

ACKNOWLEDGE THE TRANSFORMED CONCEPT OF TRADITIONAL CHINESE MEDICINE THROUGH PRACTITIONER-PATIENT INTERACTIONS AS CULTURALLY SPECIFIC CONSTRUCTS

Liu Cong 1*, Idris Adewale Ahmed 1

1 Lincoln University College, Petaling Jaya, Malaysia.

*Corresponding author: Liu Cong, Lincoln University College, Petaling Jaya, Malaysia.

ABSTRACT

Illness is seen by TCM practitioners as a disruption in the harmony of the meridian, qi, and yin-yang systems, which are integral to the body's overall functioning. This research looks at how practitioner-patient interactions affect culturally unique understandings of embodied ideas, with a focus on measurable trends in patient-provider dialogue, trust, and understanding. Factors included the practitioner's communication style (both verbal and nonverbal), the patient's cultural background, and the patient's degree of trust and acceptance as a result. To determine the impact of practitioner-patient interactions on patients' perceptions of physical sickness, people used statistical approaches such as regression modelling and correlation testing. Metaphorical explanations and non-verbal techniques (such as taking a patient's pulse or demonstrating acupuncture) were associated with higher levels of trust and acceptance, suggesting that practitioners' communication styles significantly affected patients' embodied understanding. The emphasis placed on these ties was influenced by cultural norms as well. Traditionalist patients were more inclined to accept embodied TCM principles. When the context of the encounter was considered, however, the benefits were less significant, and patients with strong biomedical inclinations exhibited less embodiment. This study highlights the value of using quantitative tools to understand cultural embodiment in healthcare settings. Conclusions TCM practitioner-patient interactions are cultural constructions that impact lived experience and sustain traditional knowledge; they are more than just information exchanges. By showing how cultural health concepts are still used in modern clinical practice, these results contribute to medical anthropology and health communication studies.

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

INTRODUCTION

Among the world's medical traditions, TCM is among the most ancient. Concepts and behaviours from ancient China are its origin. To improve health, TCM emphasises a comprehensive connection with the environment, energy flow, and balance. The molecular processes of illness are the primary emphasis of biomedicine. Metaphors such as yin-yang harmony, qi circulation, and meridian channels illustrate the cultural and biological aspects of the embodied concept in traditional Chinese medicine. It is not enough to only look at clinical

results in order to understand these embodied ideas; people must also think about how the doctor-patient relationship shapes our cultural understanding of health and sickness. Typically, interactions between TCM practitioners and their patients are the means via which people gain knowledge of, and conform to, TCM principles. Through the use of analogies, nonverbal clues, and tactile diagnostic techniques like as acupuncture and pulse monitoring, traditional healers help patients conceptualise cultural ideas about their physical bodies (Yip, 2020). The extent to which patients comprehend and embrace these first-hand accounts is influenced by their cultural beliefs, medical background, and expectations. The cultural and symbolic components of TCM practices were the primary focus of prior study, which mostly used qualitative ethnographic approaches to investigate these processes. Notably, there has been less effort to measure these relationships in order to find visible correlations between cultural orientations, embodied understanding, and types of communication. This research used a quantitative technique to investigate how practitioner communication style, patient cultural beliefs, and contextual variables impact the development of embodied health ideas in TCM, filling a current knowledge vacuum. Statistical investigation of practitioner-patient interactions provides empirical evidence of cultural frameworks in medical encounters. Medical anthropology, health psychology, and intercultural health communication may all benefit from the results, which provide light on the continued usefulness of ancient therapeutic methods in modern times (Lyu et al., 2025).

