# A Corpus-Based Comparative Study of Chinese and Western Medical Disease Narrative Patterns and Chinese-English Translation Strategies

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**Abstract: Chinese and western medical disease narratives are rooted in distinct philosophical traditions and cultural cognitive systems, presenting systematic differences in narrative temporality, information focus, perspective selection and discourse features. Grounded in the theoretical frameworks of corpus translation studies, medical narratology and Chinese-English contrastive linguistics, this study constructs a small-scale Chinese-English comparable corpus of Chinese and western medical disease narratives. Adopting a combination of quantitative statistics and qualitative analysis, it systematically examines the multidimensional differences between Chinese and western medical disease narrative patterns, and elaborates on the constraining mechanisms of linguistic conventions, cultural cognition and medical contexts on narrative patterns. On this basis, a system of Chinese-English translation strategies is proposed. This study provides operable strategic references for the translation practice of medical disease texts, and helps improve the international communication quality of Chinese medical texts and promote the overseas dissemination of traditional Chinese medicine culture.**

**Keywords: Disease Narrative; Medical Narratology; Chinese-English Translation Strategies.**

## 1. Introduction

Disease narrative lies at the core of medical discourse. It not only serves as the basic carrier of doctor-patient communication, but also embodies how different medical systems perceive the world, understand life and interpret diseases. As two heterogeneous medical systems, traditional Chinese medicine (TCM) and western medicine have fundamental differences in the philosophical foundation, cognitive mode and linguistic expression of disease narratives. Perceptions and expressions of diseases vary across cultures, and adaptive narrative translation strategies directly determine the communication effect and acceptability of health information[1]. With the acceleration of the internationalization of TCM, how to accurately and effectively translate the unique disease narrative patterns of TCM into English has become an important issue to be addressed in translation research and practice.

## 2.Research Status at Home and Abroad

Abroad, research on differences in disease narratives originated from medical anthropology. The dichotomy of illness and disease proposed by Kleinman[2] provides a classic analytical framework for studying differences in disease perceptions between Chinese and western medicine. In the field of TCM English translation, sinologist Paul U. Unschuld[3] systematically translated TCM classics, focusing on lexical textual research and restoration of historical contexts,. Since 2020, medical narratology and translation studies have been deeply integrated and formed a mature paradigm. Rita Charon[4], starting from narrative competence, proposed that translation is the empathic re-contextualization and meaning reconstruction of patients' illness experiences. The edited volume on COVID-19 research led by Piotr Blumczynski[5] focuses on the strategies, ethics and discourse politics of public health narrative translation, expanding the practical dimension of this field.

In China, research on medical language and translation has shown a remarkable interdisciplinary turn. The cross-integration of linguistics with clinical medicine and medical humanities has become an academic consensus[6]. Early studies focused on application-oriented aspects such as medical

 

English education, clinical discourse analysis and terminology translation. Li Zhaoguo[7] put forward three principles of TCM translation: faithfulness, uniformity and established by popular usage, advocating the combination of transliteration, free translation and paraphrase to preserve cultural connotations, which is the foundational theory in this field in China. Zhu Zhongbao et al.[8] focused on terminology standardization and proposed the translation idea of "disease-syndrome correspondence and functional equivalence". Wang Yinquan[9] pointed out from a cross-cultural perspective that the core of TCM translation is to balance cultural load and semantic accuracy. Li Zhaoguo et al.[10] summarized the linguistic differences between Chinese and western medicine as "metaphorical holism vs. logical analysis". Jiao Peihui et al.[11] compared the textual differences between TCM and western medicine medical records, noting that TCM medical records emphasize "syndrome description" while western medicine ones emphasize "index data", but none of these studies went deep into the level of narrative paradigm.

## 3.Multidimensional Comparison of Chinese and Western Medical Disease Narrative Patterns

Medical narratives include three types: patient narratives, clinician narratives and disease knowledge narratives, and narrative paradigms vary essentially across different cultures and medical systems. The divergence between Chinese and western medical disease narratives is rooted in the deep-seated differences in their medical models and cognitive traditions [12].

Western medical disease narratives feature an archetypal linear chronological structure that strictly follows the causal logical chain of onset - diagnosis - treatment - prognosis, with clear time markers and unidirectional narrative progression. A standard Western medical case report usually opens with the patient's disease duration and chief complaint, unfolding sequentially to form a complete, coherent timeline. By contrast, TCM disease narratives are circular and non-linear, interweaving etiological tracing and syndrome manifestations with blurred temporal boundaries. They prioritize the dynamic progression of illnesses rather than isolated time points.

