



“Clearly Define The Culturally Specific Constructs Of Practitioner-Patient Interactions In Traditional Chinese Medicine”

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Abstract

The meridian, qi, and yin-yang systems are fundamental to the body's general functioning, and tcm practitioners see illness as a disturbance in this equilibrium. Focussing on quantifiable patterns in patient-provider conversation, trust, and comprehension, this study examines how practitioner-patient interactions impact culturally specific understandings of embodied concepts. A number of factors came into play, such as the practitioner's verbal and nonverbal communication style, the patient's cultural background, and the patient's level of trust and acceptance. Regression modelling and correlation testing were among the statistical methods employed to ascertain the effect of practitioner-patient interactions on patients' subjective assessments of their state of health. Patients' embodied comprehension was substantially impacted by practitioners' communication approaches, as was the use of metaphorical explanations and non-verbal tactics (such as measuring a patient's pulse or performing acupuncture) which were linked to better levels of trust and acceptance. Cultural standards also had a role in shaping the weight given to these connections. Patients who identified as more traditional were more likely to embrace the tenets of embodied tcm. However, when the encounter's context was taken into account, the advantages were diminished, and patients with strong biomedical tendencies showed less embodiment. This research shows that quantitative methods are useful for understanding cultural embodiment in healthcare. Last thoughts more than merely a means of exchanging information, the relationships between tcm practitioners and their patients are cultural creations that influence people's daily lives and help to preserve traditional knowledge. These findings add to the fields of medical anthropology and health communication by demonstrating the persistence of cultural health notions in contemporary clinical practice.

Keywords: traditional chinese medicine, embodied health, practitioner–patient interaction, cultural construction.

1. Introduction

Tcm is one of the oldest medicinal systems in the world. It derives from ideas and practices that originated in ancient china. Integrative environmental health, energy flow, and harmony are central tenets of traditional chinese medicine (tcm). Biomedicine mainly focusses on the molecular mechanisms of disease. The biological and cultural components of the embodied idea are shown via metaphors in traditional chinese medicine, such as yin-yang harmony, meridian channels, and qi circulation. To get a feel for these embodied concepts, one must consider not only clinical outcomes, but also the ways in which the doctor-patient dynamic influences our cultural conceptions of health and illness. Tcm is often understood and practiced via direct patient-provider interactions. Traditional healers assist patients in conceptualising cultural notions about their bodies via the use of analogies, nonverbal hints, and tactile diagnostic procedures like as acupuncture and pulse monitoring (yip, 2020). How much patients understand and accept these personal narratives depends on their cultural assumptions, medical history, and expectations. Previous research mainly used qualitative ethnographic methods to examine the symbolic and cultural aspects of tcm practices. Efforts to quantify these connections in order to uncover observable correlations across cultural orientations, embodied knowledge, and communication styles are noticeably lacking. This study addressed a gap in our understanding by using a quantitative approach to examine the ways in which practitioner



communication style, patient cultural beliefs, and contextual factors influence the development of embodied health concepts in tcm. There is empirical evidence of cultural frameworks in medical encounters that may be derived from statistical investigations of practitioner-patient interactions. The findings provide light on the ongoing use of traditional therapeutic practices in present times, which might be beneficial for medical anthropology, health psychology, and intercultural health communication (lyu et al., 2025).

Background of the study

In order to effectively provide healthcare, promote health, and prevent illnesses, good health communication is crucial. Much of the current positivist research on health communication is based on the biological view of health, which separates the mind from the body and places an emphasis on controlled, accurate, and predictable outcomes in health research (salmon & poorisat, 2020). Embodiment studies provide a counterargument by proposing that people's physical and social environments impact their bodily experiences, which in turn impact their worldview.

Traditional chinese medicine offers a new and useful perspective on embodied health communication. Tcm has been practiced for thousands of years and takes into account not only a person's biological make-up but also their psychological state, social influences, and cultural background when diagnosing and treating illness (wang et al., 2021). Tcm defines health as more than just the absence of illness; it is a condition of absolute balance. Tcm lays more stress on the patient's subjective experiences with their body, brain, and environment, in contrast to western medicine's (wcm) more objective focus on the patient's objective experiences and the significance of individual experiences. The ideas of the embodiment method align well with tcm's philosophical foundations, which are holistic, integrative, natural, dynamic, and systematic. Despite traditional chinese medicine's promising future, very little is known about its physical aspects or how these aspects influence practitioners' understanding of their own health. Improving one's capacity for "being" is training one's mind and emotions to pay attention in the present moment, including awareness of one's bodily sensations, thoughts, and emotions.

