera</b> is caused by the stagnation of of <sup>26</sup> the <b>six hollow organs</b> . The headache, tinnitus and the dullish of the nine orifices are caused by the affection of the stomach and intestine.
<b>Lu</b>	A blockage in <b>six bowels</b> will cause an imbalance of <b>five viscera</b> ; a blockage of the stomach and intestines will cause headache, ringing in the ear, obstruction in nine openings.
<b>Li</b>	Disharmony of the <b>Five Zang-Organs</b> is caused by stagnation of the <b>Six Fu-Organs</b> . Headache, tinnitus, obstruction of the nine orifices are caused by [stagnation of] the intestines and stomach.
<b>Unschuld</b>	When the <b>five depots</b> are not balanced, this is generated by an obstruction of the <b>six palaces</b> . When the head aches and when there is a ringing [sound] in the ears and when the nine orifices are not freely passable, this is generated by the intestines and the stomach.

This text discusses the pathogenesis of several diseases, disharmony of internal organs, headache, tinnitus, orifices obstruction (Fu, 2010, p. 150; Nanjing University of Chinese Medicine, 2011, p. 280; Wang, 2004, p. 206; Zhang & Sun, 2008b, p. 151). As was noted in Section 5.3.2, *zang* 藏 and *fu* 府 were two ancient Chinese storage structures that do not have equivalents in English. The *wuzang* 五藏 refers to the five solid organs - heart, liver, spleen, lungs, and kidneys - which are supposed to *cang* 藏<sup>27</sup> (to store) the essential qi without discharging it, similar to the function of *zang*, which is to store treasures that should not be taken out. The *liufu* 六府 refers to the six hollow organs - gallbladder, stomach, large intestine, small intestine, bladder, and sanjiao - which receive, transform, transport nutrients and discharge waste out of the body but are involved in storage. When the transformation or

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<sup>26</sup> This repetition exists in the original translation.

<sup>27</sup> 藏 is polyphonic in Chinese. When pronounced as *zang*, its meaning as a noun is “a place to store” or “treasure”; when pronounced as *cang*, its meaning as a verb is “to store”.

transportation of these six organs is interrupted, the nutrients will be retained, as well as the waste, and thus the function of the five solid organs will be interrupted.

Further, the stomach or intestines are regularly emptied, which means they can only be filled with water or food temporarily. They are not supposed to be full all the time, but to transform the contents, and transport them to the next fu organ and eventually discharge them out of the body. That is why the nine orifices would be blocked when the intestines and stomach are not working properly. According to the theory based on the characteristics of zang-organs and fu-organs (the theory is called *zangxiang*, 藏象 visceral manifestation), these diseases can be cured by emptying the fu-organs through purgative treatments (Meng & Wang, 2011, p. 121).

It can be seen that the functions of the two storage structures have already been projected to the features and functions of all the internal organs, becoming fixed terms. Therefore, their translation should be consistent as there are no English equivalents for these two important concepts; both WFCMS and WHO recommended translating them as zang-organs and fu-organs, which are the translations adopted by Li. WHO alternatively recommends viscus and bowel, which are neither the translation of the source domain nor the meaning of the metaphorical expression. This translation is adopted by Lu. Wu used “viscera” for zang but “hollow organs” for fu, which shows inconsistency in translation strategy. According to the Oxford English Dictionary (Simpson et al., 2004), *viscera* refers to “The internal organs in the main cavities of the body, especially those in the abdomen, e.g., the intestines”, which are not an exact match for the five solid organs. The same problem exists with WHO’s usage of “viscus”.

Unschuld took the strategy of “equivalent mapping” by translating zang and fu as “depots

” and “palaces”. He did not provide footnotes for his choice of words but did explain the reasoning in this text by citing Bing Wang’s comments. His explanation was given when these two terms first appeared in *Neijing*, by stating that these translations can help readers understand the functions of zang-organs and fu-organs. According to the ODE (Stevenson & Oxford University Press, 2011), *depot* is “A place for the storage of large quantities of equipment, food, or goods”, and *palace* is “A large and impressive building forming the official residence of a ruler, pope, archbishop, etc.”. While the metaphor was kept, the true difference between zang and fu was not reflected in the different meanings of depot and palace. Nevertheless, Unschuld maintains this strategy throughout the book, which means readers can gradually learn the meaning of “depots” and “palaces” in TCM.

The TCM terminology published by the World Health Organisation in 2007 pointed out that pinyin, strictly speaking, is not translation and its use should be avoided in English translation (World Health Organization, 2007, p. 4). But for those important concepts in TCM which lack English equivalents, using pinyin complemented with explanation has gradually been accepted (Li, 2008a, p. 53). In the updated English nomenclature of TCM provided by WHO in 2022, the alternatives “viscus” and “bowel” have been removed.

*Example 5*

**ST**

仓廩不藏者，是门户不要也。水泉不止者，是膀胱不藏也。

**TTs**

<b>Wu</b>	If the <b>stomach and intestine</b> of the patient can hardly <b>hold</b> the water and cereal with faecal incontinence, it is asthenia of the kidney which fails to confine; if there is incontinence of urine, it is due to the inability of the <b>shut and store</b> of the bladder.
<b>Lu</b>	Failure of the <b>warehouse of foods to store foods</b> (the spleen) is due to the inability of the <b>door of strength</b> (the anus) to exercise control. Incontinence of urine is due to the inability of the bladder to <b>store</b> water.



**Li**

Failure of the **Canglin (granary) to store up** is due to the failure of the **Menhu (anus)** to restrain. Incontinence of urine is due to failure of the bladder to **store** (urine).

**Unschuld**

When the **granaries** do not [keep what they] **store**, in this case the **doors** are not under control. When the water fountain does not stop, in this case the urinary bladder does not [keep] what it **stores**.

Example 5 explains the role played by asking about the patient's experience of defecation and urination (Fu, 2010, p. 83; Nanjing University of Chinese Medicine, 2011, p. 162; Wang, 2004, p. 110; Zhang & Sun, 2008b, p. 94). In TCM, *canglin* 仓廩 (granary) is a metaphorical name for the stomach and intestines, as they are involved in the storage of food. The anus is the *menhu* 门户 (gate/door) when the whole body is seen as a container. If the "granary" cannot store the grain, it suggests the menhu does not function properly. In terms of the urinary system, urine is metaphorically described as *shuiquan* 水泉 (water springs). These terms all have special meanings in Chinese culture. By seeing the stomach and intestines, and the body, as containers, the *cang* 藏 (to store) in this example is used to denote the storage function of the stomach, intestines, and bladders.

All the translations directly translate *cang* as "store", except for Wu's translation of the first *cang*, which has been rendered as "hold". This shows that Wu differentiated the function of the bladder from that of the stomach and intestines. The translations, however, of the metaphorical names of the organs are very different. Wu's rendition omitted all the metaphors and directly expressed the meaning of the text. Unschuld did word-by-word translation and kept all the metaphors in English but provided their meanings by citing the comments of Bing Wang and Jiebin Zhang.

Lu complemented the metaphorical expressions with explanations in round brackets. But the "granary" of the human body should be the stomach and intestines, not the spleen enclosed in the bracket. He used pinyin for both *canglin* and *menhu*, but he put "granary" and "anus

“in brackets instead of “stomach and intestines” and “anus”, or “granary” and “gate”. Further, *shuiquan* 水泉 (literal: fountain water) was directly translated as “urine” without brackets. These metaphorical terms are culturally specific, but the translator did not add notes for either *canglin* or *menhu*. This inconsistency in translation strategies for *canglin*, *menhu*, and *shuiquan* might make the readers wonder why “the failure of the granary to store up is due to failure of the anus to restrain”. English-speaking readers can hardly understand what the granary is from Li’s translation.

From the perspective of transmitting diagnosis and treatment knowledge, it is not necessary to translate *canglin*, *menhu*, or *shuiquan* as they are just alternative names for the stomach, intestines, anus, and urine. Unlike the *zang*-organs and *fu*-organs, these names contain no health-related implications. If a translation aims to reflect the literal meaning of the terms used in Chinese, notes of explanations should be provided to convey their contextual meaning.

### 6.1.3 Nature

In the source domain of “nature”, the conceptual metaphor “Pathogenic factors are natural elements” is used to illustrate and explain pathogenesis with various phenomena.

*Conceptual metaphor: Pathogenic factors are natural elements.*

#### *Example 6*

ST

太阳病，发热，汗出，恶风，脉缓者，名为中风。

TTs

**Mitchell**

When in greater yang disease [there is] heat effusion, sweating, **aversion to wind**, and a pulse that is moderate, it is called **wind strike**.

<b>Luo</b>	The initial Yang syndrome with symptoms and sign of fever, perspiration, <b>chill</b> and moderate pulse is termed <b>febrile disease caused by Wind</b> .
<b>Liu</b>	In tai yang disease, where there is fever, sweating, <b>aversion to wind</b> and a moderate pulse, it is called <b>zhong feng [syndrome]</b> .
<b>Li</b>	Taiyang disease, [characterized by] fever, sweating, aversion to <b>wind</b> and moderate pulse, is called <b>wind stroke</b> .

This example introduces a taiyang disease called zhongfeng 中风 (struck by wind), which is characterised by fever, sweating, aversion to wind, and moderate pulse (Guo & Zhang, 2012, p. 1; Hao, 2008, p. 26; Li, 2010, p. 78; Liu, 2008, p. 25). It can be seen that there are two uses of feng in this sentence, and they have two different meanings. The first feng is used in combination with *wu* 恶 (hate). The symptom *wufeng* 恶风 (dislike wind) in TCM means the patients would feel cold in the wind and that a windless environment can relieve this kind of discomfort, suggesting that this feng refers to the natural, non-metaphorical phenomenon of wind. The second, metaphorical, feng is one of the six pathogenic factors in TCM. People will become sick if struck (*zhong* 中) by the pathogenic wind, which can cause fever, headache, sweating, and so on.

For the second metaphorical use of wind, Mitchell, Luo, and Liu used the strategy of complemented equivalent translation. Mitchell literally translated it as “wind strike” and added a note to explain it is “An exterior pattern caused by externally contracted wind-cold”, and it does not equate to the condition of stroke. But if the word “wind” is used as a modifier for the noun strike, according to OED (Simpson et al., 2004), strike means “A refusal to work organized by a body of employees as a form of protest” or “A sudden attack, typically a military one”. Neither meaning is suitable to describe the harm brought by the pathogenic factor. Li took a similar strategy by translating zhongfeng as “wind stroke”. As clarified by Mitchell, in the area of healthcare, stroke primarily means a sudden disabling attack or loss

of consciousness caused by an interruption in the flow of blood to the brain and its Chinese name is also zhongfeng. Thus, the use of stroke in the context can be misleading.

Liu used pinyin but added syndrome in the brackets to remind the readers that zhongfeng is the name of a syndrome. Luo did not use brackets but added an explanation in the translation. He specified that zhongfeng is a “febrile disease caused by Wind”. He also capitalised “wind” to differentiate this wind that can cause illness from the natural wind.

As natural phenomena are also frequently mentioned in TCM texts, explanations should be given to differentiate these uses from those where a natural phenomenon is used metaphorically as a pathogenic force. As discussed earlier, when a disease’s name draws upon images of natural phenomena, the use of pinyin or a literal translation combined with “syndrome” or “disease” to indicate the metaphorical usage should suffice.

#### **6.1.4 Personification**

In the source domain of personification, there are mainly five conceptual metaphors used to illustrate and explain various phenomena related to pathogenesis (making a diagnosis) and the constitution of TCM formulas (preparing a treatment). These conceptual metaphors are:

- Pathogenetic factors are evil.
- Pathogenetic factors are visitors.
- Organs have emotions.
- Organs have a hierarchical relationship.
- Medicinals have a hierarchical relationship.

The translation of the conceptual metaphors is instantiated by their linguistic metaphors.

*Conceptual metaphor: Pathogenetic factors are evil.*

*Example 7*

ST

血弱气尽，腠理开，邪气因入，与正气相搏，结于胁下。正邪纷争，往来寒热，休作有时，嘿嘿不欲饮食。

#### TTs

<b>Mitchell</b>	When the blood is weak and the qi is exhausted, the interstices are open, and because <b>evil qi</b> enters the body and contends with right qi, there is binding under the rib-side. <b>The right and the evil</b> struggle by turns, [so there is] alternating aversion to] cold and heat effusion that stops and starts periodically, and taciturnity with no desire for food or drink.
<b>Luo</b>	When the Blood is deficient and the Vital Resistance weak, the Couli opens, so the <b>pathogenic factor</b> intrudes into the Interior and struggles against the Body Resistance at the costal region. The conflict between them caused intermittent chills and fever with certain intervals and an unwillingness to speak, as well as bad intake of food.
<b>Liu</b>	When there is deficiency of both qi and blood, the interstices open and then <b>pathological factors</b> invade, leading to fighting between anti-pathogenic qi and pathological factors, resulting in the accumulation of pathological factors under the hypochondriac region. <b>Because of the struggle between anti-pathogenic qi and pathological factors</b> , there is alternating chills and fever that come and go periodically, taciturnity with no desire to eat and vomiting.
<b>Li</b>	[The disease is characterized by] weakness of blood, deficiency of qi, looseness of interstices, invasion of <b>pathogenic factors</b> that struggle with healthy qi and binds beneath the costal region. <b>Conflict between pathogenic factors and healthy qi</b> , intermittent chilliness and fever at certain intervals, no desire to speak, reluctance in drinking water and taking food.

This example explains the pathogenesis of the symptoms that can be treated by a prescription called *xiaochaihu tang* 小柴胡汤 (Minor Bupleurum Decoction) (Hao, 2008, p. 178; Li, 2010, p. 108; Liu, 2008, p. 94; Nanjing University of Chinese Medicine & Chen, 2010, p. 483). When the blood and qi of the body are deficient, the external pathogenic qi *xieqi* 邪气 (bad qi) will take the opportunity to enter the body and encounter the *zhengqi* 正气 (right qi, or healthy qi), which protects the body. As the qi that is protecting the body is considered right, factors that can cause disease have been personified as xie (bad, evil or wicked). In TCM, xie is used to denote all the pathogenic forces or factors (Gao, 2013, p. 80).

In the four translations, only Mitchell translated xie as evil. The other translations adopted the strategy of direct narrative equivalence by directly providing the meaning of xie: pathogenic. According to the OED (Simpson et al., 2004), *evil*, when used as a noun, means

“Profound immorality and wickedness, especially when regarded as a supernatural force”. Based on this ground, Li (2008b, p. 123) questioned the use of evil, for xieqi is very important notion with special meaning in TCM. He suggested xieqi should be translated as “pathogenic factor” or “pathogenic element”. His view was agreed by Lu (2017). “Pathogenic factor” or “pathological factors” were also adopted by the other three translators and WFTCM (the difference between pathological and pathogenic is discussed in next example).

It is worth noting that WHO’s version of xieqi is “pathogen”. According to the ODE (Stevenson & Oxford University Press, 2011), *pathogen* refers to “a bacterium, virus, or other microorganism that can cause disease”, while xieqi in TCM refers to pathogenic factors such wind, cold, dampness, and so on. As pointed out by Li et al., translating the pathogenic factor as “pathogen” can cause misunderstanding, in that the pathogenic factors in TCM are not all bacteria or viruses.

*Conceptual metaphor: Pathogenetic factors are visitors.*

*Example 8*

**ST**

若下之，则胃中空虚，客气动膈，心中懊懣，舌上苔者，栀子豉汤主之。

**TTs**

<b>Mitchell</b>	If one precipitates, there will be empty vacuity in the stomach, <b>visiting qi</b> stirring the diaphragm, anguish in the heart, and if fur [arises] on the tongue, Gardenia and Fermented Soybean Decoction (zhi zi chi tang) governs.
<b>Luo</b>	If a dose of purgative is given, the Stomach will be emptied and the <b>pathogenetic factor</b> will invade the diaphragm, causing restlessness and irritation. When the tongue is coated, Decoction of Fructus Gardeniae and Semen Sojæ Praeparatum can be adopted to dispel the above syndrome.
<b>Liu</b>	If purging is employed, there will be deficiency in the stomach, leading to disturbance of the diaphragm by <b>pathological factors</b> , agitation and a feeling of anguish in the heart, as

well as the appearance of a coating on the tongue. Gardenia and Prepared Soybean Decoction (zhi zi chi tang) should be prescribed.

- Li** If [treated by] purgation, [it will] cause stomach deficiency, **pathogenic qi** stirring the diaphragm, anguish in the heart and thick fur on the tongue. Zhizi Chi Decoction (栀子豉汤, gardenia and fermented soybean decoction) [can be used] to treat it.

This example explains the symptoms that can be resolved by 栀子豉汤 *Zhizi chi tang* (gardenia and fermented soybean decoction) (Guo & Zhang, 2012, p. 104; Hao, 2008, p. 26; Li, 2010, p. 108; Liu, 2008, p. 94). When the purging method is used at the wrong time, the pathogenic qi called *keqi* 客气 (visiting qi) will take its opportunity to enter the body and cause illness. As discussed in Section 5.3.4, the image of a visitor has been projected onto the qi coming from outside.