BACKGROUND OF THE STUDY

Good health communication is essential for preventing diseases, promoting health, and efficiently providing healthcare services. The biological perspective on health, which distinguishes between the mind and the body and prioritises control, accuracy, and predictability in health research, is the foundation of much existing positivist research on health communication (Salmon & Poorisat, 2020). Embodiment research offers an alternative perspective, arguing that people's social and physical surroundings shape their bodily experiences, which in turn shape their vision of the world. Looking at embodied health communication through the lens of traditional Chinese medicine provides a fresh and relevant context. In TCM, which has been around for millennia, all aspects of a person's health—physical, mental, emotional, and spiritual—are considered along with their environment and cultural heritage (Wang et al., 2021). According to TCM, health is more than just the absence of disease; it is a state of complete equilibrium. Despite the shared goals of patient-centered treatment and the importance of individual experiences in both Western medicine and TCM, the former places more emphasis on the patient's subjective experiences with their body, brain, and surroundings. The holistic, integrative, natural, dynamic, and systematic philosophical underpinnings of TCM are very congruent with the principles of the embodiment approach. Despite TCM's growing popularity and potential advantages, there is a lack of study on its physical features and how practitioners' perceptions and interpretations of their own health are impacted by these characteristics. "Being" entails developing self-awareness and mindfulness,

which include being conscious of one's feelings, thoughts, and body sensations in the here and now.

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 focusses an emphasis on the interdependence of the individual's various aspects, including their physical self, mental condition, social milieu, and the natural and manmade environs. TCM is a holistic approach to health that seeks to balance a person's physical, mental, and spiritual well-being (Yung et al., 2019). Treatments including as herbal medicine, acupuncture, moxibustion, cupping, exercise therapy, and nutritional therapy are all components of this approach. According to TCM, a state of health is associated with more than just the absence of illness; rather, it is a state in which one's physical, mental, and spiritual self are in harmony with one another (Su, 2019). Comparatively, TCM is more symbolic and holistic than Western medicine, which is primarily reductionist and analytical. TCM is characterised by a number of characteristics, including emphasis on the patient's subjective experiences, personalised lifestyle advice, and active patient participation. As an illustration, Traditional Chinese Medicine (TCM) treats mental disease by putting an emphasis on the necessity of a harmonious interaction between the mind and the body. Tai chi, qigong, and other forms of physical training that focus on increasing muscle strength are all effective ways to accomplish this goal. When it comes to enhancing the quality of sleep and alleviating symptoms of anxiety and sadness, TCM also suggests the utilisation of herbal remedies, acupuncture, and meditation (Hu et al., 2019).

RESEARCH QUESTION

In Traditional Chinese Medicine, how are culturally specific concepts impacted by interactions between practitioners and patients?

RESEARCH METHODOLOGY

Research Design

Using SPSS version 25, the quantitative data was examined. To determine the strength and direction of the statistical association, the odds ratio and 95% confidence interval were used. The researchers set a p-value cut-off of less than 0.05 as the level of statistical significance. The most important data characteristics were identified via descriptive analysis. It is common practice to use quantitative methods to examine data from surveys, polls, and questionnaires, as well as data processed by computing tools for statistical assessment.

Sampling

The questionnaire underwent an initial test with 20 Chinese patients prior to being disseminated to a final sample of 500 customers for the research. A random sample of 650 consumers was surveyed. The researcher was compelled to discard 150 surveys as a result of noncompliance.

Data and Measurement

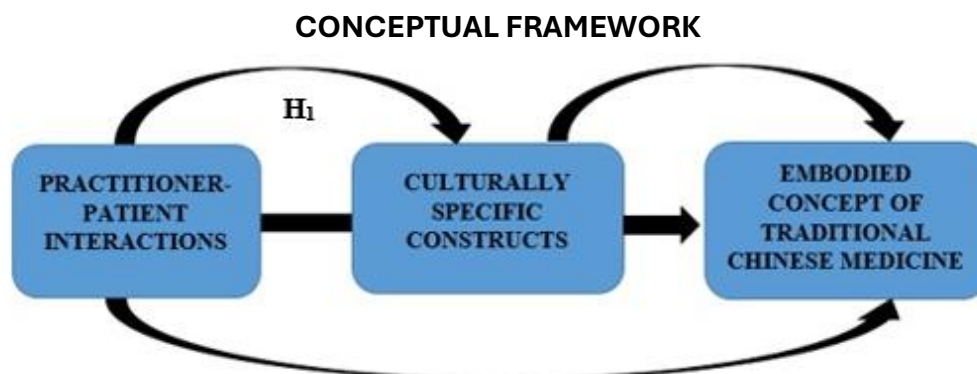
The study's primary method of data collection was a questionnaire survey. In Part A of the survey, respondents were requested to provide basic demographic information. In Part B, a five-point Likert scale was employed to evaluate online and offline channel characteristics. There were numerous other sources of secondary data, particularly internet databases.

