The Wellness Heritage of Malay and Chinese Food & Medicine Homology Traditions in Malaysia

Xianyue Lang [a], Lay Hoon Ang [a], Zalina Binti Mohd Kasim [a]
a. Universiti Putra Malaysia, Malaysia

Abstract: This qualitative study compares *nasi ulam* (a traditional Malay rice dish mixed with fresh herbs) and *bak kut teh*(a Chinese Malaysian herbal pork rib soup) as culturally situated Malay and Malaysian Chinese food practices through which participants express ideas about health, bodily balance, and heritage. Food and Medicine Homology (FMH), derived from Chinese dietary discourse, is used here as a comparative analytical label, not as an indigenous Malay category or a claim that the two traditions are conceptually identical. Drawing on interviews, observation, and six selected culinary and medicinal texts, the article asks how participants describe bodily health through these dishes and how they interpret environmental conditions, medicinal food knowledge, and intergenerational transmission in maintaining these practices. The field materials cited in the manuscript are dated November 2024–May 2025 and concern Klang, Kelantan, and Terengganu. Participants associated *nasi ulam* with *panas*, *sejuk*, and *angin*, and *bak kut teh* with warming, qi, and related Chinese dietetic vocabularies; these are reported cultural interpretations rather than independently demonstrated physiological effects. Evidence of adaptation in recipes and commercial packaging also complicates a simple contrast between stable ethnic traditions. The contribution lies in identifying both the usefulness and limits of comparison across distinctive ethnomedical vocabularies and social settings. The study does not establish historical climatic causation or clinical efficacy.

Keywords: bak kut teh, Food and Medicine Homology, nasi ulam, thick description, wellness heritage

1. Introduction

Food traditions have long been recognized as more than sources of taste or nutrition because they carry accumulated knowledge about maintaining health and regulating the body. Ethnographic and historical studies show that in many societies, recipes and ingredients are classified according to their perceived effects on balance, energy, or vitality, which links food directly to cultural models of wellbeing (Anderson, 1988; Laderman, 1991). For example, Malay practices distinguish between *panas* (Malay word, hot) and *sejuk* (Malay word, cool) foods as part of humoral regulation, while Chinese foodways apply dietary medicine to support the circulation of qi and the balance of *yin* (the cooling and nourishing principle) and *yang* (the warming and activating principle) (Bensky, Clavey, & Stöger, 2015). Within this perspective, recent related studies have shown that Malay and Chinese traditions both exemplify the idea that food and medicine form a continuum. This principle, known in Chinese dietetics as food medicine homology (FMH) and in Malay culture through the classification of herbs and dishes, provides the foundation for understanding their culinary practices as wellness heritages (Hu, 2018; Wan Hassan, 2010).

Scheper-Hughes and Lock (1987) proposed the concept of the *mindful body*, arguing that cultural models of the body, which refer to collective understandings of how the body functions and how illness is experienced, link individual perception of health with broader cosmologies of wellness and disease. This perspective has been supported by ethnographic research. For instance, Anderson (1988) showed how Chinese dietary traditions incorporate medicinal herbs and *yin–yang* balance into everyday meals, such as soups designed to replenish *qi* and restore harmony. Similarly, Laderman (1991) documented how Malay women classified foods as *panas* (hot) or *sejuk* (cool) to guide pregnancy and postpartum care. These cases illustrate that food habits are not marginal customs but integral components of medical systems across cultures. In Malaysia, a multiethnic and multicultural society, this insight provides a fertile ground for comparative analysis. Examining *nasi ulam* (a traditional Malay rice dish mixed with fresh herbs) among Malays and *bak kut teh* (a Chinese Malaysian herbal pork rib soup) among Chinese communities

reveals how two groups living in the same tropical environment developed distinct dietary principles and wellness logics. Such an approach not only sheds light on cross-cultural medical systems but also offers meaningful implications for future research on food, medicine, and heritage in plural societies.

In plural societies, foods often embody overlapping ethnomedical systems that express distinctive views of the body, health, and environment. Malaysia offers a case, as its multiethnic population has long integrated Malay, Chinese, Indian, and indigenous traditions. Within this setting, two dishes illustrate how wellness logics are inscribed into daily practice. Among Malays, *nasi ulam* is prepared with finely chopped herbs, grated coconut, and spices, and is locally described as both food and a way of managing perceived *panas*, *sejuk*, and angin (Laderman, 1991; Wan Hassan, 2010). Among Chinese Malaysians, *bak kut teh* (hereafter *BKT*) is a pork rib soup simmered with medicinal herbs such as *dang gui* (Angelica sinensis), *rou gui* (Cinnamomum cassia), and licorice root. Chinese material medical classifies some of these herbs using warming and *tonifying* (replenishing vital energy and strengthening the body) categories; this textual classification does not itself establish a clinical effect of the finished dish (Anderson, 1988; Buell & Anderson, 2010). *Some consumers describe BKT* as a restorative meal associated with warmth and energy after physical labor *(Tan, 2011)*. Despite their differences, both dishes can be compared under the analytical label Food and Medicine Homology (FMH), while retaining their different local concepts of nourishment, illness, and wellbeing (Etkin, 2006).