Mitchell used literal translation by translating *ke* as “visiting”. The problem with “visiting” or “visitor” is neither word can reflect the intention of *ke* used in the context of discussing pathology in TCM. Translating *keqi* as “visiting qi” leaves out the connotation that this *keqi* is pathogenic, which can be deduced from the context.

Luo, Liu, and Li took the strategy of direct narrative equivalence by rendering *keqi* as “pathogenetic factor”, “pathological factors” and “pathogenic qi”. Although their translation strategies are the same, the words of choice might reflect their personal understanding of *keqi*. According to W3 (Grove & Merriam-Webster Inc., 1996), *pathogenetic* refers to “of or relating to pathogenesis (The development of a diseased or morbid condition”, *pathological* means “of, relating to, for the purposes of, or concerned with pathology”, and *pathogenic* refers to “causing or capable of causing disease”. Although W3 (Grove & Merriam-Webster Inc., 1996) and AHD (Editors of the American Heritage Dictionaries, 2016). note that pathogenic and pathogenetic are interchangeable, we can see from the definitions that “pathogenetic” stress the development of a disease and “pathogenic” focuses

on the cause. Treating keqi as causal is in line with the interpretations by the scholars listed above.

Liu, who unlike Luo and Liu is a TCM practitioner and translator, explained in his discussion of “difficult and doubtful points” that the role of this line is to discuss the pathology of the disease. He seems to stress that keqi here is one of the multiple “pathological factors” but not the cause. But in this line, “deficiency in the stomach” is the pathological factor, and keqi is the exogenous and direct cause of the disease, which makes it a pathogenic factor. In the nomenclature proposed by WFTCM, translating keqi as “pathogenic factor” has been adopted as the wording that most effectively conveys the disease-inducing nature of the keqi.

*Conceptual metaphor: Organs have emotions.*

*Example 9*

ST

脾者土也，而恶木，服此药者，至甲乙日更论。

<b>Wu</b>	As the spleen-energy belongs to earth and earth <b>detests</b> the subjugation of wood, if the medicine are taken, the disease will become aggravated when encountering the days of Jia or Yi.
<b>Lu</b>	The spleen corresponds to earth; it has a <b>dislike</b> of wood. When people do take the above two kinds of substances, the effects should be determined on the Jia and Yi days when the disease deteriorates.
<b>Li</b>	The combination of them may impair the spleen that pertains to Earth and <b>detests</b> Wood. The use of such drugs will lead to aggravation in the days of Jia and Yi.
<b>Unschuld</b>	The spleen is soil and <b>has an aversion</b> to wood. for those who consume these drugs, when [the disease] lasts until a jia or yi day, [it is] discussed again.

This example talks about the prohibitions for people with diabetes (Fu, 2010, p. 197; Guo, 2010b, p. 237; Nanjing University of Chinese Medicine, 2011, p. 364; Zhang & Sun, 2008b, p. 273). In TCM, the spleen is related to digestion and pertains to the earth element of the



five phases. In the five-phase theory, wood suppresses the earth. So diabetic patients are not meant to take medicine that is related to wood<sup>28</sup>; otherwise, the spleen will be hurt. That is why the spleen *wu* 惡 (detests) wood.

All the translators keep the metaphor of personifying the spleen by translating *wu* to “detest”, “dislike”, or “an aversion to”. According to the ODE (Stevenson & Oxford University Press, 2011), *detest* and *aversion* means “dislike intensely” and “a strong dislike or disinclination”, both indicating a stronger emotion of dislike. As discussed by Yu (1998), there are universal metaphors in Chinese and English for emotions like anger and happiness. These metaphors can be mostly understood by English-speaking readers, “dislike”, “detest”, or “aversion” can deliver the core information expressed in the example, that wood-related medications are prohibited for diabetic patients. Thus, for conceptual metaphors involving emotions and organs, equivalent mapping is effective in conveying the treatment-related information.

*Conceptual metaphor: Organs have a hierarchical relationship.*

*Example 10*

**ST**

心为牡藏，小肠为之使，故曰少腹当有形也。

**TTs**

<b>Wu</b>	The heart is a solid organ of Yang, and heart is the superficies and <b>interior with the small intestine</b> , as the small intestine is in the lower abdomen, thus, blocks will occur in the lower abdomen.
<b>Lu</b>	The heart is a yang organ (lesser yang within yang). When the heart is diseased, its energy will get coagulated in the small intestine, <b>which is the servant of the heart</b> . That is the reason why shaped objects will be found in the lower abdomen.
<b>Li</b>	The heart is an organ of Yang [nature] and is <b>internally and externally related to the small intestine</b> . That is why the lower abdomen is involved.

<sup>28</sup> TCM medicinals can be classified based on the five-phase theory, which is detailed in Section 6.2.3.

**Unschuld**      The heart is a male depot; **the small intestine serves as its messenger**. Hence one says:  
The lower abdomen will exhibit its manifestation.

The core information of this example is that the small intestines are the servant of the heart. As the small intestines and the heart are connected, symptoms shown in the area of the lower abdomen will arise when the heart is diseased (Fu, 2010, p. 87; Nanjing University of Chinese Medicine, 2011, p. 162; Wang, 2004, p. 116; Zhang & Sun, 2008b, p. 100). This schema of the sovereign and his ministers in ancient China has been applied to describe the function of organs and the relationships between them. The heart is the sovereign, and other organs are analogous to ministers or officials.

Wu and Li dropped the metaphor in their translations. They described the deep-superficial relationship between the heart and small intestines directly. Li states “internally and externally related to the small intestine”, which is an alternative way to explain the interdependent relationship. Wu’s translation expresses a similar meaning but includes a grammatical error, in saying “interior with the small intestine”.

Lu and Unschuld kept the metaphor but interpreted the *shi* 使 differently. TCM scholars such as Wang (2004, p. 116) and Zhang and Sun (2008b, p. 100) say *shi* in the sentence means the organs to be commanded. Compared with Unschuld’s “messenger”, Lu’s “servant” is closer to the original meaning. But the issue with keeping the metaphor is that the contextual meaning of *shi* in the original text is lost, and neither servant nor messenger help to explain why the lower abdomen will exhibit symptoms when the heart is abnormal. In dealing with the issue, Lu added a footnote and said, “The heart and the small intestine form deep-superficial relationship with each other, and superficial organ is the servant of the deep organ” (Lu, 2002, p. 123). This note clarifies the relationship between the heart and the small intestine.

As has been established in Section 5.3.4, the hierarchical relationships in the imperial court have been used to entail the functions of organs and their relationships. In this example, it can be seen that the diagnosis is informed by the relationship between the heart and small intestines. The strategy of direct narrative equivalence adopted by Wu and Li did deliver the contextual meaning of shi, but losing the metaphor meant the exact relationship between the heart and small intestines was not expressed. The strategy of complemented equivalent translation adopted by Lu best delivers the core information for this type of conceptual metaphor.

*Conceptual metaphor: Medicinals have a hierarchical relationship.*

*Example 11*

ST

君一臣二，奇之制也，君二臣四，偶之制也，君二臣三，奇之制也，君二臣六，偶之制也。

TTs

<p><b>Wu</b></p>	<p>When applying one <b>monarch</b> medical herb and two <b>courtier</b> medical herbs, it is the method of making an odd prescription; when applying two <b>monarch</b> medical herbs and four <b>courtier</b> medical herbs, it is the method of making an even prescription when applying two <b>monarch</b> medical herbs and three <b>courtier</b> medical herbs, it is the method of making an odd prescription; when applying two <b>monarch</b> medical herbs and six <b>courtier</b> medical herbs, it is the method of making an even prescription.</p>
<p><b>Lu</b></p>	<p>A combination of one <b>king</b> ingredient and two <b>subject</b> ingredients forms an odd prescription. A combination of two <b>king</b> ingredients and four <b>subject</b> ingredients form an even prescription. A combination of two <b>king</b> ingredients and three <b>subject</b> ingredients forms an odd prescription. A combination of two <b>king</b> Ingredients and six <b>subject</b> ingredients forms an even prescription</p>
<p><b>Li</b></p>	<p>[Odd prescription is] composed of one <b>Monarch</b> [drug] and two <b>Minister</b> [drugs]; even [prescription is] composed of two <b>Monarch</b> [drugs] and four <b>Minister</b> [drugs]; odd [prescription is] composed of two <b>Monarch</b> [drugs] and three <b>Minister</b> [drugs]; even [prescription is] composed of two <b>Monarch</b> [drugs] and six <b>Minister</b> [drugs].</p>
<p><b>Unschuld</b></p>	<p>One <b>ruler</b>, two <b>ministers</b>, that is an uneven composition. Two <b>rulers</b>, four <b>ministers</b>, that is an even composition. Two <b>rulers</b>, three <b>ministers</b>, that is an uneven composition. Two <b>rulers</b>, six <b>ministers</b>, that is an even composition.</p>

This example discusses the compositions of odd and even prescriptions in TCM (Fu, 2010, p. 449; Nanjing University of Chinese Medicine, 2011, p. 788; Shandong University of Traditional Chinese Medicine & Hebei Medical University, 2009, p. 1003; Wang, 2004, p. 594; Zhang & Sun, 2008b, p. 578). In Chinese materia medica, the source domain of hierarchical relationships between the members of the imperial court, namely, *jun* 君 (sovereign), *chen* 臣 (minister), *zuo* 佐 (assistant), and *shi* 使 (courier), has been used to guide the combination and dosage of herbal medicines (Li & Lin, 2000, p. 644). The sovereign and minister each play different roles in a prescription: the sovereign targets the principal symptom, and the minister strengthens the effect of the sovereign. A formula consisting of odd numbers of ingredients is called an odd prescription, and that consisting of even numbers of ingredients is called an even prescription.

As the “sovereign, minister, assistant, and courier” is an important guiding principle in Chinese materia medica (Li & Lin, 2000, p. 644), this metaphor has been retained in all the translations. Li and Unschuld translated *chen* as minister, as does the WHO nomenclature. Wu and Lu translated *chen* as “courtier” and “subject”, respectively. According to the OED (Simpson et al., 2004), *courtier* refers to “a person who attends a royal court as a companion or adviser to the king or queen”, which is close to the connotation of *chen*. But *subject* refers to “a citizen or member of a state other than its supreme ruler”, which it is not the same as courtier or *chen*.

Wu, Lu, and Li also added supplementary information for the metaphors, about medical herbs, ingredients, or drugs, to clarify the topic of this text. Unschuld translated the comments from Shishi Gao in a footnote to explain what the rulers and ministers in a prescription are.

The relationships between the sovereign, minister, assistant, and courier are culturally specific to ancient China. All the translators have noticed the challenge faced by the target readers and used complemented equivalent translation to help the readers, by elaborating the contextual connotations of these titles in TCM materia medica.

### 6.1.5 Conduits

In the source domain of “conduit”, the conceptual metaphor found in the specialised corpus is “Meridians are conduits”, which was used to explain the features and functions of the meridians. Its translation is instantiated by one of its linguistic metaphors.

*Conceptual metaphor: Meridians are conduits.*

#### Example 12

#### ST

经脉流行不止，环周不休，寒气入经而稽迟，泣而不行，客于脉外则血少，客于脉中则气不通，故卒然而痛。

#### TTs

<b>Wu</b>	The blood and energy in the channels are <b>circulating</b> unceasingly in the whole body, when the cold-evil invades the channel <sup>29</sup> , the blood in the channel will become <b>stagnating</b> , and the pain will suddenly occur.
<b>Lu</b>	Meridian energy <b>flows</b> without a stop, it <b>circulates</b> in the meridians continually. When cold energy penetrates into the meridians, it will cause obstructions and slow down the circulation. If the pathogen stays in the external region of meridians as guest, it will cause a scarcity of blood. If it stays in the internal region of meridians as guest, it will cause a <b>stoppage of energy circulation</b> , which results in sudden pain.
<b>Li</b>	[Qi and blood] are <b>flowing</b> in the Channels continuously in an endless <b>circle</b> . Invasion of Cold-Qi into the Channels slows down [the flow of Qi and blood], leading to stagnation of the Channels. Invasion [of Cold-Qi] into the outside of the Channels reduces blood. Invasion [of Cold-Qi] into the Channels <b>stagnates</b> Qi and therefore causes sudden pain.
<b>Unschuld</b>	The <b>flow</b> in the conduit vessels does not stop. It <b>circulates</b> without break. When cold qi enters the conduits, stoppage and retardation result. [The contents of the vessels] are

<sup>29</sup> The typo exists in the original translation.

impeded to the degree that they fail to flow. When [the cold qi] settles outside the vessels, then the blood is diminished; when it settles inside the vessels, then the qi cannot **pass through**. Hence, there is sudden pain.

This example explains one feature of the meridians (the meridian system consists of meridians and collaterals) and how the pathogenic factors related to cold can enter the meridians and cause sudden pain (Fu, 2010, p. 150; Nanjing University of Chinese Medicine, 2011, p. 352; Wang, 2004, p. 256; Zhang & Sun, 2008b, p. 215). The passages in which blood and qi flow have been compared to conduits, so normally the meridian channels are passable, and the blood and qi can therefore *liuxing buzhi* 流行不止 (flow) and *huanzhou buxiu* 环周不休 (circulate) in the channels without stopping. If, however, the cold pathogenic factors enter and reside in the meridians, the flow of the qi would be 不通 *butong* (obstructed). By treating invisible channels as conduits, the manner by which the blood and qi are transported, and the importance of keeping the channels unobstructed, can be better understood.

Although the theories on the meridian system are specific to the Chinese culture, the main features of the meridians, as described by imagery mapped from the conduit metaphor, are not culturally specific. All the translations have kept the conduit-related metaphors by using the strategy of direct equivalent mapping, without providing additional information.

Lu, Li, and Unschuld literally rendered *liuxing* as “flow” and *huanzhou* as “circulate” or “circle” to help the target reader understand the movement of the blood and qi in the meridians. Wu did not translate *liuxing* but only translated *huanzhou* as “circulate”. According to the ODE (Stevenson & Oxford University Press, 2011), *circulate* means “move or cause to move continuously or freely through a closed system or area”, as in “antibodies circulate in the bloodstream”. In the context of discussing the movement of blood and qi in the meridians, the sense of “flow” is already implied by “circulate”. The “continually” in the

definition also renders unnecessary the adverbs “unceasingly”, “continually”, and “without breaks” used by Wu, Lu, Li and Unschuld after “circulate”. Li translated huangzhou buxiu as “flowing...continuously in an endless circle”, but a circle does not have an end. Meanwhile, butong was translated as “stagnate”, “stop”, and “not pass through”, which are all expressions with similar meanings, invoking the image of qi being held back by external pathogenic factors in the meridians.

This translation example shows that if the main features of a target domain, in this case, conduits, are understood in a similar way across cultures, the health-related information can be effectively delivered by the strategy of equivalent mapping, preferably with suitable English equivalents.

## **6.2 Translation of Structural metaphors**

As discussed in Section 5.4, the concepts of yin and yang, the five phases, and war are used to explain pathogenesis and treatment in TCM. The conceptual domains of yin and yang and the five-phases are culture-specific, which makes their translation more challenging than war. Below the conceptual metaphors under each source domain are discussed, and their translation will be instantiated by linguistic metaphors.

### **6.2.1 Yin and Yang**

When yin and yang were first introduced to the West, yin had been translated into “female or feminine”, “negative”, “inactive”, “dark”, “turbid principle or element”, and yang into the opposite: “male or masculine”, “positive”, “active”, “bright”, “lucid principle or element”. As more knowledge about these two concepts began to spread, people realised that no single pair of opposites in English could cover all the meanings implied in yin and yang. Thus, the

two loan words from the Chinese have been gradually accepted as philosophical concepts (Lan, 2015).

In recent years, both yin and yang have been included by English dictionaries, such as the *Oxford English Dictionary* (OED) (Simpson et al., 2004), *Oxford Dictionary of English* (ODE) (Stevenson & Oxford University Press, 2011), *Webster's Third New International Dictionary* (W3) (Grove & Merriam-Webster Inc., 1996), *The American Heritage Dictionary of the English Language* (AHD) (Editors of the American Heritage Dictionaries, 2016). Their definitions for yin are listed below:

- OED: In Chinese philosophy, the feminine or negative principle (characterised by dark, wetness, cold, passivity, disintegration, etc.) of the two opposing cosmic forces into which creative energy divides and whose fusion in physical matter brings the phenomenal world into being.
- ODE: (In Chinese philosophy) the passive female principle of the universe, characterised as female and sustaining and associated with earth, dark, and cold. Contrasted with yang.
- W3: the feminine and negative principle (as of passivity, depth, darkness, cold, wetness) in nature that according to traditional Chinese cosmology combines with its opposite yang to produce all that comes to be.
- AHD: The passive, female cosmic principle in Chinese dualistic philosophy.

The definitions show that lexicographers in the West have accepted that yin and yang are not concrete, but philosophical concepts with broad and abstract senses. The OED, the principal historical dictionary of the English language, provides a comprehensive description of the relationship between yin and yang. Both the OED and ODE depict yin and yang as philosophical principles with opposing features. But their meanings in TCM are not mentioned.

