

UNDERSTAND THE EMBODIED CONCEPT OF TRADITIONAL CHINESE MEDICINE VIA
PRACTITIONER-PATIENT INTERACTIONS AS CULTURALLY SPECIFIC CONSTRUCTS.

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ABSTRACT

Traditional Chinese Medicine (TCM) focusses on how the body works as a whole, with illness being explained by the balance of qi, yin-yang, and meridian systems. This study examines the influence of practitioner–patient interactions on culturally specific interpretations of embodied concepts, emphasising quantifiable patterns in communication, trust, and patient comprehension. Variables encompassed practitioner communication (including verbal and non-verbal tactics), patient cultural orientation, and the consequent level of patient acceptance and trust. We used statistical methods including regression modelling and correlation testing to find out how practitioner-patient interactions affect how people think about illness in their bodies. The results indicate that the communication style of practitioners had a substantial impact on patients’ embodied comprehension, with metaphorical explanations and non-verbal techniques (such as pulse-taking and acupuncture demonstrations) showing a positive correlation with increased trust and acceptance. Cultural attitudes also affected how strong these connections were. Patients who were more traditional were more likely to agree with embodied TCM ideas. On the other hand, patients with strong biomedical tendencies showed less embodiment, but the effects were less powerful when the context of the contact was taken into account. The research underscores the significance of employing quantitative instruments to elucidate cultural embodiment in medical interactions. It concludes that practitioner–patient interactions in TCM are not only exchanges of information but serve as cultural constructs that influence embodied experience and perpetuate conventional knowledge. These findings enhance the fields of medical anthropology and health communication research by illustrating the persistence of cultural health frameworks in contemporary clinical practice.

Keywords: Traditional Chinese Medicine, Embodied Health, Practitioner–Patient Interaction, Cultural Construction.

INTRODUCTION

TCM is one of the oldest medical systems in the world. It comes from ancient Chinese ideas and practices. TCM focusses on balance, energy flow, and a holistic relationship with the environment to promote health. In contrast, biomedicine focusses on the biochemical mechanisms of disease. In traditional Chinese medicine, metaphors like yin-yang harmony, qi circulation, and meridian channels show both the cultural and biological parts of the embodied

idea. To comprehend these embodied concepts, it is insufficient to solely examine clinical outcomes; it is imperative to additionally consider how the interactions between physicians and patients influence our conceptions of health and illness in the context of our cultural origins. People generally learn about, understand, and live by TCM beliefs via encounters between practitioners and patients. Traditional healers assist patients in conceptualising cultural notions of their physical bodies through metaphors, nonverbal cues, and tactile diagnostic methods like as acupuncture and pulse measurement (Yip, 2020). Patients' cultural beliefs, health histories, and expectations, in turn, affect how well they understand and accept these lived stories. Previous research predominantly employed qualitative ethnographic methodologies to examine these processes, emphasising the cultural and symbolic aspects of TCM practices. It is important to highlight that there has been little emphasis on quantifying these connections to establish observable correlations across cultural orientations, embodied understanding, and communication patterns. To address this information gap, this study employed a quantitative methodology to examine the influence of practitioner communication style, patient cultural beliefs, and contextual factors on the formulation of embodied health concepts in TCM. This research empirically demonstrates the existence of cultural frameworks in medical encounters through statistical analysis of practitioner-patient interactions. The findings provide new insights into the relevance of traditional healing approaches in contemporary circumstances, contributing to broader discussions in medical anthropology, intercultural health communication, and health psychology (Lyu et al., 2025).