2. Purpose of the study

As seen in practitioner-patient interactions, this research aims to elucidate culturally diverse interpretations of tcm concepts. Traditional chinese medicine place a premium on a person's overall well-being. Qi, the yin-yang balance, and meridian systems are fundamental concepts in traditional chinese medicine. But these concepts aren't fixed; they're worked on and taught about in therapeutic contexts. This research aims to assess how patients' cultural beliefs, non-verbal actions, and communication styles influence their openness to tcm views on health and disease. Examining the connections between cultural orientation, embodied awareness, and practitioner-patient communication is the main goal of this study. In addition, it delves into how culturally unique ideas impact these interactions, translating abstract cultural concepts into concrete, bodily realities. Examining the cultural frameworks that sustain traditional medical knowledge via practitioner-patient interactions, this study aims to provide light on the symbolic elements of tcm. The study's overarching objective is to shed light on the relevance of embodied experiences in contemporary healthcare by providing evidence-based insights into the effects of tcm's culturally ingrained practices.

3. Literature review

A person's physical and mental health, as well as their social and physical surroundings, are all interrelated, according to tcm. A person's physical, mental, and spiritual health are all



interconnected in tcm's holistic approach to health, which incorporates herbal medicine, acupuncture, moxibustion, cupping, exercise therapy, and nutritional treatment (yung et al., 2019). To be healthy in tcm is to have one's bodily, psychological, and spiritual aspects working in harmony with one another (su, 2019). Western medicine is mostly reductionist and analytical, in contrast to tcm's more symbolic and holistic approach. Tcm is characterised by individualised advice for healthy living, a focus on the patient's subjective experiences, and the patient's active engagement in treatment. For instance, tcm views mental disease through the lens of the need of a balanced connection between the two. Doing physical activities that build muscle strength, like tai chi or qigong, will help people do this. Improved sleep quality and reduced anxiety and depression symptoms may be achieved by the use of herbal medicines, acupuncture, and meditation, according to tcm (hu et al., 2019).

4. Research question

- How do culturally specific constructs influence the embodied concept of traditional chinese medicine?

5. Research methodology

• Research design

An analysis of the quantitative data was conducted using spss version 25. The 95% confidence interval and odds ratio were used to ascertain the magnitude and direction of the statistical link. To detect statistical significance, the researchers used a p-value cut-off of less than 0.05. Descriptive analysis was used to pick out the most crucial data features. Quantitative techniques are often used to analyse data processed by computer tools for statistical evaluation, as well as data collected via surveys, polls, and questionnaires.

• Sampling

The study questionnaire was pilot tested with 20 chinese patients before being sent out to 500 clients. In all, 650 customers were polled. The researcher had to remove 150 questionnaires since they didn't comply.

• Data and measurement:

Questionnaires were the main tool used to gather information for the research. Respondents were asked to provide basic demographic information in part a of the survey. In the second part, researchers looked at the physical and internet channels using a five-point likert scale. Many more places might be consulted for secondary data, especially online databases.

- **Statistical software:** our statistical study was carried out with the help of spss 25 and ms-excel.
- **Statistical tools:** descriptive analysis helped us understand the key features of the data. Applying anova to the data is the researcher's duty.

6. Conceptual framework





7. Result

▪ Factor analysis

Confirming the presence of latent components in apparent data is a common use of factor analysis (fa). Regression coefficients are often used to provide evaluations when there are no readily apparent visual or diagnostic indicators. The success of fa depends on models. By using models, it is feasible to identify errors, intrusions, and apparent correlations. One way to evaluate datasets generated by multiple regression analyses is using the kaiser-meyer-olkin (kmo) test. The validity of the model and its variables is checked by them. The data seems to be repetitive when seen via a statistical lens. Lessening the proportions makes the data more comprehensible. An integer between 0 and 1 is the output of executing kmo. A appropriate sample size is defined as a kmo value between 0.8 and 1. According to kaiser, these are the acceptable boundaries: the following are the prerequisites for enrolment, as stated by kaiser:

A pitiful 0.050 to 0.059, far lower than the usual 0.60 to 0.69

between 0.70 and 0.79 is the usual range for middle grades.