Lan (2015) reviewed the translation of yin and yang and found that in the past, the contextual meaning of yin and yang in TCM was usually not translated, and the pinyin transliteration



was used with or without supplementary information. But translating yin and yang using pinyin transliteration regardless of the context may not convey their medical senses, and thus cause misunderstanding among readers unfamiliar with Chinese philosophy or culture. She recommends that the choice of translation strategy should be determined by the concrete and specific meanings of the specific examples; when there are different interpretations of yin and yang, pinyin transliteration can be followed by explanations in the notes. The translation of various uses of yin and yang are discussed in this section.

It is important to note that translation of the philosophical senses of yin and yang are not within the scope of this study. Also, as stated in Chapter 4, the names of acupoints have been already unified by the World Health Organization by using alphanumeric names (World Health Organization, 1991); those channel names containing yin or yang, such as Taiyin Channel, are not included either.

The conceptual metaphors originating from yin and yang in the specialised corpus are listed below and their English translations are compared to see which strategies have been used and which can most effectively convey the diagnosis- or treatment-related information.

- Opposite forces in the body are yin or yang.
- Pathogenic factors are yin or yang.
- Body parts are yin or yang.
- Meridians are yin or yang.
- Medicinals are yin or yang.
- Pulse is yin or yang.

*Conceptual metaphor: Opposite forces in the body are yin or yang.*

*Example 13*

**ST**

其寒者，阳气少，阴气多，与病相益，故寒也；其热者，阳气多，阴气少，病气胜，阳遭阴，故为痹热。

#### TTs

<b>Wu</b>	If the cold-evil is excessive, the <b>yang energy</b> will become less, and the <b>yin energy</b> will become more, and the yin energy will aggravate the evil energies of wind, cold and wetness in the bi-disease, so the patient is cold. When the heat is excessive, <b>the yang energy</b> will become more and the <b>yin energy</b> become less, the yang will override the yin, so the patient is hot.
<b>Lu</b>	When rheumatism causes cold sensation, it is due to a scarcity of <b>yang energy</b> and an abundance of <b>yin energy</b> that teams up with the pathogen, which accounts for chills. When rheumatism causes hot sensation, it is due to an abundance of <b>yang energy</b> and a scarcity of yin energy so that when pathogenic yang wins a victory and <b>yang energy</b> overcomes yin energy, hot rheumatism will come about.
<b>Li</b>	Cold indicates insufficiency of <b>yangqi</b> and excess of <b>yinqi</b> . The combination of [yinqi] with the disease [makes the patient feel] cold. Heat indicates excess of <b>yangqi</b> and insufficiency of <b>yinqi</b> . [In this case Bingqi (Morbid-qi) is in predominance and yin is restricted by yang. That is why heat is caused.
<b>Unschuld</b>	When [the patient] is cold, the <b>yang qi</b> is diminished, while there are large quantities of <b>yinqi</b> . [These two conditions] add to each other in connection with the [development of the] disease. Hence, [the patient] is cold. When [the patient] is hot, the <b>yang qi</b> is present in large quantities, while the <b>yinqi</b> is diminished. The disease qi dominates, and the yang [qi] meets the yin [qi]. Hence, this leads to block heat.

Yinqi and yangqi are most frequently described as two opposite forces in nature, exerting influence on the human body's qi. An imbalance of the yinqi and yangqi of the body will lead to the onset of diseases. The example above describes how the symptoms, which can exist in either a cold or hot syndrome (hence, "bi-syndrome"), are caused by the imbalance of yinqi and yangqi (Fu, 2010, p. 213; Long & Long, 2004, pp. 564-565; Meng & Wang, 2009, pp. 389-390). The excessive yinqi will cause yangqi deficiency and vice versa. When a patient with excessive yinqi encounters the yin pathogenic factors, e.g. the "cold", the patient would feel cold. The same logic applies to patients with heat impediments caused by excessive yangqi. So, the underlying nature of bi-syndrome is an imbalance between the body's yinqi and yangqi.

All translations have adopted the strategy of equivalent mapping, rendering the two forces in the body as “yinqi” and “yangqi”. But Wu adopted a variant translation of qi, that is, energy. Qi was translated as vital energy for a long time in the West before standardisation. In the *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* published in 2007, it has been agreed that qi should be used to replace vital energy. Wu’s translation was published in the United States in 1997, which might explain why he still translated yinqi and yangqi as yin energy and yang energy.

Thus, when yinqi and yangqi are being used to denote the body’s normal forces, equivalent mapping can be adopted, as these terms are basic notions in TCM.

*Conceptual metaphor: Pathogenic factors are yin or yang.*

*Example 14*

**ST**

夫寒者，阴气也，风者，阳气也，先伤于寒而后伤于风，故先寒而后热也，病以时作，名曰寒疟。

**TTs**

<b>Wu</b>	As cold belongs to <b>yin</b> and wind belongs to <b>yang</b> , when one is infected by cold first and then infected by wind, he will be feeling cold first and then feeling hot. The time of the disease-attack is regular, and it is called the cold-type malaria.
<b>Lu</b>	Cold is <b>yin energy</b> while wind is <b>yang energy</b> . A person is harmed by cold first, and then he is harmed by wind, which accounts for the fact that cold sensations precede hot sensations; the disease attacks according to a fixed schedule, which is called cold malaria.
<b>Li</b>	Cold pertains to <b>yinqi</b> and wind to <b>yangqi</b> . [Since the body is] attacked first by cold and then by wind, that is why chills occur prior to fever in malaria. This kind of malaria occurs at a fixed time. So it is called Hanmie (cold-malaria).
<b>Unschuld</b>	Now, cold is a <b>yin qi</b> ; wind is a <b>yang qi</b> . [The patient] was first harmed by cold and afterwards he was harmed by wind. Hence, he is cold first and hot afterwards. The disease is active in a [specific] time [of the year]. It is called cold malaria.

Yinqi and yangqi are also used to denote some natural elements that can cause illness. The example above explains the causes and characteristics of the illness *hanmve* 寒疟 (direct

translation: cold malaria, which means cold-related malaria) (Fu, 2010, p. 176; Long & Long, 2004, p. 468; Nanjing University of Chinese Medicine, 2011, p. 326; Zhang & Sun, 2005, p. 108). TCM believes that most diseases are caused by six pathogenic factors: wind, cold, summer-heat, dampness, dryness and fire<sup>30</sup> (Zheng, 2016, p. 292). All these factors have attributes similar to yin or yang and can cause corresponding yin or yang symptoms; thus, the doctor should prescribe a formula of the same attribute to target the symptoms. The yin and yang principle must be followed in every step of disease differentiation and treatment to reach the right diagnosis and achieve a satisfactory prognosis (Gao & Li, 2016).

Among the six factors, cold, as is entailed in its name, is related to yin, so it was called yinqi when describing cold-related malaria. In contrast, wind, as it has the tendency to disperse and blow things upwards, which are qualities pertaining to yang, was called yangqi. The yinqi and yangqi in this context indicate the pathogenic forces of cold and wind. As stated in this sentence, they “attacked the body” one by one, which consequently led to cold-related malaria.

None of the translations specified the pathogenic nature of yinqi and yangqi. For the part of the original text that says “fu hanzhe (the cold), yinqi ye (yinqi<sup>31</sup>)”, Unschuld translated this literally as “cold is a yin qi; wind is a yang qi” (Unschuld et al., 2011, p. 542); Lu took a similar strategy, but qi was translated as energy. The literal translation of the two terms will not help readers understand why the normal yinqi and yangqi can cause illness. As these two terms normally mean the two sides of qi, the essential energies that maintain health, by

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<sup>30</sup> These words in TCM have connotations that are not exactly equal to their equivalents in English.

<sup>31</sup> The last character *ye* is a modal particle without actual meaning.

stating that wind and cold are yangqi and yinqi, the translator would better convey, for this context, the desired meaning of causing disease.

Wu and Li took the same strategy of equivalent mapping, but they added “belong to” or “pertain” before cold and wind, to clarify that while the terms used here fall into the category of yinqi or yangqi, they are not the yinqi and yangqi. The principle of yin and yang is essential in disease differentiation and treatment, so it is of great importance to note that the six pathogenic factors belong to either the yin or yang category. The metaphor needs to be retained; otherwise, the symptoms or treatments based on the yin and yang principle would not make sense. To differentiate the pathogenic factors from the yinqi and yangqi of the body, complementary information like “pathogenic” should be provided to avoid misunderstanding.

*Example 15*

ST

胃中空虚，客气动膈，短气躁烦，心中懊懊，阳气内陷，心下因硬，则为结胸。

TTs

<b>Mitchell</b>	[With] empty vacuity in the stomach, visiting qi stirs the diaphragm and there is shortness of breath, vexation and agitation, and anguish in the heart. The <b>yang qi</b> falls inward and causes hardness below the heart, which means chest bind.
<b>Luo</b>	The patient will feel pain in part of the diaphragm because of compression and will feel empty in the Stomach. While the guest pathogenic factor hurts the diaphragm, the patient will suffer from shortness of breath restlessness and irritation. Blocked-up Chest is taking shape when <b>the yang pathogenic factor (Exterior pathogenic factor)</b> falls into the Interior and forms a hard “mass” in the chest.
<b>Liu</b>	The deficiency in the stomach makes the diaphragm disturbed by exogenous pathological factors, resulting in shortness of breath, agitation, vexation and anguish. Because <b>pathological factors sink</b> , there is a hardening sensation in the epigastrium and this leads to chest binding syndrome.
<b>Li</b>	[it will result in] ...emptiness and deficiency of the stomach, [pathogenic] qi attacking the diaphragm, shortness of breath, dysphoria, vexation, <b>internal sinking of yang qi</b> and lump below the heart.

As yang also pertains to the external, yangqi can be used to indicate pathogenic forces coming from outside. The example above explains that if purgation has been used inappropriately, illness-inducing forces coming from outside would take the opportunity to go inside and cause the chest binding syndrome (Guo & Zhang, 2012, p. 153; Li, 2010, pp. 147-148; Liu, 2008, p. 91). Thus, yangqi here means the force from outside (a feature of yang). It also corresponds with the keqi 客气 before it, since both keqi and yangqi in this example mean external.

Both Mitchell and Li used yangqi without telling readers its actual meaning, but they did so in different ways. Mitchell translated keqi as visiting qi, and yangqi remained the same, while keqi was translated by Li as pathogenic qi. As a Chinese non-TCM practitioner, Li might be more sensitive to keqi, a day-to-day Chinese word that has the primary meaning of “courteous”. But this connotation of keqi was not expressed in Mitchell’s translation, which also feels somewhat illogical when it says “visiting qi stirs...yang qi falls inward”.

Luo, as a TCM scholar, added pathogenic to yangqi to clarify that it can induce illness, and thus is different from yangqi in nature or in the body. Liu removed the metaphor and translated it as a pathogenic factor. To avoid losing the connection with keqi, Liu also discarded the metaphorical image of ke and rendered it as an exogenous pathological factor. As a TCM practitioner in Canada, Liu seems to have been aware of the confusion that yangqi might cause for Western readers, and he decided to translate the meaning of the metaphor.

As the yangqi in this example concerns external pathogenic factor and does not involve the yin and yang differentiation of the previous example, the strategy of direct narrative equivalence adopted by Luo and Liu can effectively deliver its contextual meaning.

#### *Example 16*

ST

酒入于胃...阴气虚，则阳气入，阳气入，则胃不和，...夫酒气盛而慄悍，肾气有衰，阳气独胜，故手足为之热也。

TTs

Wu	When alcohol is taken (it will cause the collaterals to fill with blood, and the channels, on the contrary, become empty. As the spleen is to help the stomach transport the essence of water and cereals, if alcohol is excessively taken, the spleen will have nothing to transport and cause the Yin energy to become asthenic) ... When <b>the yin energy</b> is asthenic, <b>the yang energy</b> will be sthenic, and the stomach energy will become disharmonious. .... As the energy of alcohol is abundant and violent, and the kidney energy is declining day after day, <b>the yang energy</b> will become solely abundant inside and both the hands and fee will be hot.
Lu	When wine enters into the stomach, ...When <b>yin energy</b> is deficient, <b>yang energy</b> will move in. When <b>yang energy</b> moves in, it will cause a disharmony of the stomach. ...As wine energy is in abundance and fierce while the kidney energy in decline and <b>yang energy</b> winning a victory all the way, hot sensations in the hands and the feet will come about.
Li	When wine is taken into the stomach, ... Deficiency of <b>yinqi</b> gives rise to excess of <b>yangqi</b> that leads to discomfort of the stomach and exhaustion of Jingqi (Essence-Qi). ... Since Jiuqi is powerful and drastic, it impairs Shenqi (Kidney-Qi) and makes <b>yangqi</b> predominant alone. That is why the hands and feet are feverish.
Unschuld	When wine enters the stomach, ... When <b>the yin qi</b> is depleted, then <b>the yang qi</b> enters. When <b>the yang qi</b> has entered, then the stomach is not in harmony. .... Now when the qi of wine abounds and is fierce and when the qi of the kidneys is weak the <b>yang qi</b> dominates alone. Hence it is therefore that the hands and the feet are hot.

This text describes the cause and process of the disease *rejue* 热厥 (heat jue-syndrome), which is caused by yin debilitation and excessive heat after drinking alcohol (Fu, 2010, p. 219; Nanjing University of Chinese Medicine, 2011, p. 403; Zhang & Sun, 2005, p. 212, 2008b, p. 245). With alcohol intake, people would feel warm and flushed; thus, alcohol is deemed one of the *warm* drinks in TCM, pertaining to yang. The last sentence also points out that the strong jiuqi (qi of alcohol, which is yang) could harm the qi of the kidney, which has the feature of yin.

When a patient's yinqi is deficient drinking alcohol of yang property would bring excessive yangqi into the stomach, thus causing *jingqi* 精气 (of yin property) deficiency. Therefore,

the first yangqi is not the normal yangqi in the body but the combination of normal yangqi and extra yangqi brought about by alcohol intake, and in the original text the second yangqi was described as dominant. It is necessary to differentiate these two senses of yangqi; otherwise, it would not make sense why drinking alcohol would make “yangqi enter”.

Lu and Unschuld kept the metaphor without any explanation or note, which may make the reader wonder why the yangqi, a normal qi of the human body, would “enter” the body after drinking alcohol. Wu and Li took the strategy of complemented equivalent translation to emphasise that the first yangqi was different from the second. Wu added a whole sentence to explain why a person with yin deficiency who drinks alcohol would experience yangqi excess (as shown in the brackets). Li added “excess” before “yangqi” to remind the reader that the cause of the disease is excessive yangqi, but did not clearly state that its origin was alcohol. Wu normally would not add this much extra information in his translations. In translating TCM into English, especially in the text related to the diagnosis and treatment of disease, it is important to dig into the medical implication of the original and convey it to the readers in a straightforward way, which was achieved by the translations using complemented equivalent translation.

In summary, yinqi and yangqi in TCM text are most often the two opposite components of the body’s qi, in which case the pinyin transliteration functions well. But when they are illness-inducing factors, supplementary information is needed to clarify that they are no longer the normal qi.

*Conceptual metaphor: Body parts are yin or yang.*

*Example 17*

ST



故曰，病在阴之阴者，刺阴之荣俞，病在阳之阳者，刺阳之合，病在阳之阴者，刺阴之经，病在阴之阳者，刺络脉。

#### TTs

Wu	So, when treating the disease of <b>yin in yin</b> , it should prick the <b>Xing points on the yin channel</b> ; when treating the disease of <b>yang in yang</b> , it should prick the <b>He point of the yang channel</b> ; when treating the disease of <b>yin in yang</b> , it should prick the <b>Jing (River) point of the yin channel</b> ; when treating the disease of <b>yang in yin</b> , it should prick the <b>collateral points of the yang channel</b> .
Lu	Therefore, it is said that when disease strikes <b>yin within yin (the disease of five viscera)</b> , <b>the command points, such as spring points and stream points on yin meridians</b> should be employed to treat it. When disease strikes <b>yang within yang (the disease of the skin)</b> , <b>the merging points on the yang meridians</b> should be employed to treat it. When disease strikes <b>yin within yang (the disease of tendons and bones)</b> , <b>the flowing points on the yin meridians</b> should be employed to treat it. When disease strikes <b>yang within yin (the disease of six bowels)</b> , <b>the linking points on yang meridians</b> should be employed to treat it.
Li	That is why it is said that the diseases located in [ <b>the region of</b> ] <b>yin within yin</b> [can be treated by] needling the <b>ying-Spring [Acupoint located on] the yin Channel</b> , the diseases located in [ <b>the region of</b> ] <b>yang within yang</b> [can be treated by] needling the [ <b>Acupoint located on</b> ] <b>the yang Channel</b> , the diseases located in [ <b>the region of</b> ] <b>yin within yang</b> [can be treated by] needling <b>Jing - River [Acupoint located on] the yin Channel</b> , and diseases located in [ <b>the region of</b> ] <b>yang within yin</b> [ can be treated by] needling the Collaterals.
Unschuld	Hence it is said: If the disease is situated in <b>the yin realm of the yin realm</b> , <b>the creek and transport [openings] of the yin [conduits]</b> are to be pierced. If the disease is located in <b>the yang realm of the yang [section]</b> , <b>the confluence [openings] of the yang [conduits]</b> are to be pierced. If the disease is situated in <b>the yin realm of the yang [section]</b> , <b>the stream [openings] of the yin [conduits]</b> are to be pierced. If the disease is situated in <b>the yang realm of the yin realm</b> , the network vessels are to be pierced.