BACKGROUND OF THE STUDY

Disease prevention, health promotion, and efficient healthcare service delivery all rely on excellent health communication. Existing research on health communication is largely positivist and based on the biomedical view of health, which views the mind and body as distinct from one another and places an emphasis on control, precision, and predictability in the study of health (Salmon & Poorisat, 2020). An alternate viewpoint put out by embodiment research is that people's perception of the world is intrinsically linked to and constructed by their bodily experiences and interactions with both the physical and social environments. Examining embodied health communication within the framework of TCM offers a novel and appropriate setting. TCM is a millennia-old holistic medical system that places an emphasis on the interdependence of the individual's physical, mental, emotional, and spiritual well-being as well as their immediate surroundings and cultural background (Wang et al., 2021). Instead of seeing health as just the absence of sickness, TCM defines it as a condition of harmony and balance. TCM lays more focus on the patient's bodily experience, consciousness, and the dynamic interactions between themselves and their environment, despite the fact that both Western medicine and TCM promote patient-centered care and value individual experiences. There is a strong correspondence between the assumptions of the embodiment approach and the philosophical foundations of TCM, which are holistic, integrative, natural, dynamic, and systematic. There has been a dearth of research on the physical aspects of TCM and how practitioners' perceptions and interpretations of their own health are shaped by these aspects,

despite TCM's increasing worldwide popularity and potential benefits. "Being" involves cultivating present awareness of bodily sensations, emotions, and states of mind, such as self-awareness and practicing mindfulness.

PURPOSE OF THE STUDY

This study seeks to clarify the culturally unique perceptions of TCM ideas as evidenced in practitioner-patient interactions. Holistic health is very important in TCM. TCM places great importance on ideas like qi, yin-yang equilibrium, and meridian systems. Still, these ideas aren't set in stone; they are developed and learnt about directly in therapeutic settings. The goal of this study is to evaluate the impact of patients' cultural beliefs, non-verbal behaviours, and communication styles on their receptivity to TCM perspectives towards health and illness. The primary objective of this research is to examine the interrelationships among practitioner-patient communication, cultural orientation, and embodied awareness. Moreover, it investigates the influence of culturally distinctive notions on these interactions, converting theoretical cultural concepts into tangible, embodied experiences. This research seeks to elucidate the symbolic aspects of TCM and the cultural frameworks that perpetuate traditional medical knowledge via practitioner-patient interactions. The main goal of the research is to give evidence-based insights into the impact of culturally embedded practices in TCM on embodied experiences and their ongoing significance in modern healthcare.

LITERATURE REVIEW

TCM places an emphasis on the interdependence of the individual's physical self, mental state, social milieu, and the natural and built environments. Herbal medicine, acupuncture, moxibustion, cupping, exercise therapy, and nutritional treatment are all part of TCM holistic approach to health, which aims to balance a person's physical, mental, and spiritual well-being (Yung et al., 2019). A state of health, according to TCM, is more than just the absence of illness; it is a state of harmonious interplay between one's physical, mental, and spiritual selves (Su, 2019). TCM is more holistic and symbolic than Western medicine, which is largely reductionist and analytical. Personalised lifestyle recommendations, an emphasis on the patient's subjective experiences, and active patient participation are all hallmarks of TCM. For example, TCM approaches mental illness by emphasising the need of a harmonious relationship between the mind and the body. This can be achieved through the practice of tai chi, qigong, or other physical exercises that increase muscular strength. TCM also recommends the use of herbal remedies, acupuncture, and meditation to improve the quality of sleep and reduce symptoms of anxiety and depression (Hu et al., 2019).

RESEARCH QUESTION

What effect do interactions between practitioners and patients have on the embodied idea of TCM?

RESEARCH METHODOLOGY

Research Design

With SPSS version 25, we analysed the quantitative data. The direction and intensity of the statistical link were determined using the 95% confidence interval and odds ratio. A p-value less than 0.05 was set as the threshold for statistical significance by the researchers. We used descriptive analysis to find out what the data's most relevant features were. Survey, poll, and questionnaire data, as well as data modified by computational tools for statistical analysis, are frequently evaluated using quantitative techniques.

Sampling

Prior to being distributed to a final sample of 500 customers for the research, the questionnaire had an initial test with 20 Chinese patients. A random sample of 650 clients were surveyed. Due to non-compliance, the researcher had to discard 150 surveys.