The information focus of Western medical narratives rests on objective pathological mechanisms and quantitative empirical data, centering on laboratory indicators, imaging findings and statistical evidence with an emphasis on measurability and verifiability. In Western clinical texts, quantitative data such as blood routine values, lesion sizes and significance test results constitute core narrative support, and all clinical judgments are grounded in objective indices. TCM narratives concentrate on holistic syndrome complexes and individualized syndrome differentiation, synthesizing diagnostic information obtained through the four diagnostic methods (inspection, listening and smelling, inquiry, palpation) and highlighting the holistic correlation among patients' physical constitution, emotional state and external environment, instead of isolated pathological indicators. Western medical corpora are saturated with anatomical, biochemical and pharmacological terms, while TCM corpora revolve around holistic concepts including yin-yang, five elements, qi-blood and meridians.

Western medical disease narratives predominantly adopt an objective third-person perspective. Narrators act as hidden observers and researchers, weakening subjective presence through passive voice and neutral expressions to achieve value-neutral scientific narration. Passive constructions are widely adopted in Western medical papers and case reports to deliberately eliminate subjective intervention of narrators, thereby reinforcing narrative objectivity and authority. TCM disease narratives adopt diversified perspectives, covering objective description of diseases and syndromes, first-person clinical experience recounted by physicians, and direct quotations of patients' chief complaints in medical case records, with prominent visibility of the narrating subject.

The textual layout of Western medical disease narratives is highly standardized, complying with fixed structural templates. Clinical case reports strictly follow the sequence: Chief Complaint → Present Illness → Past Medical History → Physical Examination → Auxiliary Examinations → Diagnosis → Treatment → Follow-up. Case columns in top-tier medical journals adopt clear chapter divisions with unified norms for the content and order of each section, presenting an overall modular and formulaic feature. The textual layout of TCM disease narratives is far more flexible. Although traditional medical cases follow a basic framework of diagnosis - syndrome

 

differentiation - treatment - curative feedback, they allow extensive room for adjustment, often integrating pulse manifestations, symptoms and herbal formulas into highly condensed discourse without rigid segmented templates as seen in Western medicine, exhibiting scattered and integrated layout characteristics.

Four dimensions can verify discursive disparities between TCM and Western medical narratives. First, lexical density: TCM texts abound in four-character structures and condensed expressions with a higher proportion of content words, whereas Western medical texts feature frequent function word usage and relatively lower lexical density. Second, sentence structure: TCM corpora rely on short coordinate clauses with rare complex embedding; Western medical corpora favor long complex sentences that integrate multi-layered information via attributive clauses, prepositional phrases and other subordinate constructions, resulting in higher syntactic complexity. Third, logical cohesion: Western texts employ abundant overt logical connectors to mark semantic relations; TCM texts adopt parataxis, where causal, progressive and other logical relations are implied within semantics and inferred by readers relying on professional knowledge and context without explicit cohesive markers. Fourth, personal perspective: Western medical corpora are overwhelmingly dominated by third-person pronouns with highly unified personal reference; TCM corpora contain rich pronoun types, with all three persons flexibly switched according to narrative demands.

## 4. Causes of Narrative Pattern Differences and Translation Issues

Mode disparities between TCM and Western medical disease narratives are jointly shaped by multiple factors including language, thinking patterns, culture and medical systems, which can be summarized into four layers. First, linguistic typological differences: Chinese is a paratactic language whose semantic cohesion relies on internal logical connections and holistic contextual comprehension with few formal markers; English is a hypotactic language emphasizing explicit grammatical markers and clarified logical relations. This fundamental divergence directly shapes disparities in sentence construction, textual organization and logical expression between the two languages. Second, divergent modes of thinking: Traditional Chinese thinking prioritizes holism, correlation and dialectics, while Western rational thinking stresses analysis, classification and reductionism. TCM's cognitive model of analogical imagery fills its narratives with analogies and metaphors, whereas Western reductionism pursues precise quantification and verifiability in narration. Third, disparate cultural traditions: TCM is rooted in ancient Chinese philosophies of yin-yang, five elements and harmony between humanity and nature, embedding profound cultural connotations and life perceptions within its disease narratives. Western medicine originates from ancient Greek rational traditions and evolved within modern scientific systems, pursuing value-free objective description in narration. Localized Chinese illness narratives combine biomedical attributes with traditional cultural properties, and TCM's system of etiology, pathogenesis and syndromes essentially forms an illness narrative paradigm distinct from Western biomedicine. Cross-cultural trans-interpretation of such narratives cannot simply dissolve them through Western medical disease concepts[13]. For instance, the concept of liver qi stagnation covers not only physiological description but also cultural and psychological connotations of emotional disorder and inhibited qi movement. Fourth, different conventions of medical discourse: TCM centers on treatment based on syndrome differentiation and individualized diagnosis, requiring complete narration of differential reasoning processes; Western medicine takes standardized evidence-based diagnosis and treatment as its core, pursuing reproducible and verifiable unified narrative norms.