Chinese medicine takes a holistic approach to treating disease. By seeing the human body as a whole, all parts of the body can be analysed in terms of yin and yang, which is further explained in the example above. The inside of the body is considered to be related to yin. Inside the body, the zang-organs are related to yin as their function is to store and the fu-organs are yang as they are supposed to disperse. In comparison, the surface of the body pertains to yang as it is exposed. Among the superficial parts, the sinews and bones are of yin as they are deep under the skin, and the skin is of yang as it is the most external. Following this logic, a needling treatment must be guided by the yin and yang attributes of

the site of the illness (Guo, 2010b, p. 65; Hebei Medical University, 2009, p. 112; Long & Long, 2004, pp. 1400-1401; Nanjing University of Chinese medicine, 2006, p. 71; Zhang & Sun, 2008a, p. 47). In the example above, *yin zhi yin* 阴之阴 means the zang-organs (yin) inside (yin) of the body. An illness at such a location can only be treated by needling the acupoint *xing* of the yin channel. Both yin and yang have different meanings throughout the passage, and understanding the yin and yang of body parts is essential for the readers to fully grasp the treatment based on the yin and yang principle.

All the translations kept the yin and yang throughout the passage. In the original Chinese text, there are two sentences preceding this excerpt, which details the yin and yang property of inside, outside, organs, sinews, bones, and skin. Such information may help readers understand the “yin in/within yin” in the translations by Wu and Li. But still, even with this background information, “yin in yin” or “yin within yin” might be too vague for the reader to comprehend: which yin is within which yin? Lu used brackets after the literal translation “yin within yin” to explain “the disease of five viscera”. Unschuld translated *yin zhi yin* to “the yin realm of the yin realm”, but he added a footnote which reads, “the long-term depots are situated in the yin region of the interior”.

The core information of the example is that the yin and yang nature of the site of the disease guides its treatment: to needle the yin meridian or the yang meridian. When yin and yang have multiple layers of meanings, the complemented equivalent translation adopted by Lu and Unschuld can convey the importance of yin and yang in this context and the meanings of the yin and yang at the same time.

The yin used in organ-related discourse is not always related to the yin and yang differentiation relevant to diagnosis and treatment. It can be used as a euphemism for

reproductive organs, especially the external sex organs, called *waiyin* 外阴 (external yin) in modern Chinese, or body parts related to urination and excrement (see examples 18 and 19).

*Example 18*

ST

汗家，重发汗，必恍惚心乱，小便已阴疼，与禹余粮丸。

TTs

Mitchell	[When] a person who suffers from excessive sweating is again made to sweat, there will be abstraction and derangement and <b>yin pain after urination</b> . Give Limonite Pill (yu yu liang wan).
Luo	Diaphoretic is prohibited for those who have frequent perspiration. In case diaphoresis is adopted, the patient will become restless and illusive. <b>After passing urine, he suffers a urodynia</b> . Limonium Pills are suitable in this case.
Liu	If sweating is promoted again in the patient who frequently suffers from sweating, there will be absentmindedness and <b>pain in the outer genital organs after urination</b> . Limonitum Pill (yu yu liang wan) might be prescribed.
Li	[Patient with] frequent sweating [treated by] diaphoresis will [suffer from] derangement and <b>urodynia after urination</b> . [It can be] treated by Yuyuliang Pill (禹余粮丸, limonite pill).

The yin used in organ-related discourse is not always related to the yin and yang differentiation in diagnosis and treatment. It can be used as a euphemism for reproductive organs. The example above points out that promoting sweating among patients who perspires easily can cause *yinteng* 阴疼 (urinary tract pain) after urination (Hao, 2008, p. 71; Li, 2010, p. 104; Nanjing University of Chinese Medicine & Chen, 2010, p. 464). The *yin* is a euphemism for the urinary tract, the channel by which urine is discharged. Heavy sweating will lead to the loss of fluids, and the urinary tract subsequently becomes dry, leading to pain when urine flows through the tract.

Character-by-character translation of yinteng as yin pain, as seen in Mitchell’s translation, does not convey the contextual meaning of this term. Luo and Li used direct narrative equivalence by replacing yinteng with urodynia, a modern medical term. One small difference is that yinteng indicates the location of the pain accompanying urination: yin, urinary tract. Nevertheless, they have similar meanings and can deliver the message effectively. Liu also removed the metaphor, but he mistranslated the meaning of yin, which should be the urinary tract instead of the “outer genital organs”.

*Example 19*

**ST**

厥阴之厥，则少腹肿痛，腹胀泾澀不利，好卧屈膝，阴缩肿，骭内热。

**TTs**

<b>Wu</b>	The jue-disease of the Jueyin Channel causes one to have swelling and pain of the lower abdomen, fullness and distention of the abdomen, dysuria, the desire of curling up when lying, atrophy of the <b>external genitals</b> and hotness on the inner side of the shanks.
<b>Lu</b>	The upstream disease of the decreasing yin meridian will give rise to swollen lower abdomen with pain, abdominal pain, diminished urination, and prone to lying down, bent knees, shrinking and swelling of <b>the sex organs</b> , hot sensations inside the tibia (the six meridians of foot have been discussed so far).
<b>Li</b>	Jue [Syndrome] of Jueyin is characterized by lower abdominal swelling and pain, abdominal distension, unsmooth urination and defecation, preference to lie down with the knees bent, swelling and shrinkage of the genitals and feverish ness over the inner side of the legs.
<b>Unschuld</b>	Recession in the ceasing yin [conduit] results in [the following:] the lower abdomen is swollen and has pain, abdominal distension; the jing and the urine do not pass freely. [Patients] like to lie down with their knees bent. The yin (i.e., the sexual organ) is shrunk and swollen. The shins are hot at their inner side.

Used euphemistically, yin or yang can indicate the sex organs, as shown in the example above, which lists the clinical symptoms of *jue* 厥 (reversing qi) of the Foot Jueyin Channel<sup>32</sup>,

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<sup>32</sup> In TCM theory, Foot Jueyin Channel is one of the principle meridian channels of the human body. The translation of channel names containing yin or yang is not within the scope of this study.

followed by its corresponding treatment. One of the symptoms is *yin suo zhong* 阴缩肿, which means penis shrinkage and scrotal swelling (Fu, 2010, p. 220; Wang, 2004, p. 292; Zhang & Sun, 2005, p. 213, 2008b, p. 246). The two parts are external reproductive organs that pertain to yin, so yin in this context serves as a euphemism for both.

Wu, Lu, and Li removed the yin and translated the meaning of the euphemism directly. Unschuld kept the yin but used a bracket to clarify that yin indicated the sexual organs. Although all the translations tried to express the contextual meaning of yin, their renditions vary. As explained in the last paragraph, yin here does not represent all the sex organs but only the penis and scrotum. This aspect was not clearly stated in any of the translations. Moreover, saying the sex organ is shrunk and swollen, as shown in the translations by Lu, Li, and Unschuld, seems to be contradictory as “shrunk” and “swollen” are opposite statuses of an organ. Wu, as a practitioner, translating *yin suo zhong* as “atrophy of the external genitals”, which omits the *zhong* (swelling) of the scrotum.

The two examples above show that translators, regardless of their backgrounds, tend to translate the contextual meaning of euphemisms that simply use yin and yang. Euphemism serves as a polite way to discuss sensitive topics, such as the diseases and sex organs, a strategy found across cultures (Goatly, 1997, p. 159). But using yin and yang to indicate reproductive organs is itself culturally specific, and doing so will usually be ineffective in conveying health-related information in diagnosis or treatment discourse. Such metaphors can be removed by using direct narrative equivalence, to avoid misunderstanding among readers of other cultures.

*Conceptual metaphor: Meridians are yin or yang.*

*Example 20*

ST

夫阴与阳，皆有俞会，阳注于阴，阴满之外。

TTs

<b>Wu</b>	Both the <b>yin channels</b> and the <b>yang channels</b> are having the shu-points for infusing and joining each other. When <b>the energy and blood of the yang channel</b> is transfused into the <b>yin channel the energy and blood in the yin channel</b> will be filled up and flow to elsewhere of the body.
<b>Lu</b>	Both <b>yin and yang meridians</b> have their flowing points and meeting points. <b>Yang energy</b> flows into <b>internal region</b> , and <b>yin energy</b> flows into the superficial region.
<b>Li</b>	Both <b>yin [Channels]</b> and <b>yang [Channels]</b> have Acupoints and converging places [of Channel-qi]. <b>[Blood and Qi in] the yang [Channels]</b> infuse into the <b>yin [Channels]</b> . When <b>[blood and Qi in] the yin [Channels]</b> are full, [they] flow into the external.
<b>Unschuld</b>	Now, <b>yin [conduits]</b> and <b>yang [conduits]</b> , they all have transporters and meeting points. When the <b>yang [qi]</b> pours into the <b>yin [conduits]</b> , then] the <b>yin [conduits]</b> are full [and the qi] moves to the outside.

In TCM, the meridian system consists of meridian channels and collaterals, and acupuncture points are situated along the twelve principal meridian channels and eight extraordinary meridian channels (Gao, 2013, p. 231). The twelve principal meridian channels are divided into yin and yang groups. In this example, the literal translation of the first sentence is “both yin and yang have acupoints and converging places”, so the yin and yin indicate the yin and yang meridian channels. It continues to explain that yin and yang meridians are connected by the acupoints and converging places, by which the blood and qi in the yang meridian will flow into the yin meridian and then to other parts of the body (Fu, 2010, p. 287; Long & Long, 2004, p. 789; Nanjing University of Chinese Medicine, 2011, p. 527; Zhang & Sun, 2005, p. 281). Disrupting this status will lead to illness. The first pair of yin and yang and the second yin mean the yin and yang meridians, while the second yang and third yin indicate blood and qi flowing in the yin or yang meridian.

For the first pair of yin and yang, all the translations took the strategy of complemented equivalent translation to specify this is about the meridian channels, by adding channels,

meridians, or conduits. In the translations of Wu and Lu, both TCM practitioners, “meridians” and “channels” are added after yin and yang to clarify the contextual meaning of yin and yang. Li and Unschuld, both non-practitioner translators, added square brackets to signal to the reader that channels or conduits are not mentioned in the original text. For the second yin, which also indicates the yin meridian, Wu, Li and Unschuld treated it in the same way as the first pair. But Lu translated it as “internal region”, which is a mistranslation.

For the second yang and third yin, indicating the blood and qi flowing in the yin or yang meridians, all translators adopted complemented equivalent translation by specifying their contextual meaning. But the information they used to supplement the yin and yang varies. Lu and Unschuld added “energy” and “qi”. But according to TCM theory (Gao, 2013, p. 231), it is blood and qi circulating in the meridian system, as is correctly conveyed by Wu and Li’s translation.

In this example related to the meridians, yin and yang have two meanings. The strategy of complemented equivalent translation, adopted by all the translators, can differentiate the two meanings and effectively convey their contextual meanings to the readers.

*Conceptual metaphor: Medicinals are yin or yang.*

*Example 21*

ST

气味，辛甘发散为阳，酸苦涌泄为阴。阴胜则阳病。

TTs

Wu

In the tastes of **yin and yang**; the tastes of acrid and sweet have the functions of dispersing (sweet for moderating and acrid with sweet for dispersing), they associates with **yang**. The tastes of bitter and sour have the function of causing vomit and diarrhea (bitter for diarrhea, sour for astringency, and sour with bitter for vomiting and discharging), they associate with **yin**. The yin and yang within a human body must always be kept in balance. **The overabundance of yin will cause yang diseases.**

<b>Lu</b>	With respect to energy and flavors, both pungent and sweet are <b>yang</b> , because pungent disperses and sweet moves in four directions from the center; both sour and bitter are <b>yin</b> , because sour constricts and bitter secretes. <b>When yin predominates, yang will be diseased.</b>
<b>Li</b>	In terms of flavors, pungent and sweet flavors pertain to <b>yang</b> because they disperse, [while] sour and bitter flavors belong to <b>yin</b> [because they] induce vomiting and purgation. <b>Predominance of yin results in the disease of yang.</b>
<b>Unschuld</b>	Qi and flavor: acrid [flavor] and sweet [flavor] are effused and disperse and are <b>yang</b> , sour [flavor] and bitter [flavor] cause gushing up and outflow and are <b>yin</b> . <b>When yin dominates, then the yang is ill.</b>

The yin and yang terms have also been applied to summarising the nature and flavour of the materials used in Chinese materia medica, and this becomes the guiding principle in formulating prescriptions in clinical use. A TCM medicinal's usage is generally decided by its property, flavour, and tendency to ascend, descend, float or sink, and all these features pertain to either yin or yang. By mastering the attributes of the materials used in TCM, practitioners can select the appropriate ones after clarifying the treatment principle and method, thus ensuring a satisfactory result.

The example above presents the grouping of drugs based on their flavours and the consequences of taking an overdose of one type of drug (Long & Long, 2004, p. 81; Nanjing University of Chinese Medicine, 2011, p. 51; Wang, 2004, p. 32; Zhang & Sun, 2008b, p. 38). All the flavours of TCM ingredients can be further divided into yin and yang groups. As the ingredients with a pungent or sweet flavour are dispersed in the body, which is related to *up*, they are thus associated with yang; meanwhile, the ones with sour or bitter flavours are purgative, which is related to *down*, thus associated with yin. Taking these medications is meant to strengthen yin or yang, and the overuse of either yin- or yang-associated drugs will cause the imbalance of yin and yang of the body and eventually leads to an illness of the opposite type. It can be inferred from the context that the yin and yang pairs in the two sentences denote different things.



Wu explained the specific features of sweet and acrid in brackets, which are not mentioned in the original text, but are taken from a translation of Bing Wang’s annotation. The subject-predicate mismatch (saying “they associates with yang”) shows that Wu, a TCM practitioner, was not as careful with grammar as translators with a linguistic background.

Unschuld used character-by-character translation, which might be acceptable if the following sentence did not use yin and yang to denote a different thing. His following line reads, “When yin dominates, then the yang is ill”, where the meaning does not align with the previous line, which says that acrid and sweet is yang, and sour and bitter are yin. Wu, Lu, and Li added “disease” after yin and yang to clarify that this line was about the cause of yang and yin disease, that is, is the predominance of yin or yang due the overuse of yin- or yang-associated drugs.

In the context of using yin and yang to classify the flavour of TCM ingredients and the role this plays in other yin and yang guided diagnosis and treatment, it is necessary to specify what each yin or yang represents, if readers are to understand how and what to prescribe to achieve satisfactory results.

*Conceptual metaphor: Pulse is yin or yang.*

*Example 22*

**ST**

脉有阴阳，知阳者知阴，知阴者知阳。凡阳有五，五五二十五阳。

**TTs**

**Wu**

The pulse of **yin** and **yang** may be divided into position of **yin** for **yang** (such as floating, deep, slow or rapid pulse) and belonging to the yin or yang viscera (such as belonging to the solid organs or the hollow organs). Although the yin and yang pulse are different yet they should be integrated and be kept consistent anywhere, and they must be in equilibrium. If one of the yin and yang being abnormal, the other one will be out of order, if yang being over-abundant, then yin must be in debility, and if yin being over-abundant, then yang must be in debility. **Thus, when one knows the condition of yin, one can also know the condition of yang, and when one knows the condition of yang, he can also know the**

**condition of yin.** In each of the five solid organs (heart, liver, spleen, lung and kidney), there is the **yang** pulse for moderating. The pulses of the five solid organs correspond to the four seasons, and in each corresponding season occurs the pulse of its own with moderating stomach energy. At the same time, in the other solid organs occur concurrently the pulse condition of the solid organs corresponds to the relevant season, such as in spring, the liver pulse is slightly wiry, and in the four solid organs of heart, spleen, lung and kidney also occur the moderating stomach pulse which are slightly wiry. Thus, there are five solid organs, and each of them has five different pulses in the different five seasons, and five times five are the twenty five **yang** pulses.

**Lu** There is a distinction between **yin** pulse and **yang** pulse, but one will know about **yin** pulse from **yang** pulse, and vice versa. Five viscera have their respective yang energy. **Yang** energy of each viscus also contains yang energy of five viscera, and thus, there are, all in all, twenty five kinds of **yang** energy.

**Li** The pulse is either of yin or of yang [in nature]. If one knows what is **yin** pulse, he surely knows what is **yang** pulse, and vice versa. There are five kinds of **yang** pulse. Altogether there are twenty-five kinds of **yang** pulse.

**Unschuld** If one knows the **yin** [nature of a movement], one [also] knows the **yang** [nature of a movement]. Altogether, there are five **yang** [movements in the vessels]. Five times five results in 25 yang [movements].

This example stresses the importance of determining the nature of the pulse, whether it is of yin or yang, in diagnosis and prognosis. As yin and yang were repeated several times in the passage, they can be difficult to fully comprehend. Thus, in the course of *Suwen's* distribution, TCM experts like Jiebin Zhang and Shishi Gao<sup>33</sup> have commented that the first yang means the yangqi of five zang-organs, and each of these five yangqi has various characteristics in five periods (spring, summer, long summer, autumn and winter). Their comments are widely accepted (Fu, 2010, pp. 42-43; Long & Long, 2004, p. 115; Nanjing University of Chinese Medicine, 2011, pp. 79-80; Wang, 2004, pp. 52-53).