Data and Measurement

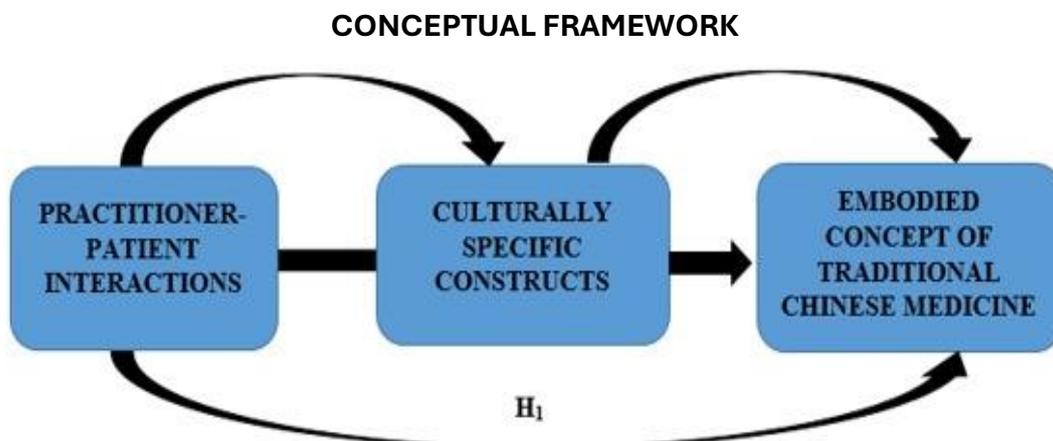
A questionnaire survey was the principal tool for gathering data in the study. Part A of the survey asked for basic demographic information, and Part B used a 5-point Likert scale to assess characteristics related to online and offline channels. Many other places, but especially internet databases, provided the secondary data.

Statistical Software

The statistical study was carried out with the help of SPSS 25 and MS-Excel.

Statistical Tools

Descriptive analysis was utilised to get an understanding of the data's essential characteristics. The researcher is responsible for analysing the data using ANOVA.



RESULTS

Factor Analysis: One typical use of Factor Analysis (FA) is to verify the existence of latent components in apparent data. Common practice dictates the use of regression coefficients to produce assessments in the absence of easily discernible visual or diagnostic signs. Models are crucial to FA’s success. Finding mistakes, intrusions, and obvious relationships is possible with the use of models. For example, the Kaiser-Meyer-Olkin (KMO) Test can be used to assess datasets that have been produced by using multiple regression analyses. They make sure the model and variables are representative. From a statistical standpoint, it appears that the data is redundant. As the proportions decrease, the data becomes easier to understand. The result of running KMO is an integer between zero and one. If the KMO value is between 0.8 and 1, then the sample size is considered sufficient. Based on what Kaiser has said, these are the permissible limits: According to Kaiser, the following are the requirements for admission:

A dismal 0.050 to 0.059, worse than the typical 0.60 to 0.69 the typical range for middle grades is between 0.70 and 0.79.

Having a quality point score between 0.80 and 0.89.

The interval from 0.90 to 1.00 astounds them.

The results of Bartlett’s test of sphericity are as follows: approx. chi-square

df=190

sig.=.000

This proves that claims made for the sole purpose of sampling are valid. A relevantness check was performed on the correlation matrices using Bartlett’s Test of Sphericity. A result of 0.890 is considered an acceptable sample according to Kaiser-Meyer-Olkin. With a p-value of 0.00, Bartlett’s sphericity test has been conducted. Since Bartlett’s sphericity test yielded a positive result, it appears that the correlation matrix is not an identity matrix.

