

Research on the International Translation and Communication Strategies of the TCM Theory of Concurrent Treatment of Heart and Brain under the Concept of Three Integrations and Five Empowerments

Ruihua Zhang^{ab}

^a School of Literature and Education, Shaanxi University of International Trade &Commerce, China

^b Research Center for Health Culture, Shaanxi University of International Trade &Commerce, China

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Abstract

Purpose – This study addresses the predicament of “translation equals communication” in TCM international dissemination.

Design/Methodology/Approach – Using the “Three Integrations and Five Empowerments” concept as an analytical framework, ultimately constructing a multi-level communication strategy system encompassing terminology standardization, textual interpretation, academic dialogue, and industrial application.

Findings – This study elevates TCM cultural communication from the technical question of “how to translate” to the strategic dimensions of “why, for whom, and how to communicate effectively,” providing actionable solutions for enhancing TCM’s academic influence and facilitating the effective “going global” of Chinese culture.

Research Implications – This study redefines translation as a strategic cultural practice, offering a replicable model for the international dissemination of TCM and broader Chinese cultural discourse, with implications for policy-making, interdisciplinary collaboration, and terminology standardization.

Keywords: Three Integrations and Five Empowerments; TCM; Concurrent Treatment of Heart and Brain; International Communication; Translation Strategies.

JEL Classifications: Z1,I1,F1

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^a Associate Professor, School of Literature and Education, Shaanxi University of International Trade &Commerce, China

Associate Professor, Research Center for Health Culture, Shaanxi University of International Trade &Commerce, China,
E-mail:495400911@qq.com

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I. Introduction

As an important carrier and modern expression of outstanding traditional Chinese culture, the international dissemination of Traditional Chinese Medicine (TCM) has become a key area for promoting Chinese culture “going global” and fostering mutual learning among civilizations. The 14th Five-Year Plan for the Development of Traditional Chinese Medicine explicitly incorporates “promoting the overseas dissemination of TCM culture” into the national strategic system, marking a transition from spontaneous dissemination to systematic advancement. However, at the practical level, the international dissemination of TCM culture has long been constrained by the simplistic understanding that “translation equals communication,” which reduces the complex process of cultural interpretation and discourse construction to mere interlingual conversion. As a result, numerous translation outcomes remain “voiceless” or “marginalized” in the international academic and public discourse system (Xie T. Z, 1999), thereby significantly limiting the effective enhancement of Chinese culture’s overall influence.

The current state of translation and communication of the contemporary innovative TCM theory of “Concurrent Treatment of Heart and Brain” serves as a concentrated reflection of the aforementioned predicament. As a theoretical innovation rooted in the holistic view of TCM with significant clinical and cultural implications, its international communication faces prominent challenges such as terminological confusion, conceptual ambiguity, and loss of philosophical connotations. For instance, existing translations such as “Treating Brain and Heart Together” or “Concurrent Treatment” either remain at the level of literal description or emphasize temporal simultaneity, failing to accurately convey the systematic synergy and holistic cultural wisdom inherent in the concept of “concurrent” (tong). Consequently, the theory becomes “flattened” and “decontextualized” in cross-cultural dialogue. This phenomenon reflects the deep structural issues in the international communication of TCM culture: the terminology system has yet to achieve cross-cultural coherence (Li Z. G, 2008), culturally loaded connotations continue to dissipate in transmission (World Health Organization, 2007), and the “text-centered” translation model is inadequate for fulfilling the strategic functions of cultural communication (Wang N, 2006). Particularly for innovative theories like “Concurrent Treatment of Heart and Brain,” which embody the contemporary development and cultural vitality of TCM, existing research remains largely confined to localized discussions of translation methods, lacking a systematic, interdisciplinary approach to translation strategies oriented toward the overall efficacy of cultural communication. This makes it difficult to meet the national strategic requirements for “precise communication” and “in-depth dialogue” in TCM culture.

To address these practical and theoretical bottlenecks, this study innovatively introduces the applied education concept of “Three Integrations and Five Empowerments” as an analytical framework, aiming to transcend the text-centered paradigm of traditional translation studies and construct a strategic communication support system oriented toward cultural communication, with translation as the pivot and multidimensional collaboration. The study seeks to answer: how can the “Three Integrations” (integration of teaching and translation, integration of medicine and communication, integration of academia and industry) serve as

methodology to systematically construct translation strategies conducive to the effective international communication of TCM culture? And how can the “Five Empowerments” (professional competence, humanistic literacy, international vision, business acumen, and technological skills) be transformed into operational and assessable criteria for communication efficacy, ensuring that TCM cultural discourse can not only be accurately expressed overseas but also effectively reach, be deeply understood, and achieve value recognition? Through an in-depth case study of the theory of “Concurrent Treatment of Heart and Brain”, this study aims to provide a feasible pathway for the overseas dissemination of TCM and, more broadly, Chinese culture, moving from “passive translation” to “active communication” and from “technical operation” to “strategic construction (Nord, C, 1997).”