Statistical Software

The statistical analysis was conducted using SPSS 25 and MS-Excel.

Statistical Tools

A comprehension of the data's essential characteristics was achieved through descriptive analysis. It is the researcher's responsibility to analyse the data using ANOVA.



RESULTS

Factor Analysis: Factor Analysis (FA) is frequently employed to confirm the existence of latent components in evident data. Common practice dictates the utilisation of regression coefficients to generate assessments in the absence of readily identifiable visual or diagnostic indicators. Models are indispensable to FA's prosperity. The utilisation of models enables the identification of errors, intrusions, and apparent relationships. For instance, the Kaiser-Meyer-Olkin (KMO) Test can be implemented to evaluate datasets that have been generated through multiple regression analyses. They ensure that the model and variables are representative. The data appears to be redundant from a statistical perspective. The data becomes more comprehensible as the proportions decrease. An integer between zero and one is the outcome of executing KMO. The sample size is deemed adequate if the KMO value falls within the range of 0.8 to 1. These are the permissible limits, as per Kaiser's statement: The following are the admission requirements, as per Kaiser: 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.

According to the Kaiser-Meyer-Olkin: 0.920 metrics. This is what Bartlett's sphericity test came up with: estimated chi-square

df=190

sig.=.000

This demonstrates the validity of claims that are made solely for the purpose of sampling. Bartlett's Test of Sphericity was implemented to evaluate the correlation matrices' relevance. Kaiser-Meyer-Olkin defines an acceptable sample as a result of 0.920. Bartlett's sphericity test has been conducted with a p-value of 0.00. The correlation matrix is not an identity matrix, as evidenced by the affirmative result of Bartlett's sphericity test.

Table 1. KMO and Bartlett's Test Examining KMO and Bartlett organisms Adequacy of Sampling.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.920
Bartlett's Test of Sphericity	Approx. Chi-Square	3252.968
	df	190
	Sig.	.000

This substantiates the assertions stated regarding the execution of a sample. The correlation matrices were assessed for significance by the scientists using Bartlett's Test of Sphericity. The sample has a score of 0.920 on the Kaiser-Meyer-Olkin scale, which indicates that it is satisfactory. The p-value was established to be 0.00 as a result of Bartlett's sphericity test. According to Bartlett's sphericity test, the correlation matrix cannot be an identity matrix, as the results are statistically significant.

Test for hypothesis

INDIPENDENT VARIABLE

Practitioner-Patient Interactions: Healthcare providers and patients engage in dynamic interactions characterised by dialogue, exchange, and participation throughout medical encounters. The patient gains a better understanding of health and illness through all of these encounters, which include cultural expressions, social dynamics, nonverbal clues, and verbal and nonverbal signals. This goes beyond providing people with medical records. TCM places a premium on the doctor-patient interaction for the transmission of both diagnostic and therapeutic knowledge and culturally rooted health beliefs. Practitioners express the embodied concepts of yin-yang harmony, qi circulation, and balance through acupuncture, tongue analysis, and pulse diagnosis, among other means. The extent to which patients understand these processes is impacted by their cultural views, past health experiences, and faith in traditional therapeutic approaches. Accordingly, sound linkages bridge the gap between abstract cultural frameworks and concrete physiological experiences. This affects the degree to which patients believe, obey, and embrace your words. The practitioner-patient interactions are seen as measurable by observing their communication style (e.g., metaphor usage), non-verbal behaviours (e.g., touching, pointing), and relationship qualities (e.g., trust-building, empathy). Patients are able to better comprehend and experience health within TCM contexts as a result of these interactions, which are more than just exchanges of information (Maher & Gaffiero, 2025).