Table 1. KMO and Bartlett’s Test Examining KMO and Bartlett organisms Sampling Adequacy Measured by Kaiser-Meyer-Olkin 0.890.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.890
Bartlett's Test of Sphericity	Approx. Chi-Square	3252.968
	df	190
	Sig.	.000

This provides justification for claims made regarding the execution of a sample. Using Bartlett's Test of Sphericity, the correlation matrices were evaluated for significance by the scientists. The Kaiser-Meyer-Olkin scale indicates that the sample is good with a score of 0.920. The p-value was determined to be 0.00 following Bartlett's sphericity test. The results are statistically significant, hence the correlation matrix cannot be an identity matrix, according to Bartlett's sphericity test.

Test for Hypothesis

INDIPENDENT VARIABLE

Practitioner-Patient Interactions: In medical encounters, healthcare workers and patients participate in dynamic interactions marked by communication, trade, and engagement. All of these interactions, including as verbal and nonverbal cues, cultural expressions, and social dynamics, help the patient learn what health and disease are. This is more than just giving them medical information. In TCM, the relationships between practitioners and patients are very important because they help pass on culturally ingrained health beliefs as well as diagnostic and therapeutic information. Acupuncture, tongue analysis, and pulse diagnosis are some of the methods that practitioners convey the embodied ideas of yin-yang harmony, qi circulation, and balance. Conversely, patients' cultural beliefs, prior health experiences, and confidence in traditional therapeutic practices influence their comprehension of these procedures. So, good connections connect theoretical cultural frameworks with real-life physiological experiences. This impacts how much patients trust, follow, and accept what you say. Communication style (e.g., utilising metaphors), non-verbal behaviours (e.g., touching, pointing), and relational attributes (e.g., trust-building, empathy) are regarded as measurable variables in practitioner-patient interactions. They are not merely passive exchanges; they constitute active constructions of meaning that facilitate patients' understanding and embodiment of health within TCM contexts (Maher & Gaffiero, 2025).

MEDIATING VARIABLE

Culturally Specific Constructs: A culturally distinctive construct refers to an entity that is developed and comprehended within the framework of a specific cultural system. This includes ideas, interpretations, and acts. Instead of being ultimate truths, they come from the things that individuals have in common, such their language, culture, and beliefs. These constructions define how people think about health, disease, the body, and recovery, which in turn affects how they make decisions, act, and see themselves. Meridian channels, yin-yang balance, and qi (life force energy) are some of the most unique principles in TCM. Being healthy means finding a balance between yourself, your community, and the environment around you. These beliefs offer culturally rooted interpretations of physiological sensations and illness to both patients and practitioners. Consequently, illness is comprehended both physically and symbolically through culturally relevant tales and metaphors. Interactions between patients and healthcare

providers are essential for the formation and reinforcement of these culturally specific understandings. Practitioners give shape to theoretical cultural concepts that patients could internalise through dialogue, diagnostic methods, and therapeutic rituals. Patients interpret their symptoms and the therapy process through these cultural perspectives. Trust, compliance, and health outcomes in general are all affected by each of these points of view (Okantey et al., 2024).

DEPENDENT VARIABLE

Embodied Concept of Traditional Chinese Medicine: In TCM, the body is the main place where health, sickness, and recovery are understood, talked about, and felt. TCM views the body as a unified system comprising mental, emotional, and spiritual components that function in harmony. On the other hand, biomedical theories look at biological processes. As patients undergo treatment and experience their symptoms, cultural concepts such as qi (life force energy), yin-yang balance, and meridian networks become progressively tangible to them. Acupuncture, herbal medicine, qi-based therapies, and pulse checks are all techniques to make philosophical ideas that are hard to understand more palpable. Patients listen to what a practitioner says about how an imbalance of heat and cold or a blockage of qi could make them sick, and they use that information to explain their symptoms and how they respond to treatment. This embodiment process transforms cultural metaphors into individualised health narratives, influencing patients' perceptions of their ailments and the efficacy of treatments. The measurable alignment of the cultural frameworks of TCM with patients' genuine physical sensations and perceptions represents a core attribute of the embodied concept of TCM. A culturally distinctive and experienced comprehension of health arises from the interplay of practitioners' communication, patients' attitudes, and treatment approaches. TCM emphasises the body as a site of cultural knowledge production and expression, demonstrating that healing extends beyond biological restoration; it represents a multi-sensory and cultural phenomenon (Zhou & Wang, 2025).