All the translators took the strategy of complemented equivalent translation. The yin and yang were kept, but the extra information they have provided is different. Wu, a TCM practitioner, added an explanation in great detail. He has combined his interpretation with

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<sup>33</sup> Jiebin Zhang (1563-1640), also known as Jingyue Zhang, was a physician active in the Ming dynasty (1368-1644). He is one of the most prominent TCM masters in history, famous for his profound knowledge of acupuncture theory. Shishi Gao, also called Shizong Gao, was another master in the Qing dynasty (1644-1912).

the comments of Jiebin Zhang and Shishi Gao. Wu's translation has 257 words, much longer than the source text, which consists of only 29 characters. He listed all the pulses related to the five zang-organs. Although wordiness and grammatical errors may negatively impact the readability, his explanation appears to be comprehensive.

Lu added “pulse” after each yin and yang to highlight the topic of this passage. Unschuld translated *mai* 脉 as “the movements in the vessel”. According to the Dictionary of Common Classical Chinese (Wang et al., 2016), *mai* meant pulse in ancient medical examination, as used in the *Shiji*<sup>34</sup> (The Book of History). The first sense of *mai* is a blood vessel. Although the translator does seem to be aware that the contextual meaning of the *mai* is not blood vessel, thus adding “the movement”, nevertheless, the significance of differentiating yin and yang pulses during diagnosis is lost in the translation: “if one knows the yang [nature of a movement], one [also] knows the yin [nature of a movement]”.

The concept of yin and yang pulses is fundamental to theories of diagnosis and treatment (Gao, 2013, p. 36). As yin and yang are some of the most frequently used metaphors in TCM discourse, adding *pulse* after yin or yang is a necessary step to avoid misunderstanding. Depending on the purpose of the translation, a further explanation for the two metaphorical terms is optional. A lengthy account of the nature of yin and yang pulses may reduce readability, but it can help TCM learners better understand the text.

### *Example 23*

#### ST

谨熟阴阳，无与众谋。所谓阴阳者，去者为阴，至者为阳；静者为阴，动者为阳；迟者为阴，数者为阳。

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<sup>34</sup> The *Shiji* was written by Qian Sima in 90s BCE.

TTs

<p><b>Wu</b></p>	<p>When one knows well the principles of <b>yin</b> and <b>yang</b> and the <b>yin, yang</b> in the pulse, he can determine the proper treatment in the clinic without consulting others. In distinguishing the <b>yin, yang</b> from the pulse condition, all the going, calm and slow pulses belong to <b>yin</b>, and all the coming, mobile and rapid pulses belong to <b>yang</b>.</p>
<p><b>Lu</b></p>	<p>Accurate diagnosis may be made by mastering <b>yin</b> pulses and <b>yang</b> pulses without consultation with others. The nature of <b>yin</b> pulses and <b>yang</b> pulses is such that <b>yin</b> pulse is departing, <b>yang</b> pulse is arriving, <b>yin</b> pulse is quiet, <b>yang</b> pulse is in motion, <b>yin</b> pulse is slow, <b>yang</b> pulse is quick.</p>
<p><b>Li</b></p>	<p>Being experienced [in differentiating] <b>yin</b> and <b>yang</b> [pulses] [enables one to treat diseases] independently. The <b>yin</b> and <b>yang</b> [pulses can be defined in this way] the receding [pulse] is <b>yin</b> and the coming [pulse] is <b>yang</b> the quiet [pulse] is <b>yin</b> while the throbbing [pulse] is <b>yang</b>; the slow [pulse] is <b>yin</b> while the rapid [pulse] is <b>yang</b>.</p>
<p><b>Unschuld</b></p>	<p>One should take care to become familiar with <b>yin</b> and <b>yang</b> and one must not develop [therapeutic] schemes in the same way as ordinary [practitioners]. {As for the so-called <b>yin</b> and <b>yang</b> [associations], that which leaves is <b>yin</b>; that which arrives is <b>yang</b>. That which is quiet is <b>yin</b>; that which moves is <b>yang</b>. That which is retarded is <b>yin</b>; that which is frequent is <b>yang</b>.}</p>

In pulse examination, yin and yang are also used to categorise the attributes of pulsation felt close to the skin's surface. This example stresses the importance of yin and yang differentiation in diagnosis and lists several types of pulsation according to their relation to yin or yang (Fu, 2010, p. 43; Nanjing University of Chinese Medicine, 2011, p. 80; Shandong University of Traditional Chinese Medicine & Hebei Medical University, 2009, p. 125; Zhang & Sun, 2005). A firm grip of the yin or yang nature of the pulse is essential in disease differentiation. Although “pulse” is not mentioned in the source text, it is implied by *shuo* rapid, *chi* slow and other words, which in TCM are exclusively used when describing the pulse.

All translations have kept the yin and yang metaphor. Wu, Lu, and Li added “pulse” to specify that this passage talks about manifestations of the pulse. Unschuld also added supplementary information in the brackets, although it is not about pulse. And he translated *chi* 迟 as “retarded”, and *retarded* is defined as “less advanced in mental, physical, or social

development than is usual for one's age" by the ODE (Stevenson & Oxford University Press, 2011), which can hardly be linked to the description of a pulsation rate. Saying "That which is retarded is yin; that which is frequent is yang" might cause confusion as to why retarded is used as the opposite of frequent.

*Example 24*

**ST**

风温为病，脉阴阳俱浮，自汗出，身重，多眠睡，鼻息必鼾，语言难出。

**TTs**

<b>Mitchell</b>	[When] wind-warmth causes disease, <b>the yin and yang pulses</b> are both floating, [there is] spontaneous sweating, generalised heaviness, a tendency to sleep, the breath [from the] nose will [make a] snoring [sound], and speech is difficult
<b>Luo</b>	... it is termed acute febrile disease caused by Wind (Fengwen), which bears the symptoms and signs of floating pulse <b>at yin and yang</b> , perspiration, a heavy feeling in the movement of the limbs, a tendency to fall asleep and snore soundly, and difficulty in pronunciation.
<b>Liu</b>	The manifestations of wind-warmth are a floating pulse <b>on the distal position and proximal position</b> , spontaneous sweating, general heaviness, somnolence stertorous breathing and difficulty speaking.
<b>Li</b>	The disease caused by wind-warmth [is characterised by] floating pulse of <b>both yin and yang (chi pulse and cun pulse)</b> , spontaneous sweating, heaviness of the body, insomnia, snoring sound [in sleep] and difficulty in speech.

Yin and yang can also denote the sites on the wrist where the pulse is felt. This example explains the symptoms of the disease *wenbing* 温病 (febrile disease, a disease characterised by fever), and how its mistreatment will result in progression to the disease *fengwen* 风温 (anemogenous febrile disease) (Guo & Zhang, 1996, p. 10, 2012, pp. 6-7; Hao, 2008, p. 29; Liu, 2008, pp. 26-27). Among the symptoms of anemogenous febrile disease, one is that the pulse presents as floating at both *yin* and *yang*, which here refers to the chi and cun positions on the wrist, the two main sites used by doctors to feel the pulse.

Unlike Luo, who retained yin and yang without explanation, Mitchell and Li adopted the strategy of complemented equivalent translation; Mitchell, for example, added *pulse* after yin and yang. But previous examples have already shown that yin and yang in pulse can indicate many things. Li explained, in brackets after yin and yang, that they refer to chi pulse and cun pulse. Liu, a practitioner, removed the metaphor and his translation directly mentions the sites on the wrist. Distal position and proximal position used to be the English translation of cun and chi, but both the WHO and WFTCM have now adopted the pinyin transliteration in their official guide for TCM terminology in English.

This section has examined the uses, in the *Neijing* and *Shanghan Lun*, of yin and yang related metaphors as they relate to diagnosis and treatment; all of them are indirect metaphors. They are used to explain pathogenesis, body parts, medicinal attributes, meridians, and pulse characteristics. These functions of yin and yang are closely linked with each other in each step of diagnosis and treatment. The different but interdependent usages of yin and yang must be made clear if readers are to grasp the logic of the source text.

Complemented equivalent translation was the strategy taken by translators to effectively deliver, in most cases, health-related information to the readers. Yin and yang are retained, and their contextual meaning is usually specified by adding the topic words in translation to help readers quickly understand which sense of yin or yang is being used.

When yin or yang was used as a euphemism in sex-related content, it usually applied to a culturally specific metaphor not crucial to the differentiation of yin and yang. Thus substitution with explicit medical terms can more effectively convey health-related information, and this is the strategy taken by translators who are also practitioners.

The comparison of translations in this section has also shown that a translator's background greatly impacts their preferences. Translators of Chinese background have a better

understanding of yin and yang in the original text and seldom misinterpret the message they carry. Further, translators who are also TCM practitioners tend to expand the content, possibly drawing from their own experience, which can be helpful for non-Chinese speaking TCM learners.

### 6.2.2 War

In TCM, diseases are often presented in war-related expressions based on the conceptual metaphor “Disease is war” to describe the origin and the course of the diseases.

*Conceptual metaphor: Disease is war.*

*Example 25*

ST

火气虽微，内攻有力，焦骨伤筋，血难复也。

TTs

<b>Mitchell</b>	Although the fire qi is mild it <b>attacks</b> the interior forcefully, parching the bones and damaging the sinews; and [one knows) the blood is difficult to restore.
<b>Luo</b>	Although the fire of moxibustion is not very strong, it is forcibly <b>destructive</b> to the Interior and harmful to bones and tendons. When the Blood is hurt, recovery is difficult.
<b>Liu</b>	Although the fire from moxibustion is mild, it can fiercely <b>attack</b> the interior, scorching the bones and injuring the sinews, making it difficult for blood to recover.
<b>Li</b>	[Though] fire [from moxibustion] is not strong, [but it] can strongly <b>attack</b> the internal, scorching the bones, injuring the sinews and making it difficult to smooth [the circulation of] the blood.

This example states that a patient with a feeble pulse should not receive moxibustion; otherwise, the fire brought by the moxibustion would become a pathogenic factor and “attack” the body (Hao, 2008, p. 134; Li, 2010, p. 120; Liu, 2008, p. 126; Nanjing University of Chinese Medicine & Chen, 2010, p. 529). The word *gong* 攻 literally means “to attack”, as in one army attacking another on the battlefield. In TCM, it has three main layers of meaning: external pathogenic factors can “attack/affect” the human body to cause illness, doctors can

“attack/treat” the illness, and strong medications can “attack/cleanse” the toxins in the body. The first meaning was used in this example and is also used by modern medicine, for example, to describe the flu infection as “an enemy invader” (Fuks, 2010, p. 61). So, this meaning of gong could be understood by Western readers.

Mitchell, Liu, and Li used the strategy of equivalent mapping by literally translating gong as “attack”, while Luo discarded the metaphor and translated it as “is destructive”. According to Oxford Dictionary of English (Stevenson & Oxford University Press, 2011), *destructive* refers to “causing great and irreparable harm or damage”, as in “destructive weapons”, while the contextual meaning of gong in the example is “to affect”. Since this meaning of gong can be understood across cultures, equivalent mapping should suffice.

#### Example 26

#### ST

其外不解者，尚未可攻，当先解其外；外解已，但少腹急结者，乃可攻之，宜桃核承气汤方。

#### TTs

<p><b>Mitchell</b></p>	<p>If the exterior has not been resolved, [one should] not yet <b>attack</b>, [but] should first resolve the exterior. When the exterior has been resolved and [there is] only tense bound lesser abdomen, [one can <b>attack</b> and therefore, Peach Kernel Qi-coordinating Decoction (tao he cheng gi tang) is appropriate.</p>
<p><b>Luo</b></p>	<p>A <b>purgative</b> cannot be adopted before the Exterior syndrome is dispersed. After dispersion of the Exterior syndrome, if the patient feels tight and painful in abdomen below the umbilicus, a <b>purgative</b>, Decoction of Semen Persicae Chengqi, can be used.</p>
<p><b>Liu</b></p>	<p>If there is an exterior syndrome that has not resolved, it is too early to <b>purge</b> the interior syndrome. One should first relieve the exterior syndrome. After resolving the exterior syndrome, if there is a tight sensation in the lower abdomen, this is the time to <b>purge</b> the interior syndrome, and Peach Pit Decoction to Order the Qi (tao he cheng gi tang) is appropriate.</p>
<p><b>Li</b></p>	<p>[If] the external [syndrome/pattern] is not eliminated and [it is not the time] to <b>purge</b> the internal, the external [syndrome/pattern] should be relieved first. [If] the external [syndrome/pattern] is already eliminated but [there is still] lower abdominal spasm, [it] can [be treated by] Taohe Chengqi Decoction (桃核承气汤, peach kernel decoction for harmonizing qi) for <b>purgation</b>.</p>



Although war-related descriptions in healthcare discourse have been found in different cultures (see Fuks, 2010; Harrington, 2012; Semino et al., 2017; Zhang, 2022), and will seemingly not cause much trouble in translation, there are exceptions. For example, the third meaning of gong as using strong medications to “attack/cleanse” the toxin in the body is the name of a specific treating method in TCM, as shown by the gong in the example above. It discusses the right time to apply the *taohe chengqi tang* 桃核承气汤 (peach kernel decoction for harmonising qi), a purgative prescription. It can be only applied after the exterior symptoms have been resolved, and there is only a tight sensation in the abdomen (Hao, 2008, p. 178; Li, 2010, p. 108; Liu, 2008, p. 94; Nanjing University of Chinese Medicine & Chen, 2010, p. 483)

Among all the translators, only Mitchell kept the metaphor. Although the connotation of gong in this war metaphor can be understood across cultures (as discussed in Section 5.4.2), if the translator always translates gong as “attack”, the readers might never know that gong has a specific meaning as a purgative treatment, which is different than when it is used to mean “to affect” or “to treat”. The other three translators adopted the strategy of direct narrative equivalence, to directly express the contextual meaning by using the word “purge” in different forms. This better conveys the message that the *taohe chengqi tang* is purgative and should be used at the right time.

From the analysis above, it can be seen that the strategy of equivalent mapping could be adopted when the war-related metaphor is not a specific term in TCM; otherwise, direct narrative equivalence can better deliver the health-related information to the Western readers.

### 6.2.3 Five Phases

In the specialised corpus, three conceptual metaphors were found that illustrate and explain the relationships between organs, emotions, and flavours as constituting the basis of diagnosis and treatments to restore the natural cycle:

- Five zang-organs are five phases.
- Five emotions are five phases.
- Five flavours are five phases.

The translation of these conceptual metaphors is instantiated by their linguistic metaphors.

*Conceptual metaphor: Five zang-organs are five phases.*

*Example 27*

ST

清气大来，燥之胜也，风木受邪，肝病生焉。

TTs

<b>Wu</b>	When the cool energy comes in large scale, the dryness energy will be partial overabundant <b>to injure the wind wood energy, and the liver disease will occur.</b>
<b>Lu</b>	When cool energy arrives on a large scale, it signifies the victory of dryness, which means that <b>wind and wood will be under attack and the disease of the liver is about to occur.</b>
<b>Li</b>	[When] Qingqi [Cool-Qi] is spreading, Dryness is in domination, <b>Wind-Wood is attacked and liver disease is caused.</b>
<b>Unschuld</b>	When cool qi arrives massively, that is a domination of dryness [qi]. <b>Wind and wood receive evil [qi]. Liver diseases emerge from this.</b>

This example is concerned with how to make the right diagnosis when the pathogenic factor *zao* 燥 is dominant (Fu, 2010, p. 450; Nanjing University of Chinese Medicine, 2011, p. 791; Wang, 2004, p. 206; Zhang & Sun, 2008b, p. 579). The larger context is a discussion of the illnesses caused by the six pathogenic factors. Based on the five-phase theory, dryness corresponds to the metal which suppresses the wood, which corresponds to the liver. When

the cool qi comes, it can bring about dryness and excessive dryness can lead to liver disease. The whole diagnosing process depends on a knowledge of the five phases: how they nurture and suppress each other. Thus the metaphors related to the five phases are culturally specific. Wu, Lu and Li used equivalent mapping without any explanatory notes. Although one can argue that at least the form of the original text remains, this strategy can be problematic in this context. Without a knowledge of the corresponding relations between the five zang-organs and the five phases, a translation without explanation might confuse readers as to why the cool qi will eventually cause liver disease.

Unschuld supplemented his direct translation by adding a footnote, which is a translation from Shishi Gao's comment on the source text. The comment states, "When coolness qi arrives massively, this is a domination of dryness and metal. Metal punishes wood, [i.e., all that is associated with] wind and wood receive evil [qi]. Hence liver diseases emerge" (Unschuld et al., 2011, p. 609). This note explains why the liver will be diseased when the wind-wood is attacked by the pathogenic dryness originating from the cool qi.

*Conceptual metaphor: Five emotions are five phases.*

*Example 28*

**ST**

喜伤心，恐胜喜。

**TTs**

<b>Wu</b>	Excessive overjoy may <b>hurt</b> the heart, but terror can <b>overcome</b> the overjoy (terror is the emotion of kidney, and water can restrict the fire).
<b>Lu</b>	Joy is <b>harmful</b> to the heart. Fear <b>overcomes</b> joy.
<b>Li</b>	[Excessive] joy <b>impairs</b> the heart while fear <b>dominates</b> over joy.
<b>Unschuld</b>	[If] joy [ <b>causes harm</b> , it] harms the heart; fear <b>dominates</b> joy.