With a quality point score ranging from 0.80 to 0.89.

What surprises them is the range from 0.90 to 1.00.

As shown in table 1, the kmo and bartlett's test

a look into bartlett and kmo creatures

adequacy of sampling assessed using the kaiser-meyer-olkin.890 equation

this is what bartlett's sphericity test came up with: estimated chi-square

Df=190

Sig.=.000

This establishes the validity of assertions made for the express purpose of sampling. Using bartlett's test of sphericity, researcher checked whether the correlation matrices were meaningful. According to kaiser-meyer-olkin, a sample with a result of 0.890 is deemed acceptable. Researcher ran bartlett's sphericity test and got a p-value of 0.00. It seems the correlation matrix is not an identity matrix as bartlett's sphericity test was positive.

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

Table 1: kmo and bartlett's test

This lends credence to assertions made about the carrying out of a sample. If the correlation matrices were significant, the scientists would use bartlett's test of sphericity. The sample is



considered excellent with a score of 0.920 on the kaiser-meyer-olkin scale. The results of bartlett's sphericity test showed a p-value of 0.00. Based on bartlett's sphericity test, the correlation matrix cannot be an identity matrix as the findings are statistically significant.

- **Test for hypothesis**

- **Indipendent variable: practitioner-patient interactions**

Healthcare personnel and patients engage in dynamic interactions that are characterised by communication, trade, and engagement during medical encounters. All of these interactions, such as cultural expressions, social dynamics, and verbal and nonverbal indicators, assist the patient in gaining an understanding of the characteristics of health and disease. This is not merely a matter of providing them with medical information. The relationships between practitioners and patients are of paramount importance in tcm as they facilitate the transmission of diagnostic and therapeutic information, as well as culturally engrained health beliefs. Practitioners employ acupuncture, tongue analysis, and pulse diagnosis to communicate the embodied concepts of yin-yang harmony, qi circulation, and equilibrium. In contrast, patients' comprehension of these procedures is influenced by their cultural beliefs, prior health experiences, and confidence in traditional therapeutic practices. Therefore, theoretical cultural frameworks are linked to real-life physiological experiences through effective connections. This influences the degree to which patients believe, adhere to, and endorse your statements. In practitioner-patient interactions, measurable variables include communication style (e.g., the use of metaphors), non-verbal behaviours (e.g., stroking, gesturing), and relational attributes (e.g., empathy, trust-building). They are not merely passive exchanges; they are active constructions of meaning that aid patients in comprehending and embodying health within tcm contexts (maher & gaffiero, 2025).

- **Mediating variable: culturally specific constructs**

An entity that is developed and understood within the context of a particular cultural system is referred to as a culturally distinctive construct. This encompasses acts, interpretations, and concepts. Rather than being absolute truths, they are derived from the shared experiences of individuals, including their language, culture, and beliefs. These constructions influence individuals' perceptions of health, disease, the body, and recovery, which in turn influences their decision-making, behaviour, and self-perception. Meridian channels, yin-yang equilibrium, and qi (life force energy) are among the most distinctive principles of tcm. Achieving health necessitates striking a proportion between oneself, one's community, and the environment in which one lives. These beliefs provide culturally rooted interpretations of physiological sensations and illness to both patients and practitioners. As a result, illness is understood in a physical and symbolic sense through culturally pertinent metaphors and stories. The formulation and reinforcement of these culturally specific understandings are contingent upon the interactions between patients and healthcare providers. Through therapeutic rituals, diagnostic methods, and dialogue, practitioners shape theoretical cultural concepts that patients may internalise. These cultural perspectives are the lens through which patients interpret their symptoms and the therapy process. 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 the primary location in which health, illness, and recuperation are comprehended, discussed, and experienced in traditional chinese medicine. Tcm regards the body as a unified system that consists of mental, emotional, and spiritual components that operate in unison. Conversely, biomedical theories investigate biological processes. Cultural concepts, including qi (life force energy), yin-yang balance, and meridian networks, become increasingly tangible



