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Modeling Public Trust in Acupuncture Therapy: Social Legitimacy, Healing Narratives, and Epistemic Trust with Perceived Therapeutic Credibility as a Mediating Variable

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Abstract

This study investigates the factors influencing Public Trust in acupuncture therapy, focusing on the roles of Social Legitimacy, Healing Narratives, and Epistemic Trust. Using a quantitative approach with a correlational research design, the study examines the relationships between these independent variables and Public Trust, with Perceived Therapeutic Credibility as a mediating variable. A Structural Equation Modeling (SEM) technique using Partial Least Squares (PLS) was employed to analyze the data. The research was conducted across five acupuncture clinics in Malang City, involving 150 patients with Low Back Pain (LBP). Data was collected using a structured questionnaire and purposive sampling. The study found that Healing Narratives had the most significant impact on Public Trust, supporting previous findings that personal stories and experiences are crucial in legitimizing complementary and alternative medicine. Both Social Legitimacy and Epistemic Trust directly influenced the Perceived Therapeutic Credibility and Public Trust, highlighting the importance of societal acceptance and the credibility of information surrounding acupuncture. Furthermore, Perceived Therapeutic Credibility was confirmed to mediate the relationships between Social Legitimacy, Healing Narratives, and Public Trust. However, the indirect effect of Epistemic Trust on Public Trust through Perceived Therapeutic Credibility was found to be non-significant. The study contributes to the understanding of how Public Trust in acupuncture is shaped, emphasizing the roles of social validation, narrative storytelling, and epistemic credibility. These findings offer practical insights for practitioners and policymakers aiming to enhance acupuncture's acceptance in mainstream healthcare.

Introduction

Public trust is a crucial variable in various disciplines, particularly in healthcare, governance, and social sciences. In the context of acupuncture therapy, public trust plays a key role in determining the level of acceptance this therapy receives. Public trust is shaped not only by scientific evidence but also by social perceptions and individual experiences. Research indicates that the acceptance of acupuncture varies significantly across countries, with lower trust levels in Western nations where acupuncture is often regarded as an alternative treatment. Data show that while acupuncture is more widely accepted in countries like China and Japan, its adoption remains limited in the U.S. and Europe, where skepticism about its effectiveness persists (Bitektine & Haack, 2015). If this issue of public trust is not addressed, it may hinder

acupuncture's potential in global health practices (Campbell et al., 2021; Li et al., 2024; Graca et al., 2024; Li & Karp, 2025; Zhao et al., 2025).

The core issue of public trust in acupuncture lies in the skepticism surrounding its scientific basis and efficacy. Studies show that despite supporting evidence, a significant portion of the population, particularly in Western countries, remains doubtful about acupuncture's medical legitimacy (De Cremer et al., 2023). Quantitative studies suggest that public trust in acupuncture is influenced by cultural attitudes, social norms, and how acupuncture is framed within the healthcare system. Without addressing these trust issues, acupuncture risks remaining marginalized, limiting its potential in both conventional and alternative medical practices (Fonagy et al., 2015). Failure to resolve this issue could prevent acupuncture from realizing its full potential in diverse healthcare settings (Broom, 2022; Li et al., 2024; Nielsen et al., 2022; Jackson et al., 2022).

To enhance public trust in acupuncture, solutions such as strengthening its social legitimacy, crafting compelling healing narratives, and improving epistemic trust in its scientific evidence are essential. Research has shown that these variables significantly influence public perception, with a strong social legitimacy and persuasive healing narratives helping to increase acceptance of alternative therapies (Campbell et al., 2021; Frank, 2013). The rationale for selecting these variables is rooted in evidence suggesting they bridge the gap between traditional and alternative medical practices, thus fostering greater public confidence (Gale, 2023). The combination of social legitimacy and epistemic trust offers a comprehensive approach to improving the reception of acupuncture, addressing both social and scientific dimensions of public trust (Shen, 2022).

This research is novel in both empirical and methodological aspects. While previous studies have explored variables such as social legitimacy and epistemic trust, few have considered perceived therapeutic credibility as a mediating factor. Additionally, past research has shown mixed results regarding the significance of these factors in different contexts (Prady et al., 2015). This study uses a mixed-methods approach, integrating both quantitative and qualitative analyses, to provide a deeper understanding of the relationships between these variables, unlike previous research that typically employs a single methodological approach (Greiner, 2024). Furthermore, the practical application of this research can influence public education and policy decisions, promoting greater acceptance of acupuncture in mainstream healthcare systems (Julita & Baihaqi, 2024).

The urgency of this research stems from the increasing need to establish public trust in alternative therapies, especially as acupuncture becomes more integrated into mainstream healthcare. By understanding the factors influencing public trust, this study aims to enhance acupuncture's accessibility and acceptance, ultimately influencing health policies and decision-making (Broom et al., 2022). The findings will provide valuable insights for health professionals, policymakers, and educators, enabling a more informed and open-minded approach to acupuncture and other alternative therapies (Ariyanti, 2021).