This example states that if overjoy has impaired the heart, fear can overcome the harmful overjoy (Fu, 2010, p. 31; Nanjing University of Chinese Medicine, 2011, p. 55; Wang, 2004, p. 36; Zhang & Sun, 2008b, p. 31). According to the five-phase theory, the five emotions correspond to the five zang-organs. When these emotions become abnormally strong, the related organ will be diseased. As both joy and heart belong to the fire, overjoy will damage the heart. The treatment is prescribed based on the suppressing relations between the five phases. As water-related fear suppresses fire-related joy, making someone ravished with joy feel fearful can help calm them down.

The nourishing and suppressing relations included in the five-phase theory are fundamental in TCM. To help convey these inter-relationships, the four translations also adopted equivalent mapping. They used similar words: joy hurt/harm/impair the heart, but it can be overcome/dominated by fear.

The translators complemented their direct translation in different ways. Wu used round brackets to remind the reader of the relationship between fear and the kidney and the suppressing relationship between water and fire. Lu added a footnote to tell the reader why excessive joy can harm the heart. Although he did not mention the five-phase theory, he did use a chart to list many of the relationships that have been derived from the five-phase theory. This chart provides an overview for the readers, to help them better understand how theory informs diagnosis and treatment. Among the four translators, Lu, a TCM practitioner, is the only one who provided summarising charts to help the reader see the full picture.

Unschuld and Li did not explain this particular line. But Unschuld has added footnotes to texts immediately before this one, that explain the logic behind similar statements. Li, however, did not explain the five-phase theory anywhere in the chapter from which this line was taken.

*Conceptual metaphor: Five flavours are five phases.*

*Example 29*

ST

夫五味入胃，各归所喜，故酸先入肝，苦先入心，甘先入脾，辛先入肺，咸先入肾，久而增气，物化之常也。

Wu

When the five-taste enters into the stomach, it goes first to the viscus which it delights: **the sour taste enters into the liver first, the bitter taste enters into the heart first, the sweet taste enters into the spleen first, the acrid taste enters into the lung first, and the salty taste enters into the kidney first.** When the accumulation is protracted, the energy of the due viscus will be promoted.

Lu

After five flavors enter the stomach, they travel along separate routes according to their liking. **Thus, sour enters the liver first, bitter enters the heart first, sweet enters the spleen first, pungent enters the lungs first, and salty enters the kidney first.** As time goes on, energy of viscera will increase, which is the normal pattern of transformation of things.

Li

[When] taken into the stomach, the five flavors enter [the organs that they] like respectively. **So sour [flavor] enters the liver first; bitter [flavor] enters the heart first; sweet [flavor] enters the spleen first; pungent [flavor] enters the lung first; salty [flavor] enters the kidney first.** [After getting into the viscera concerned for a] long time, [the five flavors can] increase Qi [of the viscera]. [This is] the usual way to transform things.

Unschuld

Now, the five flavors enter the stomach, [whence] each of them turns to its preferred [depot]. **Hence sour [flavor] first enters the liver; bitter [flavor] first enters the heart; sweet [flavor] first enters the spleen; acrid [flavor] first enters the lung; salty [flavor] first enters the kidneys.** If [one flavor is consumed] over an extended period, thereby increasing [its particular] qi, this is a regularity in the transformation of things.

This example discusses the relationships between the five flavours of medicinals and the five zang-organs. This knowledge is of great importance for prescribing the correct ingredients for different disease patterns (Fu, 2010, p. 461; Nanjing University of Chinese Medicine, 2011, p. 804; Wang, 2004, p. 608; Zhang & Sun, 2008b, p. 31). These relationships are also summarised based on the five-phase theory: sour corresponds to the liver, bitter corresponds to the heart, sweet corresponds to the spleen, pungent corresponds to the lungs, and salty corresponds to the kidneys.

All translators adopted equivalent mapping without explanation, similar to that of the two previous examples. Although the statements are straightforward and would not cause misunderstanding, a full understanding depends on readers' knowledge of the five phases. Otherwise, for example, a reader might ask why a flavour would "enter" a specific zang-organ.

One point worth noting is that, in example 1, Li translated heart, liver, spleen, lungs, and kidneys as zang-organs, but in this example, he used viscera. This change might make the reader wonder why sometimes the solid organs are called viscera and othertimes, zang-organs. Although Unschuld used the less frequently encountered "depot", at least, throughout his own book, he consistently translated zang-organs as depot. Consistency can help the reader recognise the connection between the content of different chapters, especially with regard to the use of metaphorical terms (Song, 2013).

By comparing the translation of the five phases in various contexts, it can be seen that equivalent mapping is the main strategy of all translators, regardless of their backgrounds. As five-phase theory is fundamental in TCM, many diagnosing opinions or treatment plans will make little sense if this structural metaphor is omitted in translation. The health-related knowledge is embedded in the circular summary diagram of the inter-relationships of the five phases. In example 28, without the knowledge that water suppresses fire, it is impossible to understand why fear can overcome overjoy. Although the translations might still be hard to comprehend, readers who are interested in or learning TCM must really learn about the relationships between the five phases, and this knowledge will help them comprehend many additional concepts.

### 6.3 Translation of Orientational Metaphors

Orientational metaphors refer to the metaphorical concepts that are organised with reference to spatial orientations such as up-down, exterior-interior, front-back, left-right, and so on. They can be directly experienced because of our ability to see and hear (Lakoff & Johnson, 1980b). In the specialised corpus, this type of direct experience becomes the basis for understanding abstract concepts such as bodily locations, symptoms, treatment, quality, and sometimes for descriptions related to private parts. Linguistic metaphors are used as examples to discuss the translation of the conceptual metaphors.

#### 6.3.1 Exterior and Interior

*Conceptual metaphor: Symptoms are exterior or interior.*

*Example 30*

ST

伤寒大下后，复发汗，心下痞，恶寒者，表未解也。不可攻痞，当先解表，表解乃可攻痞。

TTs

Mitchell

When in cold damage, after great precipitation has been used, sweating is then promoted, and [as a result there is] a glomus below the heart and aversion to cold, this means that **the exterior** has not yet been resolved. One cannot attack the glomus, but should first resolve the **exterior** and [after the **exterior** is resolved, then one can attack the glomus.

Luo

After an acute purgative has been used, diaphoresis is adopted again. Consequently the patient gets chills and has Vital-energy Stagnancy at the epigastrium. This indicates that the **Exterior syndrome** is not gone. Before the **Exterior syndrome** is done away with, Vital-energy Stagnancy should not be treated. To dispel the **Exterior syndrome**, Decoction of Ramulus Cinnamomi is the cure.

Liu

In cold damage, strong purging is applied first and then sweating is promoted. If there is fullness in the epigastric region and aversion to cold, these [symptoms] indicate that the **exterior syndrome** has not been resolved. The treatment for pi syndrome cannot be used now. One should first relieve the **exterior**. The treatment for pi syndrome can be employed after the **exterior** is relieved.

Li

[In]cold damage [disease], after [application of] purgation and diaphoresis, [it causes] lump below the heart. [If there is aversion to cold,[it indicates that] **external [syndrome/pattern]** is not resolved. The lump cannot be attacked first. [What should be done] first is to resolve

the **external [syndrome/pattern]**. Only when the **external [syndrome/pattern]** is resolved can the lump be attacked.

This example explains the differentiation and treatment for pi syndrome (Hao, 2008, p. 122; Hu, 2008, p. 276; Li, 2010, p. 146; Liu, 2008, p. 172). It specifies that the 表 *biao* should be dealt with before treating the *pi* 痞 syndrome. Biao normally means the surface. In TCM, biao sometimes is abbreviated for *biaozheng* 表证 (literal: superficial symptoms), which means pathogenic factors have affected the body through the skin, nose or mouth and there are symptoms presenting at superficial locations.

Among the four translators, Mitchell used equivalent mapping by directly translating biao as “exterior”. But “the exterior has not yet been resolved” is not what the original text entails. Biao can be used to either indicate the surface of the body or the symptoms that present there. The first layer of meaning can be understood across cultures as our understanding of an item having an inside and outside is universal (Lakoff & Johnson, 1980b); but the second is culturally specific. The meaning of biao in this example can be deduced from the context that the biao needs to be treated, and this should be reflected in the translation. The other three translators added syndrome or pattern to clarify the meaning of the biao. Each of the three instances of biao have the same meaning, but Liu translated the first one as “exterior syndrome” and the other two as *exterior*.

As “exterior” has multiple meanings and the differentiation of *biaozheng* and *lizheng* 里证 (interior symptoms) is one basic differentiating guideline in TCM diagnosis, the complemented equivalent translation adopted by the majority of translators can effectively convey the meaning of the text.

### 6.3.2 Up and Down

*Conceptual metaphor: Purgative treatment is down.*



Example 31

ST

伤寒，若吐若下后，七八日不解，热结在里，表里俱热，时时恶风，大渴，舌上干燥而烦，欲饮水数升者，白虎加人参汤主之。

TTs

**Mitchell**

When in cold damage, if vomiting [is used], or if **precipitation** [is used] and after seven or eight days there is]no resolution, the heat is bound in the interior, with heat in both the exterior and interior, frequent aversion to wind, great thirst, dry tongue, vexation, and a desire to drink several sheng of water.[then White Tiger Decoction Plus Ginseng (bai hu jiaren shen tang) governs.

**Luo**

Febrile disease caused by Cold: After the adoption of an emetic or **purgative**, the syndrome is still not gone on the 7th or the 8th day. When Heat is congealed at the Interior, there will be Heat syndrome at both the Interior and Exterior. The patient fears wind from time to time, has a great thirst for water, and would like to drink large quantity of water. He also has a parched tongue and feels restless. Decoction of Baihu adding Radix Ginseng will be a curative.

**Liu**

In cold damage, either the promotion of vomiting or **purging** has been used. Seven or eight days have passed, and the disease still exists. There is stagnant heat inside the body, leading to heat in both the exterior and the interior and presenting with frequent aversion to wind, severe thirst, dryness on the tongue, vexation and the patient wants to drink a large amount of water. White Tiger plus Ginseng Decoction (bai hu jia ren shen tang) should be prescribed.

**Li**

[In] cold damage [disease], [if treated] either by vomiting [therapy] or by **purgation** [therapy], [after]seven or eight days, [the disease is] not resolved, [and there are symptoms and signs of] heat bind in the internal, heat in both the external and internal, frequent aversion to wind, severe thirst, dryness of the tongue surface, vexation and desire to drink several sheng of water. [It can be]treated by Baihu Decoction (白虎汤, white tiger decoction)added with Renshen (人参, ginseng, Ginseng).

This example discusses the differentiation and treatment of yangming dry heat (Hao, 2008, p. 147; Hu, 2008, p. 282; Liu, 2008, p. 203; Nanjing University of Chinese Medicine & Chen, 2010, p. 640). In the context of discussing treatments, the *tu* 吐 (vomit) and *xia* 下 (down) are two treatment methods in TCM. Tu is to promote vomiting, and xia is to use a purgative formula. The purgative medicine can increase bowel movement, so the pathogenic factors accumulated inside the body can be moved “down” and expelled. With this therapy, constipation and edema can be treated with laxative and diuretic prescriptions, respectively.

As xia is one of the main treating methods in TCM, an orientation-based translation is not suitable if the effective delivery of health-related information is the priority. Luo, Liu, and Liu adopted the strategy of direct narrative equivalence, using derivatives of “purge”. Purgation is also the translation recommended by both WHO and WFTCM.

Mitchell and his colleagues explain in their preface that direct translation is their main strategy, and xia was translated as precipitation. They are consistent with their word of choice throughout the whole book. But direct translation does not equate to choosing any one of the meanings of a word. In the Dictionary of Common Classical Chinese (Wang et al., 2016), xia has twelve meanings. In the textbook *Traditional Chinese Medicine* by the authoritative publisher People’s Medical Publishing House, xia is given its own section in the chapter on the frequent treatments of TCM (Li, 2013, p. 141). Besides, according to the ODE (Stevenson & Oxford University Press, 2011), precipitation means “The action or process of precipitating a substance from a solution”, and it is not what *xia* treatment is about. The co-translator, Wiseman, argues that, although the English words they chose for the TCM terms do not always deliver the actual meaning, readers will eventually become familiar with the sense of the English words in the context of TCM (Wei, 2006). Xie (2000; 2006) rebutted this view and pointed out that Western readers are still unfamiliar with TCM and have limited access to TCM education; inaccurate or false translation will mislead the readers, and the effect can be difficult to reverse. He suggests the contextual meaning should be translated instead of the literal meaning. From the comparison of translations. It can be seen that the other three translators hold the same view as Xie (2000; 2006).

*Conceptual metaphor: Good is up; bad is down.*

*Example 32*

ST

上工救其萌芽，必先见三部九候之气，尽调不败而救之，故曰上工。下工救其已成，救其已败。

TTs

Wu	A <b>good physician</b> can pay attention to the beginning of the disease and treat it when the three parts and the nine sub-parts of the pulse are still in harmony and have not yet corrupted, thus the disease can be cured more easily. A <b>poor physician</b> can not discover the disease at the beginning, he can only treat the disease when it has already taken shape.
Lu	A <b>skillful acupuncturist</b> is exceptional in that he can see something, which remains invisible to acupuncturists of lower class. An <b>acupuncturist of lower class</b> will treat a disease only after it has occurred, and he will rescue a patient only after the patient's energy has already collapsed.
Li	<b>Excellent doctors</b> are able to diagnose and treat [such mild case]at the early stage because they know [the changes of the pulse in] the Three Regions and Nine Divisions in advance and give treatment before the decline [of the body]. That is why they are called <b>excellent doctors</b> . <b>Poor doctors</b> give treatment only after the onset or aggravation of a disease.
Unschuld	The <b>superior practitioner</b> stops its sprouts [is to say:] he will certainly perceive first the qi at the nine indicators in the three sections and he comprehensively regulates what is not ruined and stops it. Hence, he is called “ <b>superior practitioner</b> .” “ <b>The inferior practitioner</b> stops what has already fully developed” [is to say:] he [attempts to] rescue what is already ruined.

This example lists the performance of different type of doctors (Fu, 2010, p. 137; Nanjing University of Chinese Medicine, 2011, p. 258; Wang, 2004, p. 190; Zhang & Sun, 2008b, p. 184). The practitioners can be rated as *shang* 上 (up) and *xia* 下 (down). The *up* practitioner can diagnose and treat disease at its onset. The *down* practitioner only treats the patient who is already sick or whose condition is deteriorating. The spatial relationship of up and down is used to classify doctors with different levels of skills: *up* is the skilful type, and *down* is the unskilful one.

All of the translators adopted the strategy of direct narrative equivalence but used different pairs of words. Wu and Li used similar pairs by translating *shang* as “good” and “excellent”, and *xia* as “poor”. Lu’s version translated *shang* as “skilful”, which is closest to its contextual meaning, but he translated *xia* as *lower class*. According to the ODE (Stevenson & Oxford

University Press, 2011), *lower class* indicate “the social group that has the lowest status”, which does not equal poor skills. Unschuld translated the pair as superior and inferior. Both of the words can be used to describe the standard or quality, or something situated above or below something else, which corresponds to the multiple meanings of shang and xia.

*Conceptual metaphor: Body parts are up or down.*

*Example 33*

ST

阳气衰于下，则为寒厥；阴气衰于下，则为热厥。

TTs

<b>Wu</b>	When the Yang energy begins to decline <b>in the feet</b> , it is the cold-type jue-syndrome, when the Yin energy begins to decline <b>in the feet</b> , it is heat-type jue-synarome.
<b>Lu</b>	When yang energy in <b>the lower region</b> is in decline, it will cause cold upstream diseases. When yin energy in <b>the lower region</b> is in decline, it will cause hot upstream diseases.
<b>Li</b>	Decline of Yangqi in <b>the lower [part of the body]</b> causes Cold-Jue [Syndrome] while decline of Yingi <b>in the lower [part of the body]</b> leads to Heat-Jue [Syndrome].
<b>Unschuld</b>	When the yang qi weakens <b>below</b> , then this causes cold recession; when the yin qi weakens <b>below</b> , then this causes heat recession.

This example discusses the cause of a disease called jue-syndrome (Fu, 2010, p. 371; Long & Long, 2004, p. 580; Nanjing University of Chinese Medicine, 2011, p. 401; Wang, 2004, p. 289). If the three yang meridians of the foot decline, the yangqi starting from the lower region of the body, specifically from the feet, will decrease and yinqi will take charge. As yin pertains to cold (explained in detail in Section 6.2.1), the patient will develop cold jue-syndrome. And the same logic applies to the decline of yin from the feet, which will lead to heat-jue syndrome.

Unschuld kept the metaphor by translating xia as “below”. But depending on the context, the word “below” can be interpreted in different ways. He explained in detail why below

means feet in this context by translating the comments from Shangshan Yang and Bing Wang. Both Lu and Li adopted complemented equivalent translation, telling the readers that the decline of the yangqi and yinqi happens in the lower region/part. Wu used direct narrative equivalence and translated xia as feet. As the xia does not convey any diagnostic or treatment information, direct narrative equivalence as adopted by Wu can inform the reader of the exact meaning of xia in the context of the yin meridians and yang meridians of the feet.