Profound divergences in narrative modes lead to four typical challenges in Chinese-English translation of medical disease narratives. The first challenge is narrative misalignment. Forcibly converting TCM's non-linear, circular chronology into Western linear structures will undermine the logical reasoning and expressive charm of the original text. The second challenge is perspective conflict. Uniformly transforming first-person experiential statements of TCM physicians into Western conventional objective third-person perspective erases narrative subjectivity and humanistic connotations. Individual clinical judgments and experience summaries of physicians lose much of their individuality and experiential features after being converted into neutral objective

 

descriptions. The third challenge is cultural default. Numerous philosophical concepts, metaphors and allusions in TCM discourse rooted in Chinese cultural backgrounds lack corresponding cognitive schemata in target-language cultures, forming cultural vacancies. Examples include the generation-restraint cycle of five elements and the circulation logic of qi, blood and body fluids; English readers lack relevant cultural cognitive foundations, so literal translation fails to deliver complete connotations. The fourth challenge is loss of humanistic connotations. Doctor-patient interactions, life experiences and humanistic care embedded in TCM disease narratives are easily filtered and simplified during English translation that pursues "scientization" and "objectification". Translators act as both recipients of narratives and reconstructors of narratives in cross-cultural contexts[13]. Simplifying metaphorical images and cultural implications in TCM concepts into plain functional descriptions strips the original text of its humanistic depth and expressive tension.

## 5. Construction of Chinese-English Translation Strategies for Medical Disease Narratives

Based on the above comparison and cause analysis, this study proposes a five-in-one system of Chinese-English medical narrative translation strategies: structural adaptation, perspective coordination, discourse transformation, cultural adjustment and stylistic consistency.

In view of the differences in narrative temporality and textual structure, translators should flexibly adjust the narrative structure according to text function and target audience. For academic communication texts, the textual structure can be appropriately reorganized with reference to western medical narrative templates to enhance acceptability for target language readers; for cultural communication texts, the original narrative structure of TCM should be preserved as much as possible to present its unique cognitive mode and expressive tradition.

In view of the differences in narrative perspective, translators should coordinate the choice of person according to specific contexts. In etiological and diagnostic narratives, the original first-person clinician perspective of TCM can be retained to convey the subjectivity of clinical experience; in prognostic narratives and efficacy evaluations, a third-person objective perspective can be appropriately introduced to enhance persuasiveness and credibility. For example, the line "Upon observing the pulse and manifestations, I discerned the nature of the disorder and treated it accordingly" from Treatise on Cold Damage Disorders can be converted into a third-person version: "The pulse and manifestations were observed, and the nature of the disorder was discerned for appropriate treatment." It is recommended to make flexible choices according to text function: medical case texts should retain the first person, while academic papers can moderately adopt the third person.

In view of the differences in sentence structure and logical connectivity, conscious syntactic adjustment should be carried out in translation. Specifically: (1) appropriately integrate short coordinate sentences in TCM into complex sentences conforming to English conventions; (2) explicitize the implicit logical relations in TCM and supplement necessary logical connectives; (3) convert four-character and allusive expressions in TCM into corresponding rhetorical devices or paraphrastic expressions in English. For example, the line "For Taiyang disease characterized by headache, fever, sweating and aversion to wind, Guizhi decoction is indicated" is rendered from the original text in Treatise on Cold Damage Disorders. By integrating four-character short sentences into prepositional phrases (characterized by...) and main-subordinate structures, and supplementing logical connections, the translation conforms to English expression habits.

In view of the translation difficulties caused by cultural default and metaphorical expressions, a hierarchical processing strategy can be adopted. Studies comparing four common English translations of Suwen (Plain Questions) of Huangdi Neijing have summarized four metaphor translation strategies: equivalence strategy, retaining tenor while abandoning vehicle, noumenon compensation and metaphor explicitation. For core TCM concepts (such as yin-yang, qi and blood, meridians), transliteration with annotations is adopted to preserve cultural specificity; for general metaphorical expressions, the strategy of "retaining tenor while abandoning vehicle" or "noumenon compensation" can be used; for expressions with heavy cultural load, cultural compensation can be carried out by means of

 

explicit explanation in the text or annotation outside the text.

## 6. Conclusion

In the context of global health governance, medical narrative translation should break through the single ethical standard of "western medicine centralism", construct an ethical framework for equal dialogue among diverse medical discourses, and provide ethical support and discursive space for the international dissemination of traditional medicines such as TCM[14]. Grounded in the theories of corpus translation studies, medical narratology and Chinese-English contrastive linguistics, this study constructs a bilingual comparable corpus of Chinese and western medical disease narratives, systematically compares their differences, elaborates on the constraints of linguistic types, thinking modes, cultural traditions and medical discourse conventions on narrative patterns, and accordingly proposes a five-in-one system of Chinese-English medical narrative translation strategies. It provides evidence-based strategic references for medical text translation practice, offers an analytical framework from the narratological perspective for comparative studies of Chinese and western medical discourses, and also hopes to provide methodological support for improving the international communication quality of TCM and promoting the overseas dissemination of TCM culture.

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