II. Analysis of the Current State of Translation and Communication of “Concurrent Treatment of Heart and Brain” and Barriers to Dissemination

The theory of “Concurrent Treatment of Heart and Brain” was established by Professor Zhao Buchang and his colleagues. Based on the holistic view of TCM, it elucidates the pathological logic and intervention strategies of “treating different diseases with the same approach” in cardiovascular and cerebrovascular disorders. It represents a theoretical framework with extensive clinical and industrial influence in China. However, its international influence significantly lags behind its domestic status, with translation failure being a core obstacle. The English translations of “Concurrent Treatment of Heart and Brain” currently present a fragmented landscape, with the main translation strategies summarized as follows:

Table 1. Main English Translation Strategies and Characteristics of the TCM Concept of “Concurrent Treatment of Heart and Brain”

Translation Strategy	Suggested Translation	Characteristics Analysis	Application Context/ Example
Literal/ Descriptive Translation	Treating the Brain and Heart Together	Describes the therapeutic action literally but fails to convey the holistic and synergistic philosophical connotations of “concurrent” (tong) in TCM.	Commonly found in early introductory articles and popular science materials.
	Concurrent Treatment of Heart and Brain	Emphasizes temporal “simultaneity” in treatment, inadequately reflecting the systemic view of heart-brain unity.	Found in some academic paper abstracts.

Translation Strategy	Suggested Translation	Characteristics Analysis	Application Context/ Example
Free/Conceptual Translation	Integrative Brain-Heart Therapy (IBHT)	Uses “integrative” to correspond to “concurrent,” aligning with the concept of modern integrative medicine and emphasizing theoretical and systemic integration. Currently considered the recommended theoretical translation.	some frontier research has adopted it.
	Holistic Brain-Heart Approach	Uses “holistic” to highlight the TCM holistic view, emphasizing it as a diagnostic and therapeutic “pathway” or “approach.”	Found in academic discussions emphasizing TCM’s holistic perspective.
Terminological Translation	Cardio-Cerebral Co-therapy	Uses medical roots to form a compound term, which is academically strong but less communicable.	Found in a small number of specialized literature.
	Brain-Heart Simultaneous Therapy	Translates “concurrent treatment” as “simultaneous therapy,” emphasizing “synchronicity.”	Mentioned in a few early terminological discussions.
Product/ Institutional Translation	Nao Xin Tong Zhi (Pinyin)	Direct transliteration using pinyin, used for specific product names or brands without explanatory value.	Used in product instructions such as for “Nao Xin Tong Capsules.”
	Brain and Heart Collaborative Therapy	Uses “collaborative” to emphasize cooperation, representing a variant of “integrative.”	Found in some institutional promotional materials.

Table 1 analysis was generated by DeepSeek AI model based on the provided literature and terminology data, and was organized and verified by the author.

As shown in Table 1, the issues with the English translation of “Concurrent Treatment of Heart and Brain” are primarily manifested in three aspects:

First, terminological confusion. As listed in the table, there are several English translations for “Concurrent Treatment of Heart and Brain,” such as “Treating the Brain and Heart Together” (emphasizing the action), “Integrative Brain-Heart Therapy” (emphasizing integration), and “The Concurrent Treatment of Heart and Brain Theory” (emphasizing simultaneity). This confusion is not merely a technical disagreement but rather a direct consequence of a superficial understanding of the core concept of “concurrent” (tong).

Second, loss of cultural connotations. In the context of TCM, “concurrent” (tong) is by no means merely temporal or spatial “togetherness.” It represents a systematic and synergistic therapeutic philosophy grounded in the physiological views that “the heart and brain jointly govern the mind” and that “qi and blood are interconnected.” Mainstream translations fail to convey this depth, resulting in international readers receiving only a flattened concept of “combined treatment,” with the underlying holistic thinking and wisdom of TCM being completely obscured.

Third, disconnect between translation research and theoretical application. Existing research predominantly focuses on classical medical texts, paying insufficient attention to living, innovative theories like “Concurrent Treatment of Heart and Brain,” which are closely integrated with modern industry and clinical practice. Translation practices lack systematic strategic guidance, appearing fragmented and improvised, making it difficult to meet the systematic, high-standard requirements for TCM international communication outlined in national policies.

