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Figurative Fault Lines in Malaysian Healthcare: A Cognitive-Anthropological Framework for Multicultural Doctor–Patient Communication

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ABSTRACT
Effective patient care often hinges on mutual understanding, a goal frequently undermined by ethnic and cultural diversity in contexts like Malaysia, where deeper cognitive and cultural mechanisms shape how illness is conceptualised. Addressing this challenge requires moving beyond general cultural awareness. This paper introduces the Conceptual-Anthropological Framework (CAF), an interdisciplinary model integrating Conceptual Metaphor Theory (CMT) and Explanatory Models (EMs) to systematically analyse miscommunication rooted in figurative language. CAF identifies Figurative Fault Lines as specific sites where patients' culturally anchored metaphors (e.g., illness as a 'curse' or 'bad wind') clash with biomedical frames, resulting in Metaphorical Clash—a core mechanism that leads to communication breakdown and non-adherence. The framework reframes traditional cultural competence as Figurative Competence: a dynamic, interpretive practice that trains clinicians to recognise, interpret, and respond sensitively to metaphors, using strategies such as metaphorical bridging. By linking micro-linguistic analysis with anthropological depth, CAF offers a comprehensive theoretical and practical tool for empirical research and pedagogical reform in pluralistic societies.

Keywords: figurative language, conceptual metaphor theory, explanatory models, multicultural healthcare, doctor–patient communication

INTRODUCTION

Effective communication is the cornerstone of quality healthcare, yet achieving genuine mutual understanding remains elusive in multicultural contexts. In Malaysia—a nation characterised by ethnic, linguistic, and religious diversity—the simultaneous presence of multiple belief systems and communicative styles creates complex layers of meaning within doctor–patient interactions. Linguistic diversity alone does not account for these difficulties; instead, deeper cognitive and cultural mechanisms shape how illness and healing are conceptualised and articulated. Figurative language—metaphors, similes, idioms, and analogies—is central to this process because it provides the conceptual scaffolding through which abstract experiences like pain, fear, or uncertainty are expressed and understood (Gibbs, 1994; Lakoff & Johnson, 1980).

While metaphors often serve as bridges to comprehension, they can also become fault lines that expose incompatible explanatory models of illness. For example, when a physician frames illness as a "battle" but a patient perceives it as "a test" or "curse," misunderstanding and emotional distance can follow (Sontag, 1978; Schinkel et al., 2019). Such misalignments are not merely linguistic—they reflect divergent worldviews. In high-context cultures, meanings are often conveyed indirectly through figurative or relational speech (Hall, 1976). Thus, recognising and interpreting these figurative signals is vital for ensuring that communication remains empathetic and effective.

Despite Malaysia's progress in health communication studies (Ismail & Omar, 2018; Md Nawi et al., 2021), existing frameworks tend to focus on general language barriers or cultural sensitivity training, overlooking the subtle role of figurative thought. This paper argues that Figurative Competence—the capacity to recognise, interpret, and respond to culturally embedded figurative language—is the missing key to effective communication in multicultural clinical settings. To this end, we propose the Conceptual–Anthropological Framework (CAF), which integrates Conceptual Metaphor Theory (CMT) and Explanatory Models (EMs) to systematically examine how linguistic form, cultural belief, and communicative outcome interact.

The CAF builds on prior work on cultural competence (Campinha-Bacote, 2002; Betancourt et al., 2016) and communication alignment (Giles, 2016), extending them by linking metaphorical cognition to cultural anthropology. It provides both a theoretical model and a potential analytical tool for future empirical research using Malaysian consultation data.

LITERATURE REVIEW

Figurative language is not a decorative feature of speech but a fundamental cognitive mechanism that structures thought and guides social interaction (Lakoff & Johnson, 1980; Kövecses, 2020). In clinical contexts, metaphors and analogies help translate technical medical concepts into relatable, emotionally resonant terms (Casarett et al., 2010; Masukume & Zumla, 2012). Physicians often employ metaphors to explain disease processes or treatment options, while patients use them to communicate pain, uncertainty, and embodied experience (Jairath, 1999; Macagno & Rossi, 2019). Analogies, much like metaphors, aid diagnostic reasoning and recall, serving as cognitive shortcuts in medical education (Peña & Andrade-Filho, 2010).

Metaphors also shape patient decision-making and motivation, influencing behavioural intentions (Scherer, Scherer, & Fagerlin, 2015).