The analysis of “up” and “down” shows that they form some culture-specific metaphors, but they were not intertwined with any diagnostic or treating principle or methods, direct narrative equivalence can be adopted to deliver their contextual meaning to the readers.

### 6.3.3 Left and Right

*Conceptual metaphor: Symptoms and treatments are left or right.*

#### Example 34

#### ST

以月生死为疔数，发针立已，左取右，右取左。

#### TTs

Wu	The times of pricking should be calculated according to the wax and wane of the moon to cause the pricking effective. <b>In pricking, when the pain is on the left side, prick the acupoint of the right side, when the pain is on the right side, prick the acupoint on the left side.</b>
Lu	The number of acupuncture treatment should be determined by the new moon and the full moon. The symptoms may be relieved right after needling. <b>When the symptoms occur on the left side, the points on the right side should be used; when the symptoms occur on the right side, the points on the left side should be used.</b>
Li	The number of times for needling are decided according to the changes of the moon. The curative effect of needling is immediate. <b>Usually the left side is needed to treat the right side and the right side is needed to treat the left side.</b>
Unschuld	The number of wounds to be generated varies with the waxing or waning of the moon. When the needle is deployed, the pain ends immediately. <b>&lt;If [the pain] is on the left, select the right; if it is on the right, select the left.&gt;</b>

This example introduces how to needle the appropriate acupoints for different conditions (Fu, 2010, p. 205; Nanjing University of Chinese Medicine, 2011, p. 374; Wang, 2004, p. 272; Zhang & Sun, 2008b, p. 257). The left and right in the original text have two layers of meaning. The phrase *zuo qu you* 左取右, *you qu zuo* 右取左 means, for lower back pain, if the pain is at the left side of the body, then the acupoints on the right side should be needed, and vice versa. The first *zuo* in “*zuo qu you*” indicates the symptoms on the left side, and the second *zuo* in “*you qu zuo*” means needling the acupoints on the left side of the body.

Li translated the two different “lefts” the same: as left side, but it actually it is a pain on the left side. Unschuld enclosed “pain” to differ the first left from the second one. But he did not tell the reader the meaning of the second left. As the left and right have two layers of meaning and their orientational relationship is used to guide the treating method, Wu and Lu, both TCM practitioners, adopted complemented equivalent translation to specify what the left and right entail. This strategy can better deliver the health-related message to the reader.

#### 6.3.4 Front and Back

*Conceptual metaphor: Front is urination; back is defecation.*

*Example 35*

ST

肾脉急甚为骨癱疾；微急为沉厥，奔豚，足不收，不得前后。

TTs

Wu

When the kidney pulse is urgent, flaccidity-syndrome involving the bone and “dian disease” (disease on head) will occur, when it is slightly urgent, the patients will feel heavy and cold of feet which can hardly be stretched and bent, and he will have **retention of feces and urine**.

Lu

An extremely rapid pulse of the kidney is a symptom of bone diseases and epilepsy; a moderately rapid pulse of the kidney is a symptom of loss of consciousness due to sinking

and paralysis of kidney energy and “running piglet”, (ben tun), it is also a symptom of stiffness of feet, **anuria, and constipation.**

<b>Li</b>	Extremely rapid [Kidney-Pulse] indicates Gudianji (epilepsy involving the bone); slightly rapid [ Kidney - Pulse] indicates Chenjue (heaviness and cold of lower limbs), Bentun (mass of the kidney starting from the abdomen and moving to the chest and throat like a running pig), flaccidity of feet and <b>inability to defecate and urinate.</b>
<b>Unschuld</b>	The [movement in the] vessels associated with the kidneys: Is it very tense, it indicates a bone peak-illness. Is it slightly tense, it indicates receding [qi] in the depth. running piglets. [the patients] cannot control their feet; they are <b>unable [to urinate] in front and [to defecate] behind.</b>

This example lists the symptoms of patients who have a rapid pulse of the kidney (Guo, 2010a, p. 47; Hebei Medical University, 2009, p. 80; Long & Long, 2004, p. 1369; Nanjing University of Chinese medicine, 2006, p. 51). One of the symptoms is *bude qianhou* 不得前后, which literally means “cannot get front and back”. In TCM, the front and back do not always mean the front or the back of the body but can be used as euphemisms to indicate defecation and urination. The phrase “bude qianhou”, therefore, means the patient is not able to defecate or urinate.

Unschuld is the only translator who chose to keep front and back but added the actual meaning in the brackets. The other three translators took the strategy of direct narrative equivalence by telling the reader the contextual meaning of “qianhou butong”. As this use of front and back is a culture-specific euphemism, delivering their actual meaning can better inform the reader of the health-related information it contains.

#### 6.4 Summary

From the discussion in the translations of the conceptual metaphors in the specialised corpus, it is evident that four strategies are mainly used: 1) equivalent mapping, in which the source domain is remained; 2) using a simile to translate metaphor; 3) direct narrative equivalence, leaving the metaphor out and narrating the medical knowledge directly; 4) and

complemented equivalent translation, maintaining the original metaphor with some background information to achieve equivalence. The second strategy, by replacing metaphors with simile, was less frequently used in the translation of metaphorical expressions in TCM diagnosis and treatment. It can be seen from the analysis that translators of linguistic background were more faithful to the form of the original language while those familiar with TCM practice prioritise the meaning. Further, this tendency is not always consistent: translators might change their strategies for metaphors under different circumstances. Nor do they always provide explanations for their translation strategies.

From the perspective of delivering the health-related information in the context of TCM diagnosis and treatment, equivalent mapping is most effective when the metaphor is understood across cultures. This type of metaphor mainly exists in the categories of containers, conduits, war, and most orientational metaphors. For the culturally specific metaphors, direct narrative equivalence or complemented equivalent translation should be adopted to inform the reader of the core information of the metaphor.



## Chapter 7 Conclusion and Implications

This chapter presents a summary of the main findings of the current study by responding to each research question (Section 7.1) before outlining the implications of the study (Section 7.2) and how this research can be extended in the future (Section 7.3).

### 7.1 Summary of This Research

This study explored the role of metaphors and their translations from Chinese into English in disseminating health-related knowledge in the TCM diagnosis and treatment discourse. In response to the research questions presented in Chapter 4, the findings are highlighted below.

*Q1. What are the conceptual domains that underlie the linguistic metaphors used to describe diagnosis and treatment in the TCM classics *Neijing* and *Shanghan Lun*?*

Under the framework of Conceptual Metaphor Theory (CMT), I have manually selected 2,975 linguistic metaphors in the specialised corpus built from diagnosis- and treatment-related texts in two TCM classics, *Neijing* and *Shanghan Lun*. They were grouped into different conceptual domains with reference to the domains that have already been researched and established in CMT-related metaphor studies. Based on the analysis of the conceptual domains from which the linguistic metaphors originate, the linguistic metaphors were found to draw upon three main domains: ontological, structural, and orientational.

The ontological domain was found to be the most frequently used among the three major types, showing that ancient Chinese TCM practitioners preferred the imagery of items or events in daily life to interpret the phenomena related to human health. This conceptual domain included several subtypes: “entities”, “containers”, “nature”, “personification”, and “conduits”. The use of metaphors from the structural domain, in which familiar concepts are

used to structure unfamiliar concepts metaphorically, was the next most frequent. This domain included the subtypes of yin and yang theory, five-phase theory, and war. However, these concepts, while highly familiar to the original readership, now exhibit a high level of cultural specificity. Apart from the concept of war, the theories of yin and yang and the five phases are products of Chinese philosophical thoughts. The frequent and consistent use of the two concepts suggests that they have been woven into various aspects of TCM diagnosis and treatment. The least frequently used main domain, orientational, included the relations between exterior and interior, up and down, left and right, and front and back, all of which are almost universally understood.

*Q2. What are the conceptual metaphors that are related to the identified conceptual domains, and what role do these conceptual metaphors play in conveying the knowledge of TCM diagnosis and treatment?*

Even for the universal source domains, the conceptual metaphors mapped from these domains showed strong TCM characteristics. Among the subtypes of ontological metaphors, the source domain “entities” was mainly used to form four conceptual metaphors: “Pulse conditions are entities”, “Factors influencing diagnosis and treatment are entities”, “Pathological changes are entities”, and “Observations are entities”. These four metaphors illustrated and explained pulse conditions, inspection, pathological change, and so on.

In the source domain of “containers”, the phenomena related to the characteristics and functions of the body parts and organs were mainly explained by linguistic metaphors from the conceptual metaphor “Body parts are containers”. By treating organs and body parts as containers with different functionalities, their normal and abnormal status could be described.

For many diseases, TCM considers natural phenomena as possible causes, for example, abnormal variations of climatic factors such the wind, cold, summer heat, dampness, dryness,

and fire. The “qi” often used in the description of weather conditions refers to the characteristics of the atmosphere and its influence on the body. Ancient TCM practitioners believed that when the qi in nature became abnormal, people would get sick. Thus, these excessive or unseasonal climatic factors were seen as pathogenic, as shown by the conceptual metaphor “Pathogenic factors are natural elements”.

The conceptual metaphors based on the source domain of personification were “Pathogenetic factors are evil”, “Pathogenetic factors are visitors”, “Organs have emotions”, “Organs have a hierarchical relationship”, and “Medicinals have a hierarchical relationship”. The first two metaphors were used to explain pathogenesis, as immunity is the guard of our health, and illness-inducing factors are looking for opportunities to cause illness. Based on the third metaphor, treatments targeting disease at different sites need to take the organs’ likes and dislikes into account. Further, the hierarchical relationships in the imperial court have been used to describe the relationships amongst and between the organs and the ingredients of a prescription. Just as maintaining the social hierarchy is required to preserve social order, maintaining the proper relationships between the organs and the prescriptions is pivotal for the organs to function normally and the prescriptions to make the most of each ingredient.

The conceptual metaphor from the source domain of “conduit” was “Meridians are conduits”. Given that the meridian channels are invisible, considering them as conduits helps in describing their physiological functions: they are like pipes to transport blood and qi from where they are generated to where they are needed, and connecting all the organs together. Compared with ontological metaphors, structural metaphors in the corpus showed a higher level of cultural specificity, especially those formed from the conceptual domains of the yin-

yang dichotomy and the five-phase theory, two Chinese philosophical concepts without English equivalents.

Yin and yang were used in the composition of a wide range of metaphors. These described several pairs of opposites, including “Opposite forces in the body are yin or yang”, “Pathogenic factors are yin or yang”, “Body parts are yin or yang”, “Meridians are yin or yang”, “Medicinals are yin or yang”, and “Pulse is yin or yang”. These conceptual metaphors were used to explain pathogenesis, the meridian system, TCM medicinals, and sometimes as euphemisms for expressions related to the reproductive system.

The conceptual metaphors mapped from the domain of the five phases were: “Five zang-organs are five phases”, “Five emotions are five phases”, and “Five flavours are five phases”. These metaphors were used to help explain the relationships between organs, emotions, and the flavours of TCM medicinals, and served as the guiding principles in making a diagnosis and devising strategies to restore health.

The metaphors built from the source domain of war were less complicated than the former two. With the conceptual metaphor “Disease is war”, war-related terms, such as win, lose, or attack were used to describe the origin and the course of the diseases.

Orientational metaphors are organised with reference to spatial orientations, such as exterior and interior, up and down, front-back, and left and right in this study. The conceptual metaphors arising from this domain were: “Symptoms are exterior or interior”, “Purgative treatment is down”, “Good is up; bad is down”, “Body parts are up or down”, “Symptoms and treatments are left or right”, and “Front is urination; back is defecation”. They were mostly used to describe treatment methods, body parts, and sometimes used euphemistically.

The results show that most conceptual metaphors play an important role in delivering information pertinent to diagnosis and treatment, and thus, suggest that these metaphors cannot be simply ignored during translation.

*Q3. What strategies have been used to translate the conceptual metaphors used to describe diagnosis and treatment in *Neijing* and *Shanghan Lun*?*

The comparison of different translation versions and discussion in Chapter 6 shows that there are mainly four translation strategies used in the translation of diagnosis- and treatment-related metaphors in *Neijing* and *Shanghan Lun*, namely: equivalent mapping, which retains the source domain; using a simile to translate metaphor; direct narrative equivalence, which drops the source domain and narrates the medical knowledge directly; and complemented equivalent translation which complements the original metaphor with some contextual information.

In terms of consistency in translating metaphors, Mitchell's was the most consistent among all the translations of *Shanghan Lun*. The two co-translators of Mitchell's version, Feng Ye and Nigel Wiseman, have published their own dictionary for TCM nomenclature. Unschuld has also devised consistent terminologies for terms that are mostly a literal translation of the Chinese text. Other translators were less consistent in translating TCM terms. For example, zang- and fu-organs, an important concept in TCM, was translated as zang-organs or viscera by Zhaoguo Li in different chapters of *Neijing*. This emphasises the importance of compiling a generally accepted English nomenclature of TCM.

It was also found that translators tend to use different strategies for different types of metaphors. Both Unschuld and Mitchell mainly adopted equivalent mapping in the translations analysed in this study, and this is the translation principle they each discuss in the preface of their translation. Their application of the strategy, however, is different. In

choosing the first meaning of a character as a guide, Mitchell tended to rely on the modern Chinese version instead of the classical Chinese in which the *Shanghan Lun* was written. Unschuld would take the context into consideration and try to find matching English words. If the term did not have any equivalent in English, he would translate the most common meaning of a word by character-by-character translation. He would also add lengthy notes, citing comments from notable TCM masters such as Bing Wang and Jiebin Zhang, as well as from modern explanations authored by experts at renowned TCM Universities in China (such as the Shandong University of Traditional Chinese Medicine and the Hubei University of Chinese Medicine). Mitchell's notes were shorter, but his version also included case studies discussing the clinical implication of the knowledge.

Lu and Wu, two translators of *Neijing* and Liu, a translator of *Shanghan Lun*, are all TCM practitioners, but the strategies they adopted were different. Lu has translated several classics and devoted much time to TCM education, while Wu is more focused on practice. Wu preferred direct narrative equivalence and complemented equivalent translation, while Lu tended to use direct mapping and complemented equivalent translation. For difficult terms such as those related to the five phases or yin and yang, Lu would use charts or notes in an attempt to deliver the contextual meaning. Wu did not use any notes but expanded the content wherever he saw fit. Also, Wu's translation contained several typographical errors, although these do not necessarily influence the readability. This issue was not found in the other translations. As *Neijing* is mainly focused on the theories, and *Shanghan Lun* on clinical application, Liu mainly used direct narrative equivalence and complemented equivalent translation for difficult metaphorical terms. If the term was of practical value, he would include other TCM scholars' comments to discuss the contextual meaning of the metaphor, followed by his own comments regarding the context of the metaphor's use.

Luo and Li are both scholars specialising in TCM translation, and each has translated almost all the prominent TCM classics. The main difference between their backgrounds is that Luo has systematically studied TCM and is an expert in TCM classics. Li was an English major and has work experience in a TCM university. For difficult metaphorical terms, Luo primarily used direct narrative equivalence and sometimes complemented equivalent translation. His intensive knowledge of the clinical application of TCM has helped him to decide which metaphor can be dropped and which should be kept. Li used complemented equivalent translation in chief. Brackets were frequently seen in his translation to enclose further information for clarification.

In short, the translators' backgrounds influenced the approaches they took in the translation of TCM classics. The translation comparison shows that the translator who had studied and practised TCM would prioritise delivering the health-related information; that is they would use direct narrative equivalence or complemented equivalent translation if important information would be concealed by retaining the metaphor. This tendency is best seen in the translations of *Shanghan Lun*, which focuses on the practical application of TCM knowledge; practitioners would sometimes complement a metaphorical phrase with notes or case studies to explain its clinical application, thus helping TCM learners to a deeper understanding. However, compared with translators with a linguistic background, practitioner-translators were more likely to make grammatical errors. Meanwhile, non-practitioners were found to prioritise the semantic meaning of a metaphor rather than its contextual meaning, which means they preferred equivalent mapping. They also adopted the strategy of complemented equivalent translation, mainly in the form of adding enclosed topic words, footnotes or notes after a chapter. Due to their limited experience with TCM practice, clinical implications were not a feature of their translations.

*Q4. Which translation strategy can most effectively transfer the health-related information encapsulated in the metaphors used to describe diagnosis and treatment in Neijing and Shanghan Lun?*

Depending on the cultural specificity of the conceptual metaphors in the specialised corpus, they can be divided into two types, culturally specific and universal. This distinction is important when discussing the effectiveness of various translation strategies, in terms of delivering the health-related information carried by any given metaphor. A conceptual metaphor consists of a mapping between a source and target domain. The target domain in this study is TCM diagnosis- and treatment-related knowledge. In the cases of universal metaphors, both the source domain and the mapping can be understood universally. For example, most of the linguistic metaphors arising from the conceptual metaphor “Meridians are conduits”, can be understood across cultures. Equivalent mapping, which retains the metaphor, is considered effective in conveying the core information.