III. Constructing an English Translation Strategy System Based on “Three Integrations and Five Empowerments”

The “Three Integrations and Five Empowerments” concept emphasizes the integration of teaching and training, integration of profession and vocation, and integration of internship and employment, while empowering talent through professional competence, humanistic literacy, international vision, business acumen, and technological skills. This section uses this concept as a guide to construct a translation strategy system for “Concurrent Treatment of Heart and Brain.”

1. The “Three Integrations” as Methodology for Translation Strategy Construction

The “Three Integrations” reconstructs translation as an interdisciplinary practice requiring systematic collaboration and contextual service.

1.1 Integration of Teaching and Translation Practice

This requires translators to first become in-depth learners of the theory. Traditional TCM translation often falls into the trap of “mechanical correspondence,” relying on limited Chinese-English dictionaries of TCM terms for term substitution, often resulting in rigid and culturally alienated outcomes (Li Z. G, 2008). For example, simply translating “the heart governs the mind” into “the heart governs the mind,” while literally accurate, can easily provoke skepticism from Western-trained readers, who understand “thinking” as a function of the brain. The integration of teaching and translation requires the translator to first become a “student” of the theory (Nida, E. A., 1969). Taking the core pathogenesis of “ischemia” in “Concurrent Treatment of Heart and Brain” as an example, the translator must understand, through systematic learning, that it represents not only insufficient blood perfusion (partially overlapping with “ischemia” in Western medicine) but also a state of “malnourishment” caused jointly by “Qi deficiency impairing propelling power” and “blood stasis obstructing the channels.” Based on this in-depth understanding, the translation strategy cannot be simple lexical correspondence. Instead, an interpretive approach should be adopted: “ischemia (understood in TCM as a state of malnourishment due to deficiency in Q dynamics and blood flow).” This closed loop from “teaching-understanding” to “translation-expression” ensures that the translation begins with a grasp of the theoretical essence rather than the mere transfer of linguistic surfaces.

1.2 Integration of Discipline (Medicine) and Profession (Translation/Communication)

This aims to cultivate compound translators. The current predicament partly stems from the respective “professional arrogance” of medical experts and language experts. Medical experts may view translation as merely technical transcription, while translators may hesitate to delve deeper due to insufficient medical knowledge. The integration of discipline and profession aims to cultivate “medical experts who can translate” or “translation experts who understand medicine.” A typical example is the translation of “yū xuè (瘀血)” . From a purely medical perspective, one might be inclined to find a precise Western medical equivalent such as “thrombus.” However, from the perspective of translation as a profession and communication efficacy, “yū xuè (瘀血)” in TCM encompasses a much broader range of meanings than “thrombus,” including various pathological states such as sluggish blood flow and increased blood viscosity. Mechanical correspondence would lead to conceptual narrowing. Therefore, the strategy should prioritize the more inclusive “blood stasis (Wiseman, N., & Feng, Y.,1998).” supplemented with explanatory notes on its connection to and distinction from “thrombosis” when necessary. This integration requires both sides to set aside arrogance and seek “creative equivalents” that are both scientifically sound and idiomatically appropriate through constructive dialogue.

1.3. Integration of Academic Research and Industrial Application

This emphasizes the service orientation of translation. Purely academic translation research can easily

become self-referential, with outcomes often ending as papers, disconnected from the actual international promotion of theories or products. The integration of research and industry imposes a strong service orientation on translation strategies (Nord, C.,1997). For example, the internationalization of “Nao Xin Tong Capsules” requires not only compliant translation of the package insert but also a complete “brand narrative.” The “supplementing qi and activating blood circulation” in the package insert must be strictly translated as “Supplementing Qi and Activating Blood Circulation” to meet regulatory requirements. However, in academic promotion targeting overseas physicians or patients, the “Concurrent Treatment of Heart and Brain” theory needs to be translated into a value proposition they can understand, such as “A Holistic TCM Approach Targeting the Common Pathway of Cardiocerebrovascular Ischemia.” If translation research cannot produce such layered, context-sensitive strategies, its practical value will be significantly diminished.

2. The “Five Empowerments” as Value Dimensions and Evaluation Criteria for Translation Strategies

The “Five Empowerments” establish multidimensional goals for translation strategies and provide a critical reflective perspective.