Literature Review

Theoretical Framework

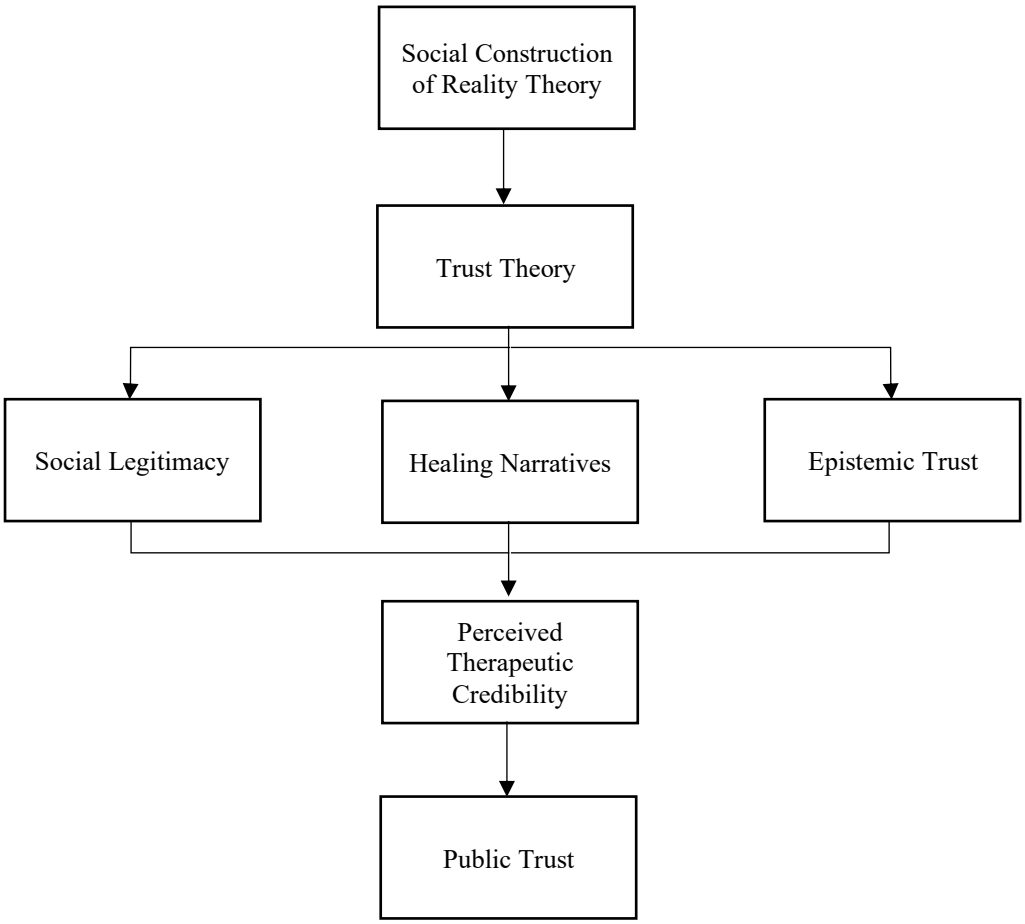

Figure 1. Theoretical Framework Model

The theoretical framework of this study integrates Social Construction of Reality Theory (Berger & Luckmann, 1966) as the primary overarching theory with Trust Theory (Simmel, 1950) and Epistemic Trust Theory (Fricker, 2007) as middle-range theories, to explain the formation of public trust in acupuncture therapy. Social Construction of Reality Theory posits that individuals' perceptions and beliefs, including trust in acupuncture, are socially constructed through shared interactions and cultural meanings, rather than being solely based on objective evidence. This theory provides the foundational lens for understanding how public trust in acupuncture is shaped by societal norms, institutional validation, and collective experiences. Trust Theory, in turn, emphasizes the role of trust in social relationships and institutions, helping to explain how acupuncture is accepted by the public based on interpersonal and institutional trustworthiness. This trust influences the extent to which individuals perceive acupuncture as a legitimate and credible therapeutic option.

Additionally, Epistemic Trust Theory focuses on how individuals assess the credibility of knowledge sources, such as acupuncture practitioners or the evidence supporting acupuncture. It highlights that the public's trust in acupuncture therapy is strongly influenced by the perceived credibility of the information and practitioners involved in delivering the therapy. As a mediating variable, Perceived Therapeutic Credibility plays a crucial role in linking these theories to public trust. The perception of acupuncture's effectiveness, which is shaped by social legitimacy, healing narratives, and epistemic trust, directly impacts the level of public trust in acupuncture. This integrative framework emphasizes that public trust in acupuncture therapy is not solely based on objective scientific evidence but is deeply influenced by social,

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narrative, and epistemic factors that shape the public's perception of its legitimacy and credibility.