to patients as they undergo treatment and experience their symptoms. Acupuncture, herbal medicine, pulse checks, and qi-based therapies are all methods that can be used to make philosophical concepts that are difficult to comprehend more tangible. Patients are informed by their practitioners about the potential for an imbalance of heat and cold or a blockage of qi to cause illness. They then apply this knowledge to elucidate their symptoms and their responses to treatment. This embodiment process alters the efficacy of treatments and the perceptions of patients regarding their maladies by transforming cultural metaphors into personalised health narratives. The embodied concept of tcm is fundamentally defined by the measurable congruence of the cultural frameworks of tcm with the genuine physical sensations and perceptions of patients. The interplay of practitioners' communication, patients' attitudes, and treatment approaches results in a culturally distinctive and experienced understanding of health. Tcm emphasises the body as a location for the production and expression of cultural knowledge, illustrating that healing is not limited to biological restoration; it is a cultural and multisensory phenomenon (zhou & wang, 2025).

➤ **Relationship between culturally specific constructs and embodied concept of traditional chinese medicine**

The connection between culturally specific concepts and the embodied notion of tcm pertains to the influence of cultural beliefs, values, and symbolic meanings on perceptions of health, healing, and the practice of tcm. The yin-yang equilibrium, qi (vital energy), and the five elements illustrate concepts unique to a specific culture. These constructs are not merely intellectual abstractions; they are also experiential realities that influence diagnosis, treatment, and patient care. These constructs affect how people see illness, how they understand signals from their bodies, and how they respond to treatments like acupuncture, herbal medicine, and qigong. Tcm posits that the embodied concept underscores the inseparability of the human body from its cultural and environmental contexts, asserting that health signifies a state of equilibrium between internal conditions and external influences. The fundamental essence of tcm would lack profundity if it were not rooted in these cultural frameworks. Because of this, tcm can be both a medical system and a way for people to see health, since cultural frames are very important mediators (huang, 2025).

A hypothesis was developed by the researcher after taking into account the previously mentioned points: examine the relationship between culturally specific constructs and embodied concept of traditional chinese medicine.

“ h_{01} : there is no significant relationship between culturally specific constructs and embodied concept of traditional chinese medicine.”

“ h_1 : there is a significant relationship between culturally specific constructs and embodied concept of traditional chinese medicine.”

Table 2: H_1 ANOVA Test

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	39588.620	188	4294.237	935.767	.000
Within Groups	492.770	311	4.589		
Total	40081.390	499			



The results of this investigation are rather remarkable. With an f-value of 935.767, 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 culturally specific constructs and embodied concept of traditional chinese medicine.”***

8. Discussion

The results of this study highlight the importance of practitioner-patient interactions in the development of tcm's embodied concept. Research demonstrates that these interactions develop into cultural processes that generate meaning through the examination of communication patterns, non-verbal behaviours, and patient responses. They go beyond clinical explanation. Using culturally relevant metaphors, touch-based diagnostic methods, and clear communication, practitioners were able to help patients understand tcm much better. This suggests that in tcm, embodiment does not happen on its own; instead, it changes based on the cultural and relational contexts of patient care.

The numbers show that culturally unique ideas are very important for helping patients and practitioners talk to each other. Patients are more likely to trust and accept tcm when their cultural beliefs are in line with its health principles. Patients who favoured biological techniques showed reduced alignment, demonstrating the impact of upbringing and worldview on the embodiment process. This study shows that tcm is still important today, not just for its medical practices, but also because tcm practitioners and patients work together to create cultural meanings of health. These findings demonstrate how cultural knowledge is expressed through quantifiable interactions, enhancing the domains of health communication and medical anthropology.

9. Conclusion

Traditional chinese medicine's embodied concept is significantly influenced by practitioner-patient interactions, as evidenced by the findings of this study. These interactions are culturally embedded mechanisms that influence the perceptions and experiences of health and illness of individuals, surpassing the sheer dissemination of medical knowledge, as the results indicated. The practitioner's communication style, non-verbal behaviours, and culturally germane metaphors significantly influenced patients' comprehension of tcm concepts, including qi, yin-yang balance, and meridian pathways.

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