This study addresses two research questions. First, what cultural models of the body and health do participants associate with *nasi ulam* and *BKT* as examples of Malay and Malaysian Chinese wellness heritage? Second, how do participants describe the roles of environmental conditions, medicinal-food knowledge, and intergenerational learning in contemporary preparation, consumption, and transmission of these dishes? The second question concerns reported explanations and present-day practices, not a causal reconstruction of the dishes' historical origins.

To answer these questions, field materials dated November 2024 to May 2025 report participant observation in Klang, Selangor, and Kelantan/Terengganu. Klang was chosen because it is historically regarded as the birthplace of *BKT* and remains the core site of its commercial reproduction (Tan, 2011). Kelantan and Terengganu were selected because they sustain strong ulam traditions, where daily markets and household kitchens feature herb-rich dishes such as *nasi ulam* and *nasi kerabu* (a traditional Malay blue rice dish served with fresh herbs and vegetables) (Wan Hassan, 2010). This combination of sites provided access to the cultural heartlands of both cuisines. The study employed participant observation to capture lived practices in these contexts, complemented by textual analysis to situate them within historical and comparative scholarship. Ethnography offers thick description of food medicine practices (Geertz, 1973), while textual analysis anchors findings in broader theoretical and historical perspectives (Kleinman, 1980).

To ensure both depth and analytical focus, six foundational works were selected:

i. Temasek Polytechnic. (2015). *Singapore hawker classics unveiled: Decoding 25 favourite dishes*. Marshall Cavendish International.
ii. Wan Hassan, W. E. (2010). *Ulam: Salad herbs of Malaysia*. MASBE Sdn. Bhd.
iii. Hu, S. [Hu Sihui]. (2018). Yinshan zhengyao [饮膳正要; facsimile of a Ming block-print edition]. [Edition details and consulted copy must be verified].
iv. Bensky, D., Clavey, S., & Stöger, E. (2015). Chinese herbal medicine: Materia medica (Portable 3rd ed.). Eastland Press.
v. Laderman, C. (1991). Taming the winds of desire: Psychology, medicine, and aesthetics in Malay shamanistic performance. University of California Press.
vi. Tan, C.-B. (Ed.). (2011). *Chinese food and foodways in Southeast Asia and beyond*. NUS Press.

Bibliographic dating note: *The review identifies the original compilation of Yinshan zhengyao as 1330, the Ming block-print edition as 1456, and a modern facsimile as 2018. These dates refer to different stages of textual history.*

These six texts were chosen because each anchors a key dimension of the study. Temasek Polytechnic (2015) provides a culinary and cultural account of *Bak Kut Teh,* while Wan Hassan (2010) offers a systematic treatment of *ulam* and its role in shaping *nasi ulam*. Hu Sihui's *Yinshan zhengyao* (2018) establishes the classical foundation of medicine–food homology (hereafter abbreviated as FMH), while Bensky, Clavey, and Stöger (2015) supply standardized materia medica entries for Chinese herbs central to *Bak Kut Teh*. Laderman (1991) situates Malay herbal and dietary practices within the framework of hot–cold balance and local wellness logics, and Tan (2011) contextualizes Malaysian Chinese foodways within broader Southeast Asian identity and health discourses. Limiting the corpus to six works balances breadth with analytical manageability, ensuring that each text is deeply integrated into the interpretation rather than superficially cited.

FMH originates in Chinese dietetic discourse and is employed here as an etic comparative device rather than an emic term presumed to be shared by Malay participants. Malay understandings of *panas*, *sejuk*, and *angin* developed within their own histories of humoral reasoning and everyday herbal practice (Laderman, 1991; Wan Hassan, 2010). Comparison is therefore made at the level of the reported relationship between food and care, not through equivalence between Malay classifications and Chinese ideas of qi, yin, or yang. Literature on ethnomedical systems and pluralism cautions against treating a tradition as internally uniform or historically unchanged (Kleinman, 1980; Etkin, 2006). Consequently, biomedical efficacy is outside the scope of this ethnography, and sources whose publication details cannot be substantiated are not used to support claims of pharmacological validation.

Five perspectives serve different analytical functions rather than forming five assumed explanations. FMH supplies a cross-cultural question about the food–care continuum, not a category attributed to all participants; cultural models of the body sensitize coding to emic expressions such as *panas*, *sejuk*, *angin*, *qi*, and warming; ethnomedicine places these expressions in relation to household, textual, and commercial authority (Scheper-Hughes & Lock, 1987; Kleinman, 1980). Ecological interpretation tracks when participants invoke weather, ingredient availability, or work, without inferring that climate historically caused the dishes (Anderson, 1988). Heritage and intergenerational transmission direct attention to teaching, family narratives, and market adaptation (UNESCO, 2003; Caplan, 1997). These lenses intersect in the evidence: the analysis compares reported meanings and practices, checks differences among speakers and settings, and treats exceptions as analytically relevant rather than as departures from an assumed ethnic norm.