Hyphothesis Framework

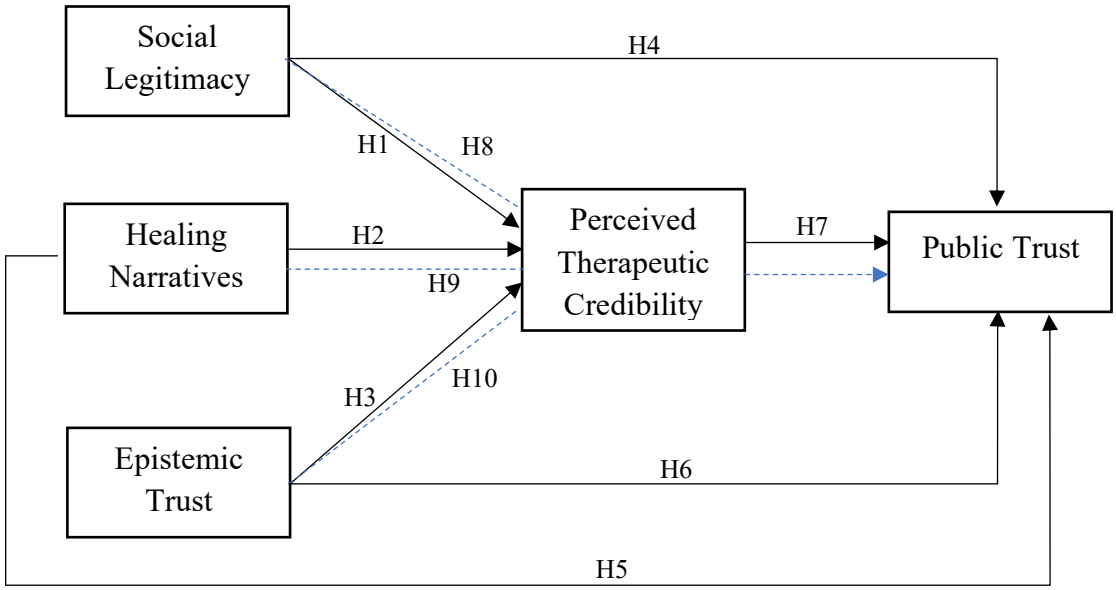

Figure 2. Hyphothesis Framework

H1: Social Legitimacy influence Perceived Therapeutic Credibility

H2: Healing Narratives influence Perceived Therapeutic Credibility

H3: Epistemic Trust influence Perceived Therapeutic Credibility

H4: Social Legitimacy influence Public Trust

H5: Healing Narratives influence Public Trust

H6: Epistemic Trust influence Public Trust

H7: Perceived Therapeutic Credibility influence Public Trust

H8: The Relationship between Social Legitimacy on Public Trust mediated by Perceived Therapeutic Crdibility

H9: The Relationship between Healing Narratives on Public Trust mediated by Perceived Therapeutic Crdibility

H10: The Relationship between Epistemic Trust on Public Trust mediated by Perceived Therapeutic Crdibility

Operational Definition Of Research Variables

Conceptual Framework

Operational definitions describe the key variables used in the study by providing specific boundaries and conceptual understanding. The operational definitions of the main variables are presented in Table 1 as follows:

Table 1. Operational Definition of Research Variables

Variable	Dimension	Indicator	Scale
Social Legitimacy	Moral Legitimacy	The degree of public agreement that an entity adheres to the law or social norms	Likert 1–5

(Julita & Baihaqi, 2024)		The perception that the organization acts honestly The perception that the entity is socially responsible	
	Cognitive Legitimacy	The extent to which society recognizes the existence and role of the entity The belief that the entity's existence is "normal" and accepted within the social system	
	Pragmatic Legitimacy	The perception that the entity provides relevant and tangible benefits for stakeholders Active support for the entity's activities	
Healing Narratives (Brown, 2008)	Genre	Post-therapy narratives describe transformation in life quality or health Changing perspectives on alternative treatments like acupuncture	
	Positioning	Patients feel active in choosing this therapy as a step towards healing Feelings of empowerment in opting for a natural or alternative therapy to address their health problems	
	Emotional Tone	Positive emotions (relief, gratitude) versus negative emotions (doubt, disappointment) Patient's assessment of physical and emotional changes post-therapy	
	Relationship with Recovery	A slow but significant recovery process or immediate change in health Subjective experience about whether acupuncture aids in the healing process	
	Trajectory	From pain or discomfort to feeling better after therapy Linear or non-linear narrative about healing, reflecting dependence on therapy sessions	
	Turning Points	Significant experiences, such as relief or changes in perception after several sessions Special moments in therapy that alter views on acupuncture	
	Narrative Sequence	Narrative begins with discomfort, progresses through therapy, and ends with post-therapy feelings Journey towards bodily balance and well-being through acupuncture	
	Protagonists	The patient as the protagonist who experiences the benefits of the therapy The role of the acupuncture therapist in supporting the recovery	