Relationship between Practitioner-Patient Interactions and Embodied Concept of Traditional Chinese Medicine: At the heart of the transmission, comprehension, and experience of traditional health knowledge is the connection between practitioner-patient interactions and the embodied notion of TCM. Culture-based procedures like acupuncture, tongue examination, and pulse-taking are an integral part of practitioner-patient interactions, as are metaphors, non-verbal clues, and straightforward information flow. Practitioners use these exchanges to help patients understand the embodied meaning of TCM's more theoretical ideas, such as qi, yin-yang balance, and meridian routes. When these encounters are rich and meaningful, patients are more likely to accurately describe their physical symptoms. The use of metaphors and diagnostic methods that practitioners employ to convey cultural conceptions increases the likelihood that patients will internalise and embody these notions throughout their health journey. By experiencing the effects of acupuncture or viewing sickness as a "heat imbalance," patients are able to physically and symbolically engage with TCM concepts.

Patients are more likely to comply with treatment plans that emphasise traditional methods, and cultural continuity is strengthened as a result. Consequently, the main way in which TCM is shaped is through practitioner-patient interactions; therefore, these interactions are crucial to the cultural and experiential relevance of TCM in modern healthcare (Jin, 2022).

A hypothesis was developed by the researcher after taking into account the previously mentioned points: examine the relationship between practitioner-patient interactions and embodied concept of traditional Chinese medicine.

“H₀₁: There is no significant relationship between practitioner-patient interactions and embodied concept of traditional Chinese medicine.”

“H₁: There is a significant relationship between practitioner-patient interactions and embodied concept of traditional Chinese medicine.”

Table 2. H₁ ANOVA Test.

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	39588.620	201	5942.444	1003.452	.000
Within Groups	492.770	298	5.922		
Total	40081.390	499			

The results of this investigation are rather remarkable. With an F-value of 1003.452, a p-value of .000 is considered significant, as it is less than the .05 alpha requirement. Consequently, “H₁: There is a significant relationship between practitioner-patient interactions and embodied concept of traditional Chinese medicine.”

DISCUSSION

The findings of this study underscore the significance of practitioner-patient interactions in the evolution of TCM’s embodied concept. Studies indicate that these interactions evolve into cultural processes that construct meaning through the analysis of communication patterns, non-verbal behaviours, and patient responses. They exceed clinical elucidation. By using culturally relevant metaphors, touch-based diagnostic approaches, and good communication, practitioners were able to help patients understand TCM much better. This indicates that in TCM, embodiment does not occur in isolation but evolves in response to the cultural and relational contexts of patient care.

The statistics strongly suggest that culturally unique ideas are very important for helping practitioners and patients talk to each other. Patients are more inclined to trust and embrace TCM when their cultural views align with its health principles. Patients with a preference for biological techniques exhibited diminished alignment, illustrating how upbringing and

worldview influence the embodiment process. This study demonstrates that TCM remains significant today, not only for its medical practices but also because TCM practitioners and patients collaboratively construct cultural interpretations of health. These findings illustrate how cultural knowledge is manifested through measurable interactions, contributing to the fields of health communication and medical anthropology.

CONCLUSION

The results of this study underscore the significance of practitioner-patient interactions in shaping the embodied concept of traditional Chinese medicine. The findings indicate that these interactions function as culturally embedded mechanisms that influence individuals' perceptions and experiences of health and sickness, transcending mere dissemination of medical knowledge. Patients' understanding of TCM concepts such as qi, yin-yang balance, and meridian pathways was significantly influenced by the practitioner's communication style, non-verbal behaviours, and culturally pertinent metaphors.

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