2.1 Solid Professional Competence: Critique of Terminological Confusion and Standardization Construction

Current terminological confusion directly reflects weak professional competence. The empowerment goal requires the establishment of authoritative, consistent terminology systems. Critical practice is evident in the determination of the theoretical name. We reject descriptive terms like “Treating...Together” and vague terms like “Concurrent,” advocating instead for “The Integrative Brain-Heart Therapy (IBHT) Theory.” “Integrative” precisely counters the misinterpretation of “concurrent” as mere “togetherness,” actively aligning with the international trend of “integrative medicine” and suggesting a theoretical fusion innovation rather than a simple operational superposition. For instance, the complex pathogenesis of “tán yū hù jié (痰瘀互结)” should not be simplistically translated as “phlegm and stasis combined.” Instead, it can be rendered as “the interminglement and mutual aggravation of phlegm-dampness and blood stasis,” where “interminglement” and “mutual aggravation” aim to convey the dynamic interaction and exacerbation inherent in “hù jié (互结).” This demonstrates respect for conceptual depth, requiring translators to seek the principle of “minimum conceptual distance”[] in TCM terminology translation, and resonates with recent scholarly calls for TCM terminology translation to balance scientific precision with humanistic richness.

2.2 Strong Humanistic Literacy: Critique of “Voiceless” Cultural Connotations and Interpretive Compensation

When translation results in “voiceless” cultural connotations, it signifies a lack of humanistic literacy. The empowerment goal requires translation to serve as a bridge for cultural interpretation. In practice, this is manifested in actively compensating for cultural information. For example, when encountering the metaphor “the heart as the monarch organ,” instead of using a rigid literal translation, an “intratextual interpretive translation” is recommended: “The heart, revered as ‘the monarch organ’ in TCM metaphor, holds the paramount responsibility of governing blood circulation and mental activities, much like a monarch governing a kingdom.” This translation not only conveys the metaphorical imagery but also explains its functional connotations, preventing culturally loaded terms from becoming obstacles to understanding. This approach aligns with Kwame Anthony Appiah’s concept of “Thick Translation (Appiah, K. A., 1993),” which promotes deep understanding by placing texts in rich cultural and linguistic contexts through annotations and commentary. “Thick Translation” has received considerable attention in translation studies both domestically and internationally, with diverse research foci (Hong X., Zhang Z., 2015). This study argues that the translation of culturally loaded terms in TCM should transcend mere information transfer and strive to build bridges for cross-cultural understanding.

2.3 Broad International Vision: Critique of “Ethnocentric” Communication and Reader Orientation

Many translation failures stem from a lack of international vision, where translators habitually adopt a “self-centered” perspective, assuming readers share the same TCM cultural presuppositions, falling into the predicament of “transmitting without reaching (Wang N., 2006).” This essentially overlooks the unity of “transmission” and “interpretation” in cross-cultural communication. Wai-lim Yip’s theory of “transmission-hermeneutics” insightfully points out that communication effectiveness depends not only on the act of “transmission” but also on anticipating and guiding the “interpretation” of the audience. Therefore, translation practice must adopt “layering and adaptation strategies,” actively constructing spaces for dialogue. For example, when submitting to an international pharmacology journal, directly using “Qi deficiency” without explanation may be perceived as unscientific. An internationally informed strategy would be: “Qi deficiency (a TCM syndrome characterized by diminished vital energy, often correlating with clinical manifestations like fatigue and weakened immune function),” supported by citations of modern research (Scheid, V., 2007). This is not a compromise but an active guidance in the hermeneutic sense—engaging in effective dialogue within the other’s discourse system to foster understanding rather than mere indoctrination. This approach aligns with the “Skopos Theory” in functionalist translation studies (Reiss, K., 2014), and resonates with contemporary scholarship emphasizing “dialogic” strategies for TCM international communication to build consensus. Transmission-hermeneutics requires that while focusing on “transmission,” we must not overlook

“interpretation”; “transmission” should be premised on “interpretation.” Communicators must keep the audience in mind, guide “interpretation,” and strive to avoid over-interpretation or forced interpretation through the selection of various communication strategies to ensure effective communication (Yu W., 2022).

2.4 Keen Business Acumen: Critique of Translation-Market Disconnect and Application Context Adaptation

Translation that does not understand the market is like a product without a user profile. In practice, this is reflected in the “contextual customization” of translation strategies. For example, the same product, “Nao Xin Tong Capsules,” in a submission to the FDA, must have its efficacy described in highly standardized, structured language closely tied to the “disease-symptom” model. In contrast, in a brochure targeting the North American alternative medicine market, the translation should highlight value propositions recognized by local consumers, such as “natural,” “holistic,” and “energy balance,” using more engaging and narrative language. Translation lacking business acumen applies the same text across all contexts, resulting in either non-compliance or lack of appeal.