Research indicates that physicians who use accessible figurative language achieve higher ratings of empathy and understanding from patients (Hildenbrand & Perrault, 2022). Similarly, patients rely on metaphors to describe sensations that defy literal articulation—pain "burns," fatigue "weighs down," and illness "takes over." These metaphors make abstract or ineffable experiences communicable, offering windows into patients' cognitive and emotional states (Padfield et al., 2010).

While many conceptual metaphors are grounded in shared embodied experience—such as Health is Up or The Body is a Machine—their interpretation is filtered through culture. Studies of indigenous Malaysian communities, such as the Semai, reveal that metaphors about illness draw from environmental and spiritual elements: illness as "creeping vines," "bad wind (angin)," or "unseen entities" (Lendik et al., 2017). These figurative frames encode local explanatory models that coexist with biomedical logic. Miscommunication arises when clinicians interpret such expressions literally or dismiss them as superstition.

Understanding these dual dimensions, universal embodiment and cultural specificity, is central to CAF. By analysing figurative expressions as linguistic manifestations of cultural worldviews, the framework positions metaphor as both a cognitive bridge and a potential site of disconnection.

Metaphorical communication challenges in medicine aren't new; as early as the 1990s, cross-cultural studies (Ahmed, Ogala & Ibrahim, 1992) observed that metaphors drawn from Western cultural schemas, such as food or battle imagery, could confuse or alienate learners trained in different epistemological traditions. This challenge is intensified in environments like Malaysia, where the healthcare system embodies pluralism, drawing patients and providers from Malay, Chinese, Indian, and Indigenous backgrounds. Within clinical consultations, this diversity creates a high-context environment where linguistic hybridity (e.g., Manglish) intersects with cultural norms like deference, relational harmony, and indirectness (Ismail & Omar, 2018). While this context fosters rich figurative expression, it also increases the risk of metaphorical clash—the point where interlocutors' incongruent figurative frames disrupt understanding.

For instance, a patient may frame hypertension as "blood too hot" (linking illness to emotional imbalance) while a doctor conceptualises it as a "mechanical pressure issue." Both metaphors map the same condition differently, leading to potential misalignment. Such clashes highlight why Figurative Competence—understanding not only what is said but how it is metaphorically constructed—is critical for clinicians operating in diverse cultural contexts.

THEORETICAL FRAMEWORK

The Conceptual–Anthropological Framework (CAF) integrates Conceptual Metaphor Theory (CMT) and Explanatory Models (EMs) into a three-component structure that connects language, culture, and communicative outcome. This interdisciplinary approach addresses a longstanding gap in metaphor research: while CMT effectively explains the cognitive mechanics of metaphor, it under-specifies cultural variability; conversely, EMs richly describe

cultural beliefs but lack tools for rigorous linguistic analysis. Consequently, the analytical approach embedded in CAF aligns with Charteris-Black's (2011) call for a critical metaphor analysis that links underlying cognitive structures with their vital social and ideological functions. CAF comprises three sequential components:

Component 1: The Cognitive Basis (CMT)

At its foundation, CAF adopts CMT's premise that metaphorical thought arises from systematic mappings between concrete source domains and abstract target domains (Lakoff & Johnson, 1980; Kövecses, 2020). By applying methods such as the Metaphor Identification Procedure (MIPVU) (Steen et al., 2010; Demmen et al., 2015), CAF identifies figurative expressions in clinical discourse and groups them into conceptual structures.

This cognitive analysis differentiates between universal metaphors (e.g., Pain is an Enemy, Health is Balance) and culturally embedded metaphors (e.g., Illness as Wind in Malay or Hot-Cold Imbalance in Chinese medicine). Narrative theory (Frank, 1995) is incorporated to interpret how patients use figurative language to construct coherent illness stories—quest, chaos, or restitution narratives—that reflect both cognitive and cultural worldviews. Metaphor salience also plays a role in how quickly figurative expressions are accessed and interpreted, influencing resonance and comprehension in conversation (Giora & Balaban, 2001).

Component 2: The Cultural Anchor (Explanatory Models – EMs)

The second layer of CAF situates metaphor within its cultural and ethnographic context. Drawing on Arthur Kleinman's (1980) concept of Explanatory Models (EMs), this component interprets figurative language as a linguistic manifestation of individuals' culturally informed theories about illness causation, course, and treatment. In traditional anthropological research, EMs are elicited through interviews; however, CAF reconceptualises them as linguistic constructs that can be inferred from discourse.

By analysing recurring figurative patterns in consultations, researchers can infer patients' implicit belief systems—whether illness is attributed to environmental imbalance, divine will, or moral transgression. For example, expressions such as "bad wind" or "blocked energy" evoke culturally specific EMs rooted in traditional Malay and Chinese understandings of health. Within CAF, these linguistic clues serve as cultural anchors, grounding abstract metaphors in their sociocultural milieu.