MEDIATING VARIABLE

Culturally Specific Constructs: The term "culturally distinctive construct" describes everything that has its origins and understandings in a particular cultural system. Concepts, analyses, and deeds all fall under this category. They are not absolute facts but rather derived from shared experiences and perspectives among people, such as language, culture, and ideology. These mental models shape people's decisions, behaviours, and self-perceptions in relation to health, illness, the body, and recovery. Among the most distinctive ideas of traditional Chinese medicine are the meridians, the yin-yang balance, and qi, or life force energy. To be healthy, you need to strike a balance between your individual needs, those of your community, and those of the environment. Both patients and doctors can benefit from these beliefs' culturally grounded explanations of bodily feelings and sickness. In this way, culturally

appropriate stories and metaphors help us understand sickness on multiple levels: physiologically and metaphorically. The establishment and maintenance of these culturally distinctive comprehensions rely heavily on interactions between healthcare practitioners and patients. Through conversation, diagnostic procedures, and therapeutic rituals, practitioners materialise theoretical cultural ideas that patients may internalise. Cultural viewpoints influence how patients understand their illnesses and respond to treatment. Each of these perspectives influences trust, compliance, and overall health outcomes (Okantey et al., 2024).

DEPENDENT VARIABLE

Embodied Concept of Traditional Chinese Medicine: The body is central to TCM in terms of how health, illness, and recovery are perceived, discussed, and experienced. According to TCM, the physical body is just one part of a holistic system that also includes the mind, emotions, and spirit. Contrarily, biological processes are the focus of biomedical theories. Qi (life force energy), yin-yang balance, and meridian networks are cultural ideas that patients gradually come to understand as they go through treatment and feel their symptoms. Some people find that acupuncture, herbal remedies, qi-based therapies, and pulse checks help them better grasp abstract philosophical concepts. A patient's symptoms and response to therapy are explained in relation to the practitioner's explanation of how a heat and cold imbalance or a blockage of qi could cause their illness. Patients' views of their illnesses and the success of therapies are impacted by this embodiment process, which turns cultural metaphors into personalised health narratives. One essential feature of the embodied idea of TCM is the quantifiable congruence between the cultural frameworks of TCM and the actual bodily experiences and perceptions of patients. The engagement between practitioners' communication, patients' attitudes, and treatment procedures gives rise to a culturally unique and lived understanding of health. Healing is more than just a return to a state of physical health; according to TCM, it is a multi-sensory and cultural phenomenon that takes place in the body (Zhou & Wang, 2025).

Relationship between Practitioner-Patient Interactions and Culturally Specific Constructs: A fundamental element in comprehending the transmission and preservation of TCM beliefs is the interplay between practitioner-patient interactions and culturally specific concepts. Interactions between practitioners and patients, as well as medical exchanges, are cultural encounters in which ideas, values, and symbolic meanings are communicated and negotiated. Practitioners incorporate cultural interpretations of illness into consultations through metaphors, discourse, and diagnostic methods such as pulse examination or tongue observation. The patient's cultural background, medical history, and treatment expectations will influence their comprehension of these explanations. In this dynamic interaction, culturally specific concepts such as qi, yin-yang equilibrium, and meridian channels are significant. Good communication helps people understand their physical experiences in a culturally relevant way for health by making it easier for healthcare providers and patients to talk to each other. Patients are more likely to agree with and accept these ideas as valid explanations for their health

problems when the interactions are open, caring, and based on their culture. So, the main way that culturally unique ideas are strengthened and embodied is through interactions between practitioners and patients. This partnership will help TCM go from being a theoretical idea to a real cultural and medical practice by getting doctors and patients to talk to each other on a regular basis (Pun, 2020).

Following the discussion above, the researcher developed the following hypothesis: to examine the relationship between practitioner-patient interactions and culturally specific constructs.

“H₀₁: There is no significant relationship between practitioner-patient interactions and culturally specific constructs.”

“H₁: There is a significant relationship between practitioner-patient interactions and culturally specific constructs.”

Table 2. H₁ ANOVA Test.

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	39588.620	190	4892.592	990.20	.000
Within Groups	492.770	309	4.941		
Total	40081.390	499			

Notable results have been uncovered by this inquiry. The value of F, 990.20, is statistically significant with a p-value of .000, which is less than the alpha threshold of .05. Thus, “H₁: There is a significant relationship between practitioner-patient interactions and culturally specific constructs” is accepted and the null hypothesis is rejected.

DISCUSSION

The importance of practitioner-patient interactions in the formation of TCM’s embodied concept is shown by the findings of this study. According to research, these exchanges develop into cultural processes that build meaning by analysing patients’ reactions, non-verbal cues, and communication styles. Clinical explanation is not their forte. Practitioners greatly improved patients’ understanding of TCM by communicating effectively, using culturally relevant metaphors, and employing touch-based diagnostic procedures. This suggests that embodiment in TCM is not a static concept but rather develops in tandem with the cultural and relational settings in which patients receive treatment.