	Metaphors	Feeling like the energy is reawakening" or "restoring the balance in my body" to describe the experience	
Epistemic Trust (Greiner et al., 2024)	Trust	Reflects the tendency of an individual to accept information from another source as true, relevant, and useful for themselves Linked to openness to new knowledge and the ability to learn from interpersonal communication	
	Mistrust	Reflects a skeptical attitude toward information sources, especially interpersonal ones (e.g., therapists or professionals) Individuals with high scores tend to reject or fail to easily trust knowledge communication from others	
	Credulity	Reflects the tendency to accept information without adequate evaluation, leading to low epistemic vigilance Different from trust, as it can be excessive or overly influenced by others, rather than selective and rational acceptance	
Perceived Therapeutic Credibility (Prady et al., 2015)	Credibility of the Therapy	Belief that the therapy is logical and scientifically grounded Belief that the therapy will help Reputation and authority of the therapy	
	Expectancy of the Therapy's Outcome	Expectation of therapy outcome Expectation of specific changes	
	Perception of the Therapy's Mechanism	Understanding how the therapy works	
Public Trust (Ariyanti et al., 2021)	Personal belief in acupuncture	The extent to which an individual believes acupuncture can provide health benefits This belief is often influenced by cultural values, personal spiritual experiences, and traditional knowledge	
	Perception and knowledge about acupuncture	Respondent's knowledge of how acupuncture works, its benefits, and potential risks Often shaped by education or health campaigns	
	Personal experience	Direct personal experience with acupuncture therapy (positive/negative) influences trust	

Methods

Research Design

This study adopts a quantitative approach with a correlation research design to explore the relationships between the variables and test the proposed hypotheses. A quantitative approach is appropriate for examining causal relationships and providing objective, measurable data to evaluate the influence of various factors. The correlation design focuses on identifying the strength and direction of relationships between independent (X), dependent (Y), and mediating (Z) variables in the study. Structural Equation Modeling (SEM) using Partial Least Squares (PLS) was employed as the primary analytical method, supported by SmartPLS software. SEM-PLS was chosen for its ability to handle complex models involving multiple constructs and indicators, as well as its flexibility in analyzing both direct and indirect effects. This analytical approach is particularly advantageous for studies with non-normal data distributions or relatively small sample sizes.

The cross-sectional data collection design ensures that data is gathered from respondents at a single point in time, capturing a snapshot of the variables under investigation. This approach facilitates the evaluation of relationships among variables without the need for longitudinal tracking. SEM-PLS is especially suited for exploratory research contexts and provides robust results even when traditional assumptions of normality and large sample sizes are not met. By integrating SEM-PLS with a structured questionnaire and purposive sampling, this study provides a comprehensive framework for understanding how independent variables such as Social Legitimacy, Healing Narratives, and Epistemic Trust (X), mediating variables like Perceived Therapeutic Credibility (Z), and the dependent variable Public Trust in Acupuncture Therapy (Y) interact. This methodological approach ensures both rigor and flexibility, allowing for detailed analysis of complex relationships within the dataset.

Population and Sample

The population in this study consists of all patients with low back pain (LBP) who receive acupuncture treatment at five well-established acupuncture clinics in Malang City. The clinics selected as research locations include Medistra Acupuncture Clinic Malang, Rinjani Medical Acupuncture Clinic, the Acupuncture Polyclinic of RS dr. Soepraoen Malang, Griya Sehat Sinergi, and Malang Sehat Acupuncture & Herbal Clinic. These five clinics were chosen due to their strong reputation, high patient volume, and consistent provision of professional acupuncture services for musculoskeletal conditions, including LBP. Therefore, this population is considered representative of acupuncture users with LBP in Malang and suitable for achieving the objectives of this research.

The sample size for this study consists of 150 respondents, derived from the five participating clinics, with 30 respondents assigned to each clinic. The sampling technique employed is non-probability sampling using a consecutive sampling approach, in which all LBP patients who visit the clinic and meet the inclusion and exclusion criteria are recruited consecutively until the targeted number of respondents is reached. This method ensures proportional contribution from each clinic and allows for diversity in respondent characteristics across different service providers. The total sample of 150 respondents is considered adequate for SEM-PLS analysis and provides a comprehensive representation of acupuncture utilization among LBP patients.

Table 2. Sample Distribution

No	Acupuncture Clinic Name	Sample per Clinic	Description
1	Medistra Acupuncture Clinic Malang	30 respondents	LBP patients
2	Rinjani Medical Acupuncture Clinic	30 respondents	LBP patients

3	Acupuncture Polyclinic, RS dr. Soepraoen Malang	30 respondents	LBP patients
4	Griya Sehat Sinergi	30 respondents	LBP patients
5	Malang Sehat Acupuncture & Herbal Clinic	30 respondents	LBP patients
Total	**5 Clinics**	**150 respondents**	—

By distributing the sample evenly across the five clinics, this study achieves a balanced representation of LBP patients who utilize acupuncture services in Malang City. The total sample of 150 respondents meets the recommended size for SEM-PLS analysis, ensuring sufficient statistical power to explore causal relationships among the variables examined in this study. Additionally, the inclusion of multiple clinics provides variation in patient backgrounds and treatment experiences, thereby enriching the overall quality and representativeness of the dataset.