The framework also accounts for interactional power dynamics. In Malaysian consultations, hierarchical relations often position doctors as authority figures and patients as deferential participants. This asymmetry influences metaphor choice: patients may use indirect or mitigating figurative expressions to preserve face, while doctors rely on more literal biomedical frames. CAF highlights how misalignment between these EMs—linguistically expressed through metaphor—can lead to communicative breakdown. To interpret these dynamics, CAF draws on Sarangi and Bhamra (2019), who emphasise that metaphors in health discourse not only convey information but also index social identity and stance. Figurative Fault Lines therefore emerge when culturally anchored metaphors clash with institutional or biomedical frames, generating what Schinkel et al. (2019) term metaphorical misalignment.

Component 3: The Communicative Function and Outcomes

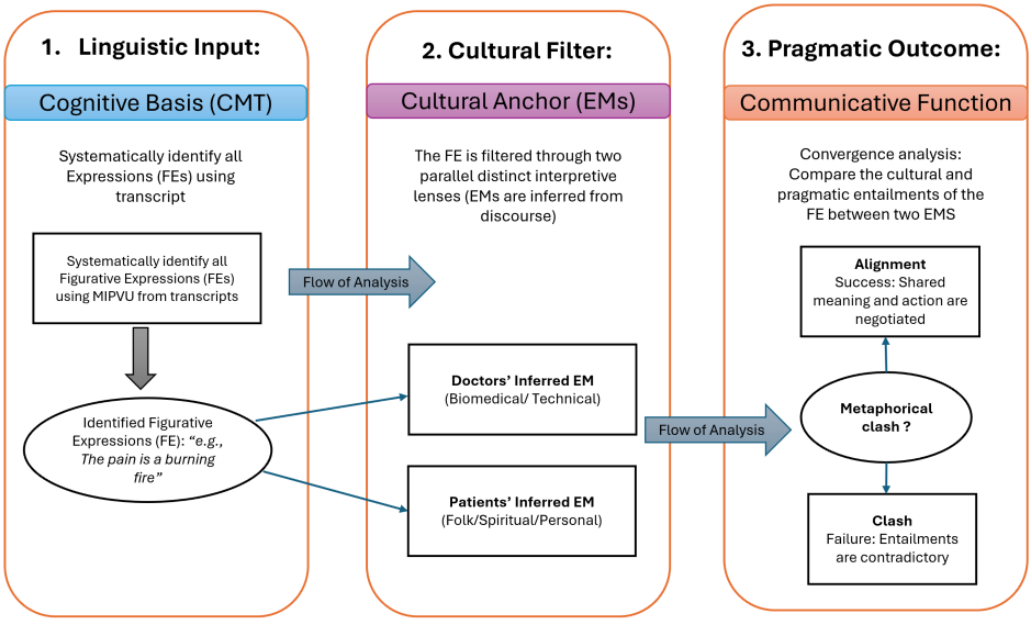
The third component of CAF examines the interactional outcomes of figurative language use. Here, metaphor is treated as a dynamic communicative resource that can either foster alignment or trigger misunderstanding.

Metaphorical Alignment: Alignment occurs when both doctor and patient draw on compatible EMs or successfully negotiate shared figurative meanings. Such exchanges promote empathy, rapport, and trust—key aspects of relational communication (Ismail & Omar, 2018). Figurative alignment embodies the cooperative principle of Communication Accommodation Theory (CAT), where interlocutors adjust language to achieve social harmony (Giles, 2016). When clinicians recognise patients' metaphors and respond with metaphorically resonant explanations—e.g., reframing "blocked wind" as "muscle tension or trapped gas"—they validate cultural worldviews while maintaining biomedical accuracy.

Metaphorical Clash: Conversely, a metaphorical clash occurs when interlocutors' figurative systems activate incompatible EMs. For instance, a patient describing cancer as "a curse from God" may expect moral counselling, while a physician viewing cancer as "a battle" emphasises treatment aggression. The differing entailments of "curse" and "battle" can lead to resistance or non-adherence (Rossi & Macagno, 2021). CAF analyses these clashes by mapping conflicting source domains—such as spiritual punishment versus mechanical malfunction—and examining their conversational consequences.

The CAF Synthesis: Identifying the Figurative Fault Line

Figure 1: Conceptual-Anthropological Framework (CAF) analysis flow chart



The structure of the CAF is best visualised as a three-stage sequential flow chart, highlighting the progression:

1. **Cognitive Basis (CMT)** → Identification of figurative expressions and conceptual mappings.
2. **Cultural Anchor (EMs)** → Inference of underlying belief systems and contextual meanings.
3. **Communicative Function (Clash / Alignment)** → Assessment of interactional outcomes.