There are two scenarios for the formation of culturally specific metaphors: 1) both the conceptual domain and the mapping can be hard to comprehend for English-speaking readers, such as the culturally specific source domains of the Chinese philosophical concepts of yin and yang and the five phases; 2) the conceptual domain is universal, but the mappings are culture-specific, such the conceptual metaphor related to *biaoben* (“tip” and “root” of a tree) theory, and “purgative treatment is down”. If the conceptual metaphor has been woven into the theories guiding or explaining diagnosis or treatment, complemented equivalent translation is considered effective as it can provide background knowledge to help the readers familiarise themselves with the concepts. Otherwise, the metaphor often needs to be dropped, and direct narrative equivalence can be employed to convey the practical knowledge directly to the readers.



## 7.2 Implications of the Study

### *Theoretical Implications*

This study takes a multi-dimensional approach to investigate the effectiveness of different strategies used in the translation of metaphors in ancient texts on TCM diagnosis and treatment. It has addressed a research gap regarding the function of the conceptual metaphors in the discourse of TCM diagnosis and treatment, and demonstrated which translation approaches can, across a range of contexts, effectively deliver the diagnosis- and treatment-related knowledge encapsulated in those metaphors.

Firstly, the results support CMT by revealing that most metaphors used in the specialised corpus are not simply decorative: they were used to describe almost every aspect of diagnosis and treatment, and most of them are now considered standard TCM terms. This aligns with the discussion on the abundance of metaphors in TCM in the Literature Review and indicates a pressing need to handle metaphorical language in other TCM subjects in a theoretically well-motivated way. Secondly, this study expands the use of CMT by applying its theory to the conceptual metaphors in the TCM corpus. CMT and CMT-derived methods were used to guide the identification, categorisation and analysis of both conceptual and linguistic metaphors, and in drawing inferences therefrom. Thirdly, this study also offers insights into the approaches used to translate TCM metaphors. The discussion on the effectiveness of different strategies in delivering practical knowledge reveals that the metaphor's cultural specificity and function are key factors influencing how its translation is best approached.

### *Practical Implications*

The practical implications of this study are three-layered. First, an important part of this study was the elaboration of a reliable method for a multi-dimensional analysis of conceptual

and linguistic metaphors in the specialised corpus. The procedure had originally been developed for research on the English language and was adapted here for the analysis of the source texts in classical Chinese. An additional step was included to allow the identification of the metaphor's function (generic or terminological). Conceptual metaphors were inferred and grouped under the framework of CMT to explore the functions of each type of conceptual metaphor. Future researchers can apply the same methodology to identify linguistic metaphors and conceptual metaphors in other TCM subjects instead of simply using random examples to elucidate their points.

Secondly, the systematic analysis of conceptual metaphors instantiated by linguistic expressions was used to summarise the translation strategies used by internationally recognised translators of various backgrounds. This allowed for further discussion as to the effectiveness of strategies for various types of conceptual metaphors. The results highlight that translators must consider a metaphor's function and cultural specificity, and thus provide a framework by which TCM translators may make decisions in a principled way.

Thirdly, the comparison of translations shows that translators who are TCM practitioners tend to include the clinical implications of metaphors when it is applicable, something only possible when the translator has in-depth knowledge of TCM. Thus, readers faced with a choice between several English versions should take this into consideration.

### **7.3 Limitations and Suggestions for Future Research**

This study set out to find out how conceptual metaphors are used in TCM diagnosis and treatment and how they are translated into English. Built around the analysis of the specialised corpus compiled from *Neijing* and *Shanghan Lun*, this research was bound to have some limitations, as noted below.

Firstly, given the vastness of the task and the practical difficulties in identifying and classifying all metaphors in the two TCM classics, the study would have benefited from more time and effort. Further, it would have been helped by an automated, technology-based method of metaphor identification, to collect and build a more comprehensive and, ideally, an exhaustive corpus. Any classification system generalised from a relatively small sample may not be able to reflect all features of the metaphors used in TCM diagnosis and treatment.

Secondly, currently, there are no metaphor identification/classification methods tailored for TCM discourse. Here, an updated version of an earlier metaphor identification procedure has been adopted to identify the linguistic metaphors, and they were grouped into various source domains under the framework of CMT. However, this process still relies on the researcher's judgment in deciding whether an expression is metaphorical and into which category it falls.

Thirdly, for each example used in this study, comments from at least four authoritative TCM scholars and two experts' reviews were regarded as sufficient to decide its contextual meaning. But the meaning of some metaphors is still in debate. Other researchers may hold different views on the interpretation of some terms and therefore reach a different conclusion.

Fourthly, the results of the current study are limited to the Classical Chinese and English pair of languages and to the specific field of TCM diagnosis and treatment.

#### *Recommendation for further research*

Firstly, the corpus in this study is extendible in size. More evidence is needed to support the findings. The methodological framework developed in this study details how to identify metaphors specifically for TCM discourse and how to infer and analyse the conceptual metaphors under the framework of CMT. By adopting this systematic method, future research can investigate metaphors in other branches of TCM to examine the usage and

translation of the metaphors they use. Further, future research may explore how metaphors are translated in different times and in other languages. Interviewing the translators could also help reveal the personal or social-economic factors that have influenced the translation process during a specific period of time. Furthermore, questionnaires could be designed to gather Western readers' actual feedback on renditions from translators of various backgrounds. Their ratings could help evaluate the accuracy, readability and acceptability of the translations. Finally, a diachronic study could be conducted to explore how various translations have contributed to enriching the broader understanding of TCM over the course of history.

## Appendix A

### A Summary of English Translations of *Neijing*

No.	Year	Title	Translator	Publication	Features
1	1929	Sun-wen, the Basis of Chinese Medicine	Percy Millard Dawson	Annals of Medical History	Introduction
2	1947 1950	Nei Ching, the Chinese Canon of Medicine	Man Wong (Wen Huang)	Chinese Medical Journal	Introduction
3	1949 1966 1972 2002 2015	Huang Ti Nei Ching Su Wen. The Yellow Emperor's Classic of Internal Medicine. Chapters 1-34 Translated from the Chinese with An Introductory Study	Ilza Veith	First published by Williams & Wikins in 1949 and later republished by University of California Press in 1966, 1972, 2002 and 2015	Translation of first 34 chapters of Suwen.
4	1973	The Yellow Emperor's Book of Acupuncture	Henry C. Lu	Academy of Oriental Heritage	Full translation of Lingshu
5	1978 2004	A Complete Translation of The Yellow Emperor's Classics of Internal Medicine and The Difficult Classic (Lu, 1978, 2004)		First published by Academy of Oriental Heritage in 1978 and later republished by international college of traditional chinese medicine of Vancouver in 2004	Full translation of Neijing and Nanjing
6	1985	The Canon of Acupuncture = Huangti Nei Ching Lingshu	Ki Sunu and YunKyo Lee	Yuin University Press	Translation of the first 40 chapters of Lingshu
7	1985 1992 2003 2014	The Secret Treatise of The Spiritual Orchid: Neijing Suwen Chapter 8	Claude Larre; Elisabeth Rochat de la Vallée	Monkey Press	Translation of Suwen's chapter 8

8	1991 2004 2012	The Heart: In Lingshu Chapter 8	Claude Larre and Elisabeth Rochat de la Vallée	Monkey Press	Translation of Lingshu's chapter 8
9	1994	The Way of Heaven: Neijing Suwen Chapters 1 & 2	Translated by, Claude Larre, written by Peter Firebra	Monkey Press	Translation of first two chapters of Suwen
10	1995	The Yellow Emperor's Classic of Medicine: A New Translation of The Neijing Suwen with Commentary	Maoshing Ni	Shambhala Publications	Full translation of Suwen
11	1996 2002 2005	The Yellow Emperor's Medicine Classic: Treatise on Health and Long Life	Compiled and illustrated by Zhou Chuncai and Han Yazhou	First published by Dolphin Books in 1996 and the 4th edition (revised) published by Asiapac Books in 2005	A comic book mainly dealing with aspects of health and longevity mentioned in Neijing
12	1997	The Yellow Emperor's Canon Internal Medicine	Liansheng Wu, Qi Wu,	China Science and Technology Press	Full translation of Neijing,
13	2001	The Medical Classic of The Yellow Emperor	Ming Zhu	Foreign Languages Press	Partial translation of Suwen and Lingshu.
14	2002	Lingshu or The Spiritual Pivot	Jingnuan Wu	University of Hawai'i Press	Full translation of Lingshu
15	2004	Yellow Emperor's Canon of Medicine—Plain Conversation	Zhaoguo Li	World Book Press	Full translation of Suwen and Lingshu
16	2008	Yellow Emperor's Canon of Medicine—Spiritual Pivot			
17	2005	Huangdi Neijing Lingshu Volume 1: Books 1-3 with Commentary	Translated by Nguyen Van Nghi; Tran Viet Dzung; Christine Recours Nguyen, from NVN's French translation	Jung Tao Productions	Full translation of Lingshu
	2006	Huangdi Neijing Lingshu Volume 2: Books 4-5 with Commentary			
	2010	Huangdi Neijing Lingshu Volume 3: Books 6-9 with Commentary			

18	2009	Introductory Study of Huang Di Neijing	Xiwen Luo	China Press of Traditional Chinese Medicine	Translation of first twenty-two chapters of Suwen
19	2010	Huangdi Neijing: A Synopsis with Commentaries	Kong Yun-cheung	The Chinese University Press	Full translation of Neijing Zhiyao by Zhongzi Li
20	2011	Inner Treatises of The Delicately Pure Questions: A Translation and Investigation Of The Huangdi Neijing Suwen, Treatises One Through Twelve	Michael Givens	Fang Shi Press	Translation of first twelve chapters of Suwen
21	2012	The Rhythm at The Heart of The World: Neijing Suwen. Chapter 5	Elisabeth Rochat de la Vallet	Monkey Press	Translation of Suwen's chapter 5
22	2011	Huang Di Neijing Suwen: An Annotated Translation of Huang Di's Inner Classic—Basic Questions	Paul U. Unschuld,	University of California Press	Full translation of Suwen and Lingshu
23	2016	Huang Di Neijing Lingshu: The Ancient Classic on Needle Therapy			
24	2015	Essential Texts in Chinese Medicine: The Single Idea in The Mind Of The Yellow Emperor	Richard Bertschinger	Philadelphia: Singing Dragon	Full translation of Neijing Zhiyao by Zhongzi Li
25	2015	New English Version of Essential Questions in Yellow Emperor's Inner Canon	Mingshan Yang	Fudan University Press	Full translation of Suwen
26	2019	The Yellow Emperor's Classic of Medicine—Essential Questions		World Scientific Publishing	

## Appendix B

### A summary of English translations of *Shanghan Lun*

No.	Year	Title	Translator	Publisher	Features
1	1981	Shanghan Lun: Wellspring of Chinese Medicine	Hongyen Hsu	Keats Publishing Inc.	Partial translation
2	1986 1993 2007 2016	Treatise On Febrile Disease Caused by Cold (Shanghanlun)	Xiwen Luo	New World Press	Full translation
3	1988	The Concept of Disease In An Ancient Chinese Medical Text, The Discourse on Cold-Damage Disorders (Shang-Han Lun)	Dean. C. Epler Jr, D.	Journal of the History of Medicine and Allied Sciences	Partial translation
4	1991	Essentials of Dr. Zhang Zhongjing.	Lisa Lin and Paul Lin	Texas Institute of Traditional Chinese Medicine	Partial translation
5	1998	Shanghan Lun: On Cold Damage	Craig Mitchell, Ye Feng, Nigel Wiseman	Paradigm Publications	Full translation
6	2005	Introduction to Treatise on Exogenous Febrile Disease	Hai Huang	Shanghai University of Traditional Chinese Medicine Press	Full translation
7	2009	Shanghan Lun Explained	Greta Young Jie De	Elsevier Australia	Full translation
8	2016	Discussion of Cold Camage (Shanghan Lun): Commentaries and Clinical Applications	Guohui Liu	Jessica Kingsley Publishers	Full translation
9	2017	Shanghan Lun	Zhaoguo Li	Shanghai Sanlian Shudian	Full translation



## Appendix C

### Dictionaries and Annotations used in Metaphor and Translation Analysis

#### *Annotations for Neijing and Shanghan Lun:*

- Fu, J. (2010). *Huangdi Neijing Suwen yizhu* [Huangdi Neijing Suwen annotated]. Zhongguo Renming Daxue Chubanshe.
- Guo, A. (2010). *Huangdi Neijing Suwen jiaoxzhu yushi* [Huangdi Neijing Suwen collated, annotated and explained]. Guizhou Jiaoyu Chubanshe.
- Guo, A. (2010). *Huangdi Neijing Lingshu jiaoxzhu yushi* [Huangdi Neijing Lingshu collated, annotated and explained]. Guizhou Jiaoyu Chubanshe.
- Guo, A., & Zhang, H. (2012). *Shanghan Lun jiaozhu baihua jie* [Shanghan Lun collated, annotated and explained in vernacular Chinese]. Zhongguo Zhongyiyao Chubanshe.
- Hao, W. (2008). *Hao Wanshan Shanghan Lun jianggao* [Wanshan Hao's lecture scripts of Shanghan Lun]. Renmin Weisheng Chubanshe.
- Hebei Medical University. (2009). *Lingshu jing jiao shi* [Lingshu collated and explained]. Renmin Weisheng Chubanshe.
- Hu, X. (2008). *Hu Xishu Shanghan Lun jiangzuo* [Xishu Hu's lectures on Shanghan Lun]. Xueyuan Chubanshe.
- Li, P. (2010). *Li Peisheng Shanghan Lun jianggao* [Peisheng Li's lecture scripts of Shanghan Lun]. Renmin Weisheng Chubanshe.
- Liu, D. (2008). *Shanghan Lun jianggao* [Lecture scripts of Shanghan Lun]. Renmin Weisheng Chubanshe.
- Shandong University of Traditional Chinese Medicine, & Hebei Medical University. (2009). *Huangdi Neijing Suwen jiao shi* [Huangdi Neijing Suwen collated and explained]. Renmin Weisheng Chubanshe.
- Nanjing University of Chinese medicine. (2006). *Huangdi Neijing Lingshu yishi* [Huangdi Neijing Lingshu explained in vernacular Chinese]. Shanghai Kexue Jishu Chubanshe.
- Nanjing University of Chinese Medicine. (2011). *Huangdi Neijing Suwen yishi* [Huangdi Neijing Suwen explained in vernacular Chinese]. Shanghai Kexue Jishu Chubanshe.

- Wang, H. (2002). *Neijing jiangyi* [Lecture scripts of Neijing]. Renmin Weisheng Chubanshe.
- Wang, H. (2004). *Huangdi Neijing Suwen baihua jie* [Huangdi Neijing Suwen explained in vernacular Chinese]. Renmin Weisheng Chubanshe.
- Wang, H., & He, J. (2014). *Huangdi Neijing Lingshu baihua Jie* [Huangdi Neijing Lingshu explained in vernacular Chinese]. Renmin Weisheng Chubanshe.
- Zhang, D., & Sun, L. (2005). *Wang Bin yixue quanshu* [Collection of Wang Bin's medical work]. Zhongguo Zhongyiyao Chubanshe.
- Zhang, D., & Sun, L. (2008a). *Quanzhu Quanyi Huangdi Neijing Suwen* [Huangdi Neijing Suwen annotated and explained]. Xinshijie Chubanshe.
- Zhang, D., & Sun, L. (2008b). *Quanzhu Quanyi Huangdi Neijing Lingshu jing* [Huangdi Neijing Lingshu annotated and explained]. Xinshijie Chubanshe.

*English dictionary:*

- Editors of the American Heritage Dictionaries. (2016). *The American heritage dictionary of the English language*. Houghton Mifflin Harcourt.
- Gove, P. B., & Merriam-Webster, Inc. (1996). *Webster's third new international dictionary of the English language, unabridged*. Encyclopedia Britannica.
- Stevenson, A., & Oxford University Press. (2011). *The Oxford dictionary of English*. Oxford University Press.
- Simpson, J. A., Weiner, E. S. C., & Oxford University Press. (2004). *The Oxford English dictionary*. Clarendon Press.

*Chinese dictionary:*

- Li, X. (2012). *Ziyuan* [Etymology of Chinese Character]. Tianjian Guji Chubanshe.
- Wang, L., Ceng, Q., Lin, T. (2016). *Guhanyu Changyongzi Zidian* [Dictionary of common classical Chinese]. Shangwu Yinshuguan.
- Xu, S. (2021). *Shuowen jiezi* [Discussing writing and explaining characters]. Shanghai Guji Chubanshe.
- Wang, L., Ceng, Q., & Lin, T. (2016). *Guhanyu changyongzi zidian* [Dictionary of common classical Chinese]. Shangwu Yinshuguan.

*TCM terminology:*

- Fu, Y. (2017). *Xinxiu Shanghan Lun yanjiu dacidian* [New dictionary of research on Shanghan Lun]. Zhongguo Zhongyiyao Chubanshe.
- Li, J. (2005). *Zhongyi dacidian* [Dictionary of traditional Chinese medicine]. Renmin Weisheng Chubanshe.
- Li, Z. (2008). *Zhongyi jiben mingci shuyu zhongying duizhao guoji biao zhun* [International standard Chinese-English basic nomenclature of Chinese medicine]. Renmin Weisheng Chubanshe.
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