Data Analysis

This study utilizes Partial Least Square–Structural Equation Modeling (SmartPLS 3) as the primary analytical tool due to its suitability for complex models and small-to-medium sample sizes. The analysis is carried out in two stages:

Table 3. SEM-PLS Model Evaluation Criteria

Model Component	Evaluation Aspect	Description / Threshold
Outer Model	Convergent Validity	Outer Loadings > 0.70
	Discriminant Validity	Fornell-Larcker Criterion
	Reliability	Cronbach's Alpha > 0.70 Composite Reliability (CR) > 0.70 AVE (Average Variance Extracted) > 0.50
Inner Model	Collinearity Test	VIF (Variance Inflation Factor) < 5
	Path Coefficient Analysis	Significance and strength of relationships (p-value, t-statistic, beta coefficient)
	Coefficient of Determination	R-Square (R^2): Indicates variance explained in endogenous variables
	Effect Size	f-Square (f^2): Indicates the impact magnitude of exogenous constructs

Result and Discussion

Outer Model Evaluation

Convergent Validity – Outer Loadings

Outer loading is a primary indicator used to assess convergent validity, which refers to the extent to which indicators reflect the latent construct being measured. A loading value above 0.70 indicates that the indicator has a strong contribution in explaining the latent variable.

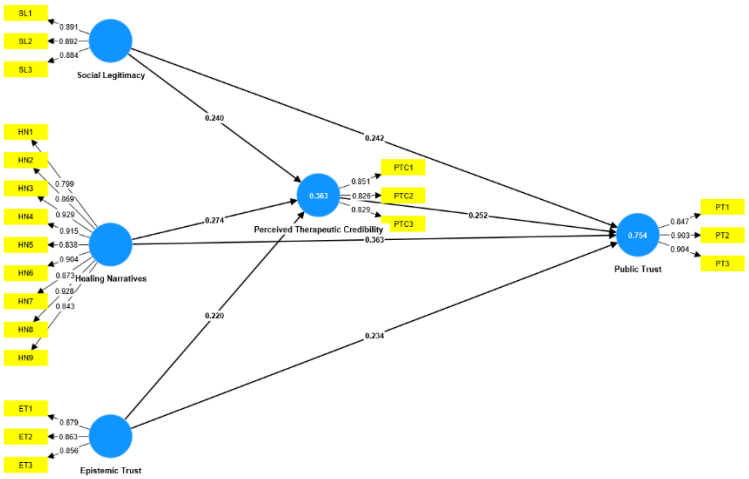

Figure 3. Outer Model

The following are the outer loading results based on the ascending order of indicator codes:

Table 4. Outer Loading of Indicator

Variable	Item Code	Outer Loading
Social Legitimacy	SL1	0,891
	SL2	0,892
	SL3	0,884
Healing Narratives	HN1	0,799
	HN2	0,869
	HN3	0,929
	HN4	0,915
	HN5	0,838
	HN6	0,904
	HN7	0,873
	HN8	0,928
	HN9	0,843
Epistemic Trust	ET1	0,879
	ET2	0,863
	ET3	0,856
Perceived Therapeutic Credibility	PTC1	0,851
	PTC2	0,826
	PTC3	0,829
Public Trust	PT1	0,847
	PT2	0,903
	PT3	0,904

The outer loadings of the items for each construct indicate strong to moderate relationships between the observed indicators and their respective latent variables. Social Legitimacy items (SL1, SL2, SL3) exhibit high loadings above 0.8, with SL2 being the strongest at 0.892. Healing Narratives indicators have a mix of strong loadings, with the highest being HN3 (0.929) and HN4 (0.915), though HN1 has a slightly lower loading at 0.799. For Epistemic Trust, all indicators (ET1, ET2, ET3) show strong loadings above 0.8, with ET1 (0.879) being the most significant. Perceived Therapeutic Credibility items (PTC1, PTC2, PTC3) also demonstrate moderate to strong loadings, with PTC1 being the strongest at 0.851. Finally, Public Trust indicators (PT1, PT2, PT3) exhibit very strong loadings, especially PT2 and PT3, both above 0.9. These results suggest that the measurement model is robust, with most items showing significant contributions to their respective constructs.

Discriminant Validity – Fornell-Larcker Criterion

Discriminant validity indicates the extent to which a construct is truly distinct from other constructs. According to the Fornell–Larcker Criterion, the square root of the AVE (located on the diagonal of the table) must be greater than the correlations between constructs in the corresponding rows and columns for each variable.

Table 5. Fornell-Larcker Criterion

Variable	Epistemic Trust	Healing Narratives	Perceived Therapeutic Credibility	Public Trust	Social Legitimacy
Epistemic Trust	0.866				
Healing Narratives	0.572	0.879			
Perceived Therapeutic Credibility	0.489	0.516	0.835		
Public Trust	0.678	0.744	0.668	0.885	
Social Legitimacy	0.468	0.483	0.475	0.647	0.889

Discriminant validity is confirmed when the square root of the Average Variance Extracted (AVE) for each construct, shown on the diagonal of the Fornell-Larcker Criterion table, is greater than the correlations between that construct and others in the corresponding rows and columns. In this case, the square roots of the AVE for each construct Epistemic Trust (0.866), Healing Narratives (0.879), Perceived Therapeutic Credibility (0.835), Public Trust (0.885), and Social Legitimacy (0.889) are all greater than the correlations with other constructs, such as the correlation between Epistemic Trust and Healing Narratives (0.572), and Public Trust and Healing Narratives (0.744). This indicates that each construct is distinct and not overly correlated with the others, thus confirming discriminant validity for all constructs in the model.