The core mechanism of the metaphorical clash involves a breakdown at the pragmatic level where the source domain (such as battle, curse, machine) carries fundamentally different connotations for the two interlocutors based on their EMs. A figurative fault line is identified when the third stage reveals persistent metaphorical clash between participants' EMs. Analysing the density of these clashes within consultation transcripts provides an empirical measure of communicative risk in the specific Malaysian medical environment. The failure to align culturally anchored figurative language at the final stage leads to communication breakdown.

APPLICATION AND UTILITY OF CAF

Empirical Research Design: CAF lends itself to mixed-methods research that integrates discourse analysis with anthropological interpretation. Researchers can apply MIPVU to authentic Malaysian consultation transcripts to identify figurative expressions and then infer EMs from context and frequency. Quantitative mapping of metaphorical alignment and clash can be triangulated with qualitative insights into cultural reasoning. Such analyses would enrich understanding of how figurative language mediates treatment decisions, trust, and adherence.

Pedagogical Implications in Cultivating Figurative Competence: In medical education, CAF supports a crucial shift from generic cultural awareness to targeted Figurative Competence. This competence encompasses three abilities: (a) to recognise patients' figurative expressions, (b) to trace their cultural roots, and (c) to respond with metaphorically aligned language.

Training modules could integrate CAF principles with established tools like the Calgary–Cambridge Guide (Silverman, Kurtz & Draper, 2013) to help clinicians elicit metaphors during consultations, interpret their meanings, and respond empathetically. By equipping practitioners with strategies for metaphorical bridging—acknowledging patients' metaphors before offering biomedical explanations—CAF fosters trust and enhances health literacy. Similar findings have been reported in nursing contexts, where identifying patients' "root metaphors" significantly improved relational understanding (Álvarez et al., 2017). For instance, reframing a patient's "bad wind" metaphor as "air trapped in the stomach" links cultural and biomedical models without dismissing local belief systems.

Technological and Policy Relevance: CAF also has potential applications in AI-assisted healthcare communication. Computational models trained on annotated consultation corpora could detect metaphorical hotspots in real time, prompting clinicians to clarify ambiguous expressions. Moreover, empirical findings from CAF analyses could inform policy at the Malaysian Ministry of Health, guiding curriculum reform to include Figurative Competence within intercultural communication training.

Broader Regional Relevance: Although developed for Malaysia, CAF's tri-layered model can be adapted across Southeast Asia, where pluralism and high-context communication are common. Its analytical flexibility allows for comparative research across cultures, supporting the development of region-specific communication training that values metaphor as a diagnostic and relational tool.

CONCLUSION

Figurative language forms the subtle yet powerful fault lines of multicultural medical communication. When understood, these figurative expressions create bridges between clinician and patient worldviews; when ignored, they become barriers to empathy and effective care. The Conceptual–Anthropological Framework (CAF) offers a comprehensive means of analysing these dynamics by linking cognitive metaphor theory with cultural explanatory models and observable communicative outcomes.

CAF not only advances theoretical understanding but also provides practical directions for empirical research, pedagogy, and technology. It reframes traditional cultural competence as Figurative Competence: a dynamic, interpretive, and metaphor-sensitive practice designed to transform communication with culturally diverse patients. Future studies should validate CAF through corpus-based analyses of authentic Malaysian consultations, exploring how figurative alignment correlates with treatment adherence and patient satisfaction. Ultimately, CAF positions figurative language as both a window into cultural cognition and a pathway toward more humane, patient-centred healthcare across pluralistic societies.

Glossary

Acronym	Full term	Definition in context
CAF	**Conceptual-Anthropological Framework**	The proposed interdisciplinary model integrates CMT and EMs to analyse miscommunication rooted in figurative language.
CMT	**Conceptual Metaphor Theory**	The cognitive basis of CAF; the premise that metaphorical thought arises from systematic mappings between source and target domains.
EMs	**Explanatory Models**	The cultural anchor of CAF; individuals' culturally informed theories about illness causation, course, and treatment, inferred from figurative language.
MIPVU	**Metaphor Identification Procedure Versus Usage**	A systematic method used in Component 1 (CMT) to identify figurative expressions in clinical discourse.
CAT	**Communication Accommodation Theory**	A theory cited to explain metaphorical alignment, in which interlocutors adjust their language to achieve social harmony.

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