According to the data, culturally specific concepts are crucial for facilitating communication between healthcare providers and their patients. When patients’ cultural beliefs and TCM’s health concepts are congruent, they are more likely to trust and embrace it. Patients who favoured biological methods showed less alignment, which shows how one’s upbringing and

perspective impact embodiment. This research shows that TCM is still relevant today, not just for the medical treatments it provides, but also because patients and doctors in TCM work together to build cultural understandings of health. Health communication and medical anthropology can benefit from these results, which show how cultural knowledge shows up in quantifiable encounters.

CONCLUSION

The findings of this research shed light on the role of practitioner-patient interactions in the process of forming the embodied idea of traditional Chinese medicine. The results of this study suggest that these contacts serve as culturally rooted processes that influence individuals' perceptions and experiences of health and illness. These mechanisms go beyond the simple transmission of medical knowledge. The practitioner's communication style, non-verbal behaviours, and culturally relevant metaphors had a substantial impact on the patients' comprehension of TCM concepts such as qi, yin-yang balance, and meridian routes.

REFERENCES

1. Hu, Q., Yu, T., Li, J., Yu, Q., Zhu, L., & Gu, Y. (2019). End-to-end syndrome differentiation of Yin deficiency and Yang deficiency in traditional Chinese medicine. *Computer Methods and Programs in Biomedicine*, 174, 9–15. <https://doi.org/10.1016/j.cmpb.2018.10.011>.
2. Pun, J. K. (2020). Moments of 'touch' as a way for mental support in traditional Chinese Medicine consultations: analysis of the interactional process of co-constructing understanding of the patient's body conditions in Hong Kong. *Complementary Therapies in Medicine*, 52, 102516.
3. Lyu, S., Zhao, Z., Liu, G., & Zhou, S. (2025). Understanding Embodied Experiences in a Traditional Chinese Medicine-Based Health Promotion Program: Insights from In-Depth Interviews and Participant Observations. *Health Communication*, 1-11.
4. Maher, C., & Gaffiero, D. (2025). Exploring the lived experiences of patients with fibromyalgia in the United Kingdom: a study of patient-general practitioner communication. *Psychology & Health*, 1-22.
5. Okantey, B., Murgor, J. C., Wong, F. Y., Millender, E. F., & Xavier Hall, C. D. (2024). How US social work students are prepared to work with culturally diverse individuals: A scoping review of constructs and interventions. *Social Work Education*, 1-26.
6. Salmon, C. T., & Poorisat, T. (2020). The rise and development of public health communication. *Health Communication*, 35(13), 1666–1677. <https://doi.org/10.1080/10410236.2019.1654180>.
7. Su, K. P. (2019). Are we all the same? The critical role of translational brain, behavior, and immunity research in East Asia. *Brain, Behavior, and Immunity*, 82, 1–2. <https://doi.org/10.1016/j.bbi.2019.07.011>.

8. Wang, W. Y., Zhou, H., Wang, Y. F., Sang, B. S., & Liu, L. (2021). Current policies and measures on the development of traditional Chinese medicine in China. *Pharmacological Research*, 163, 105187. <https://doi.org/10.1016/j.phrs.2020.105187>.
9. Yip, J. W. (2020). Directness of advice giving in traditional Chinese medicine consultations. *Journal of Pragmatics*, 166, 28-38.
10. Yung, T. Y., Zhang, H., Tang, L. C., Zhang, L., Law, C. O., Tam, W. M., Chan, C. W., Chen, H. C., Lee, M. H., & Ziea, T. C. (2019). Acupuncture and herbal moxibustion for the treatment of 'BiQiu' (allergic rhinitis symptoms) in a Hong Kong Chinese medicine clinic: A randomized controlled trial. *Chinese Medicine*, 14(1), 1–13. <https://doi.org/10.1186/s13020-019-0272-7>.
11. Zhou, T., & Wang, J. (2025). Embodied empathy in translation studies: enhancing global readers' cognitive and emotional engagement with translations of traditional Chinese medicine terminology. *Frontiers in Psychology*, 16, 1618531.