Construct Reliability and Validity

Construct reliability testing is conducted to ensure that the indicators within a construct exhibit good internal consistency. Three main measures are used: Cronbach's Alpha, Composite Reliability, and Average Variance Extracted (AVE)

Table 6. Construct Reliability and Validity

Variable	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Epistemic Trust	0.835	0.843	0.900	0.750
Healing Narratives	0.963	0.967	0.968	0.772
Perceived Therapeutic Credibility	0.785	0.792	0.874	0.698
Public Trust	0.861	0.865	0.915	0.783
Social Legitimacy	0.868	0.871	0.919	0.791

Construct reliability testing ensures that the indicators within each construct demonstrate good internal consistency, which is crucial for the validity of the measurement model. This testing involves three key measures: Cronbach's Alpha, Composite Reliability (rho_a and rho_c), and

Average Variance Extracted (AVE). The results from the table show that all constructs exhibit satisfactory reliability. For instance, Epistemic Trust has a Cronbach's Alpha of 0.835, composite reliability (rho_a) of 0.843, and AVE of 0.750, all of which are acceptable. Healing Narratives shows even stronger reliability, with a Cronbach's Alpha of 0.963, composite reliability (rho_a) of 0.967, and an AVE of 0.772, indicating excellent consistency. Similarly, Perceived Therapeutic Credibility (Cronbach's Alpha: 0.785, AVE: 0.698) and Public Trust (Cronbach's Alpha: 0.861, AVE: 0.783) also meet the required thresholds for reliability. Finally, Social Legitimacy demonstrates strong internal consistency with a Cronbach's Alpha of 0.868 and an AVE of 0.791. These values confirm that all constructs show good internal consistency and reliability, supporting the validity of the measurement model.

Inner Model Evaluation

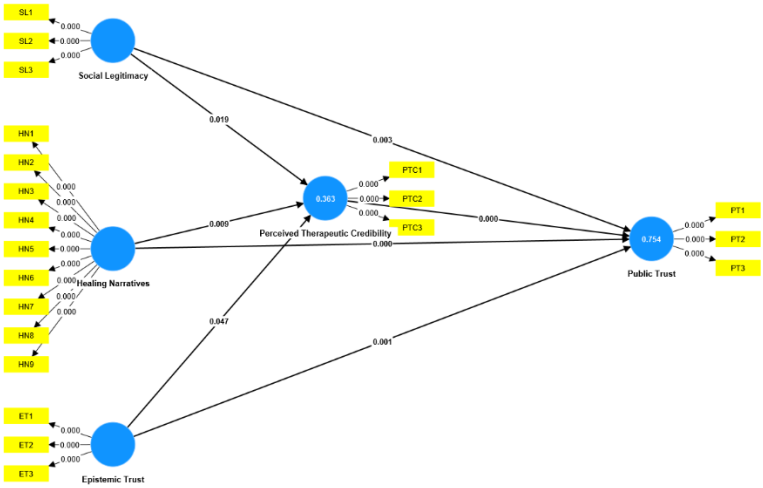

Figure 4. Inner Model

Coefficient of Determination (R2)

The R-square (R^2) value reflects the proportion of variance in the endogenous variables that can be explained by the exogenous variables in the model. A higher R^2 indicates a better explanatory power of the model.

Table 7. R – Square Values

Variable	R-square	R-square adjusted
Perceived Therapeutic Credibility	0.363	0.350
Public Trust	0.754	0.747

The R-square values indicate the proportion of variance in a dependent variable that is explained by the independent variables in the model, providing a measure of the model's explanatory power. In the table provided, the R-square for Perceived Therapeutic Credibility is 0.363, meaning that approximately 36.3% of the variance in Perceived Therapeutic Credibility is explained by the independent variables in the model. The adjusted R-square for Perceived Therapeutic Credibility is 0.350, which accounts for the number of predictors in the model, slightly reducing the R-square to reflect a more accurate fit. For Public Trust, the R-square is 0.754, indicating that 75.4% of the variance in Public Trust is explained by the independent variables. The adjusted R-square for Public Trust is 0.747, which similarly adjusts for the number of predictors, showing that the model still explains a substantial portion of the variance in Public Trust. These values suggest that the model has a strong explanatory power, particularly for Public Trust, and moderate explanatory power for Perceived Therapeutic Credibility.

Effect Size (f2)

Effect size (f^2) indicates the contribution of each exogenous variable to the R^2 value of the endogenous variable. Guidelines for interpretation by Cohen (1988) classify effect size as: Small: 0.02, Medium: 0.15, Large: 0.35.