This requires translation practice to adhere to Peter Newmark’s principle of “Communicative Translation,” which prioritizes reader understanding and response (Newmark, P., 1988). In the context of intensifying competition in the global health product market, this study argues that precise translation in localized marketing has become one of the core competencies for pharmaceutical products “going global.”

2.5 Proficient Technological Skills: Critique of Inefficient Traditional Models and Technological Empowerment

In the information age, relying solely on manual, one-off translation models is inefficient. In practice, digital-era translation is manifested in using technology to build sustainable translation ecosystems. For example, establishing a bilingual terminology database and translation memory for “Concurrent Treatment of Heart and Brain” ensures consistency across all projects and translators. Using corpus tools to analyze the linguistic style of top international integrative medicine journals helps make academic translations “sound like” they belong in target journals. Employing multimedia tools to transform complex theories like “meridian-collateral theory” into dynamic infographics with concise English explanations makes abstract theories more accessible. The core of technological empowerment is to make professional translation more accurate, consistent, and scalable. In recent years, AI-assisted translation and post-editing models have been widely applied in professional translation, significantly improving efficiency and consistency (Bowker, L., 2022).

III. Constructing a Comprehensive Strategy System

Based on the above framework, a multi-level, integrated translation and communication strategy system is constructed:

First, Core Terminology and Terminology Standardization Layer. Establish a unified translation for “Concurrent Treatment of Heart and Brain” and use it consistently across all subsequent literature. Publish the Guidelines for English Translation of Core Terms in the Theory of Concurrent Treatment of Heart and Brain, specifying preferred translations, contexts, and prohibitions. For example, stipulate that “yū xuè (瘀血)” should be translated as “blood stasis” as the preferred term, with “thrombus” used only when specifically referring to solid intravascular masses and accompanied by explanatory notes. This aligns with the World Health Organization’s efforts in traditional medicine terminology standardization (World Health Organization, 2007) and resonates with recent domestic initiatives to standardize the English translation of distinctive TCM terminology .

Second, Textual Interpretation Layer for Theoretical Exposition. Adopt a “Thick Translation” strategy (Appiah, K. A.,1993), mandating the use of introductions, footnotes, and glossaries in core theoretical chapters. For instance, when discussing “the heart and brain jointly govern the mind,” a footnote can be attached elaborating on the differences between this concept and Western “brain-centrism,” mentioning modern research on heart-brain interactions (such as anecdotal reports of personality changes after heart transplantation) as a bridge for cross-cultural understanding. Adopt a “modular” restructuring strategy, reorganizing original content into modules such as “Philosophical Principles,” “Core Hypotheses,” “Clinical Evidence,” and “Modern Research,” with each module translated in a style suitable for the target readers’ reading habits. For example, the “Clinical Evidence” module can be translated using the Case Report format rather than directly translating the original Chinese medical case narratives. This draws on text typology theory, which advocates different translation methods based on different text functions (Newmark, P., 1988).

Third, Multi-Context Application Layer. Develop differentiated translation style guides, such as academic Context, that is, rigorous language, frequent use of passive voice, extensive citations of international literature. Education and Textbook Context, that is, Clear language, addition of “Core Concept” columns, inclusion of discussion questions. Industry and Market Context, that is, Concise and impactful language, emphasis on brand keyword repetition, compliance with local advertising regulations.

Fourth, Technological Support and Quality Assurance Layer. Develop or utilize existing Computer-Assisted Translation (CAT) tools, embedding the “Concurrent Treatment of Heart and Brain” terminology database. Establish a translation quality assessment model that translates the five dimensions of the “Five Empowerments” into quantifiable scoring points (e.g., terminological consistency, adequacy of cultural interpretation, simulated reader acceptance) for use in translation review. This reflects the trend toward dynamic, multidimensional assessment in translation quality management (House, J., 2015).

IV. Conclusion and Prospects

This study proposes a systematic English translation strategy framework using the “Three Integrations” as methodology and the “Five Empowerments” as quality criteria, offering concrete solutions for standardizing the translation of “Concurrent Treatment of Heart and Brain” and elucidating its connotations. By critically examining the current state of its translation, this study demonstrates the effectiveness of the “Three Integrations and Five Empowerments” concept as a new framework for translation research, redefining translation from an isolated technical task into a systematic strategic communication project. Future research may conduct empirical evaluations of this strategy system and explore its applicability in the international translation and communication of broader TCM and Chinese cultural discourse. With the advancement of AI and other technologies, translation research will continue to empower the international dissemination of TCM, helping it achieve the critical leap from “going global” to “integrating into local contexts.”

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