Table 8. Effect Size (f2)

Exogenous Variable	Perceived Therapeutic Credibility (Z)	Public Trust (Y)
Social Legitimacy (X1)	0,064	0,159
Healing Narratives (X2)	0,072	0,307
Epistemic Trust (X3)	0,047	0,132
Perceived Therapeutic Credibility (Z)		0,164

Effect size (f^2) measures the contribution of each exogenous variable to the R^2 value of an endogenous variable, indicating the impact that independent variables have on the explained variance of dependent variables. According to Cohen's (1988) guidelines, effect sizes are classified as small (0.02), medium (0.15), or large (0.35). In the table provided, Social Legitimacy (X1) has a small effect on Perceived Therapeutic Credibility (Z) ($f^2 = 0.064$) but a medium effect on Public Trust (Y) ($f^2 = 0.159$). Healing Narratives (X2) shows a small effect on Perceived Therapeutic Credibility (Z) ($f^2 = 0.072$) but has a large effect on Public Trust (Y) ($f^2 = 0.307$), indicating that healing narratives play a significant role in shaping public trust. Epistemic Trust (X3) has small effects on both Perceived Therapeutic Credibility (Z) ($f^2 = 0.047$) and Public Trust (Y) ($f^2 = 0.132$), suggesting a modest influence. Lastly, Perceived Therapeutic Credibility (Z) itself shows a medium effect on Public Trust (Y) ($f^2 = 0.164$), highlighting its importance in influencing public trust. Overall, Healing Narratives has the largest impact on public trust, followed by Social Legitimacy and Perceived Therapeutic Credibility, while the effects on Perceived Therapeutic Credibility are relatively smaller but still noteworthy.

Direct Effect Analysis

To further understand the structural relationships among the constructs, the direct effects between exogenous and endogenous variables were analyzed using the path coefficients, t-values, and significance levels. The following interpretation outlines the strength and direction of influence between independent variables (Social Legitimacy, Healing Narratives and Epistemic Trust), the mediating variable Perceived Therapeutic Credibility (Z), and the dependent variable Public Trust (Y) within the proposed model.

Table 9. Direct Effect

Pathway	Coefficient (O)	T-statistic	p-value	Significance
Social Legitimacy → Perceived Therapeutic Credibility	0,240	2,337	0,019	Significant
Healing Narratives → Perceived Therapeutic Credibility	0,274	2,598	0,009	Significant
Epistemic Trust → Perceived Therapeutic Credibility	0,220	1,991	0,047	Significant
Social Legitimacy → Public Trust	0,242	3,023	0,003	Significant
Healing Narratives → Public Trust	0,363	4,357	0,000	Significant
Epistemic Trust → Public Trust	0,234	3,315	0,001	Significant
Perceived Therapeutic Credibility → Public Trust	0,252	4,435	0,000	Significant

The table presents the direct effects of various pathways, showing the coefficients, T-statistics, p-values, and significance levels. All pathways are significant, as the p-values are below the threshold of 0.05. Specifically, Social Legitimacy has a significant effect on Perceived Therapeutic Credibility (coefficient = 0.240, T-statistic = 2.337, p = 0.019), as does Healing Narratives (coefficient = 0.274, T-statistic = 2.598, p = 0.009) and Epistemic Trust (coefficient = 0.220, T-statistic = 1.991, p = 0.047). In terms of Public Trust, Social Legitimacy (coefficient = 0.242, T-statistic = 3.023, p = 0.003), Healing Narratives (coefficient = 0.363, T-statistic = 4.357, p = 0.000), and Epistemic Trust (coefficient = 0.234, T-statistic = 3.315, p = 0.001) all have significant direct effects. Furthermore, Perceived Therapeutic Credibility significantly influences Public Trust (coefficient = 0.252, T-statistic = 4.435, p = 0.000). These results indicate that all the tested relationships are statistically significant, underscoring the importance of each variable in shaping Perceived Therapeutic Credibility and Public Trust.

Indirect Effect Analysis

The total indirect effects analysis was conducted to identify the mediating role of Perceived Therapeutic Credibility (Z) in the relationship between exogenous variables (Social Legitimacy, Healing Narratives and Epistemic Trust) and the endogenous variable Public Trust (Y). This approach helps determine the extent to which Perceived Therapeutic Credibility indirectly transmits the influence of these factors on the public trust.

Table 10. Indirect Effect

Pathway	Coefficient (O)	T-statistic	p-value	Significance
Social Legitimacy → Perceived Therapeutic Credibility → Public Trust	0,060	2,090	0,037	Significant
Healing Narratives → Perceived Therapeutic Credibility → Public Trust	0,069	2,036	0,042	Significant
Epistemic Trust → Perceived Therapeutic Credibility → Public Trust	0,055	1,659	0,097	Non Significant

The table presents the indirect effects of various pathways, highlighting the coefficients, T-statistics, p-values, and significance levels. The indirect effects of Social Legitimacy → Perceived Therapeutic Credibility → Public Trust (coefficient = 0.060, T-statistic = 2.090, p = 0.037) and Healing Narratives → Perceived Therapeutic Credibility → Public Trust (coefficient = 0.069, T-statistic = 2.036, p = 0.042) are both significant, as their p-values are below the threshold of 0.05. These results indicate that Perceived Therapeutic Credibility mediates the relationship between Social Legitimacy and Public Trust, as well as between Healing Narratives and Public Trust. However, the indirect effect of Epistemic Trust → Perceived Therapeutic Credibility → Public Trust (coefficient = 0.055, T-statistic = 1.659, p = 0.097) is non-significant, suggesting that Perceived Therapeutic Credibility does not mediate the relationship between Epistemic Trust and Public Trust in this case.

The results of the study provide a comprehensive understanding of the direct and indirect effects of Social Legitimacy, Healing Narratives, and Epistemic Trust on Perceived Therapeutic Credibility and Public Trust in acupuncture therapy. Healing Narratives emerged as having the most significant impact on Public Trust, which aligns with the assertions of Broom and Tovey (2009), who emphasized that personal stories and experiences are crucial in shaping the legitimacy and trust in complementary and alternative medicine (CAM). This finding is further supported by recent studies (Bavel et al., 2020; Bamgboye et al., 2024), which highlight how narratives create a sense of legitimacy and validate the therapeutic process for

individuals, thus influencing their trust in these treatments. Additionally, Social Legitimacy and Epistemic Trust were found to directly contribute to both the Perceived Therapeutic Credibility and Public Trust in acupuncture. This underscores the importance of societal acceptance and the perceived credibility of the information surrounding acupuncture, suggesting that public trust is not solely influenced by the scientific evidence of its efficacy, but also by social validation and the credibility of information (Ng et al., 2024). The findings also align with Berger and Luckmann's Social Construction of Reality Theory (1966), which posits that public beliefs and trust are shaped by collective social experiences and cultural norms, rather than just objective facts. In the context of acupuncture, these social factors play a significant role in shaping how the public perceives the therapy.

The study also explored the indirect effects, revealing that Perceived Therapeutic Credibility mediates the relationship between Social Legitimacy and Public Trust, as well as between Healing Narratives and Public Trust. This mediation highlights the critical role of perceived credibility in bridging the gap between therapeutic interventions and the public's trust in them. Faulkner (2020) emphasizes the power of storytelling in CAM practices, noting that effective narratives can enhance perceived credibility and thus contribute to building trust. The significant indirect effects of Healing Narratives and Social Legitimacy on Public Trust are consistent with this perspective, suggesting that these factors are essential in fostering trust in acupuncture. However, the indirect effect of Epistemic Trust on Public Trust, through Perceived Therapeutic Credibility, was found to be non-significant. This suggests that while Epistemic Trust is important in shaping perceptions of credibility, it may not directly enhance public trust in acupuncture to the same extent as the more social and narrative-driven constructs (Bavel et al., 2020; Cameron et al., 2021). This finding is in line with Fricker's (2007) work on epistemic injustice, which suggests that while epistemic trust is important for credibility assessments, the role of social validation and shared narratives is more pivotal in building public trust in health-related practices.

This study provides significant insights into the complex mechanisms that underlie Public Trust in acupuncture, particularly in how social factors, narratives, and the perceived credibility of acupuncture shape public perceptions. The findings emphasize the importance of not only scientific evidence but also social legitimacy and narrative experiences in fostering trust in alternative therapies. These results contribute to the growing body of literature on trust in complementary and alternative medicine and offer valuable implications for practitioners and policymakers aiming to enhance public trust in acupuncture therapy.

Conclusion

This study provides important insights into the factors influencing Public Trust in acupuncture therapy. The findings highlight that Social Legitimacy, Healing Narratives, and Epistemic Trust all play significant roles in shaping both Perceived Therapeutic Credibility and Public Trust. Specifically, Healing Narratives emerged as the most influential factor in fostering public trust, aligning with previous research that underscores the importance of personal stories in validating complementary and alternative medicine (CAM) practices. Furthermore, Social Legitimacy and Epistemic Trust were found to directly influence both the perceived credibility of acupuncture and the overall trust placed in it, emphasizing the importance of societal acceptance and the credibility of surrounding information. The study also revealed that Perceived Therapeutic Credibility serves as a crucial mediator between Social Legitimacy, Healing Narratives, and Public Trust, highlighting its central role in building trust in alternative therapies. However, the indirect effect of Epistemic Trust on Public Trust through Perceived Therapeutic Credibility was found to be non-significant, suggesting that while epistemic trust is important for credibility, its direct impact on public trust is less pronounced compared to social and narrative factors.

To enhance Public Trust in acupuncture therapy, it is recommended that practitioners focus on strengthening Healing Narratives, as these have the most significant impact on trust, through patient stories and testimonials that can bridge personal experiences with broader public perceptions. Additionally, efforts should be made to increase the Social Legitimacy of acupuncture by partnering with healthcare institutions and public health organizations, promoting acupuncture through media campaigns to improve societal acceptance. While Epistemic Trust did not show a significant indirect effect on public trust, practitioners should still prioritize enhancing their credibility through continuous education and transparent communication about treatment efficacy. Finally, future research should explore additional variables influencing trust, such as institutional support and healthcare integration, to provide a deeper understanding of public perceptions and improve the acceptance of acupuncture across different demographics and health conditions.

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