This chapter establishes the rationale for studying *nasi ulam* and *BKT* as wellness heritages. By grounding them in FMH, linking them to cultural models, ethnomedical systems, ecological adaptation, and transmission, the study investigates their locally described dual role as sources of nourishment and as cultural legacies. The next chapter details the methodology that operationalizes these frameworks in fieldwork and analysis.

2. Method

2.1 Research Design

This study adopts a qualitative ethnographic design because the central aim is to understand how food traditions function as wellness heritages in everyday practice. Ethnography emphasizes immersion in daily contexts through participant observation and interviews, which allows the researcher to capture not only observable routines but also the cultural logics that shape them (Hammersley & Atkinson, 2007; Spradley, 1980). This approach is particularly suited to examining embodied categories such as *panas* (hot)

and *sejuk* (cool) in Malay humoral reasoning and *yin*, *yang*, and *qi* (vital energy) in Chinese dietetic thought, which cannot be adequately grasped through surveys or laboratory tests.

While ethnography provides the overall framework for data collection, the findings are presented using thick description in Geertz's sense, which interprets observed actions within wider systems of meaning (Geertz, 1973). For example, thick description explains how chopping fresh herbs for *nasi ulam* or simmering medicinal plants in *bak kut teh* expresses ideas of balance, circulation, and intergenerational teaching. In this study, thick description functions as the analytic and narrative mode that renders ethnographic material intelligible to readers who are not insiders to these traditions.

The design integrates three complementary strategies, each necessary for methodological and theoretical reasons. First, participant observation documents practices as they unfold in kitchens, markets, herbal shops, and restaurants. This strategy captures tacit knowledge, sequencing of actions, nonverbal cues, and the material arrangements through which health ideas are enacted, elements that interview recall alone cannot reliably provide (Spradley, 1980; Bernard, 2018). Second, semi-structured interviews elicit emic categories and causal explanations that are not always visible in action. Interviews enable participants to articulate how they classify foods, interpret bodily effects, and narrate transmission across generations, while allowing the researcher to probe meanings with consistency and depth across interlocutors (Spradley, 1979; Kvale, 1996). Third, textual analysis situates contemporary accounts within established intellectual lineages in Malay and Chinese traditions and guards against presentism. Documentary and historical sources provide a comparative anchor for interpreting observed practices and offer a way to check the internal coherence of categories and claims, including the classification of herbs in authoritative materia medica and classical dietetic texts (Atkinson & Coffey, 2004; Prior, 2003). Taken together, these strategies implement triangulation across data sources and methods, which strengthens credibility and validity by demonstrating convergence as well as meaningful divergence in the evidence base (Denzin, 1978; Patton, 2015; Maxwell, 2013; Flick, 2018). Alternative combinations were considered but were less appropriate for the present aims. A survey would yield breadth at the expense of embodied detail and emic nuance, a laboratory or clinical design would test physiological effects rather than explain cultural models and transmission, and a purely textual study would miss how practices are enacted and negotiated in daily life. The chosen configuration therefore aligns the data sources with the analytic focus on lived practice, cultural meaning, historical grounding, and the wellness logics that connect food and medicine in both communities.

2.2 Site Selection and Rationale

This study leverages Malaysia as a multiethnic setting where Malay and Chinese communities live under a shared tropical climate while drawing on different culinary and medical traditions to develop distinct approaches to food-based nourishment and therapy. Two field sites were selected to operationalize this comparative design and to follow each tradition in its cultural heartland.

Klang in Selangor is historically recognized as the birthplace and commercial hub of *bak kut teh*. As an urban port shaped by trade and labor migration, Klang provides access to restaurants, herbal shops, and consumer networks through which Chinese dietetic principles are translated into everyday cuisine and reproduced through commercial practice (Tan, 2011). Observations in this context document how warming and tonifying herbal logics are enacted in procurement, preparation, and consumption.

Kelantan and Terengganu on the east coast remain strongholds of Malay herbal traditions. These agrarian and coastal states sustain *ulam* and *nasi ulam* as part of daily markets and family kitchens, where humoral categories such as *panas* and *sejuk* guide decisions about herbs, climatic rhythms, and bodily balance (Wan Hassan, 2010). Fieldwork in these settings captures how cooling and dispersive logics are practiced and taught in domestic and community contexts.

Juxtaposing Klang with Kelantan and Terengganu makes it possible to compare food-based wellness practices that arise in different social and ecological settings while remaining within the same macro-climatic zone. The design does not assume identical environments. Rather, it treats the tropical climate as a shared backdrop and interprets observed differences with attention to microecological and social contrasts between an urban port and agrarian coastal regions. This logic strengthens the analytic comparison by foregrounding cultural models of health and practice while acknowledging environmental and occupational variation.

2.3 Participants and Sampling

Participants were recruited through purposive sampling, supplemented by snowball referrals, based on their direct involvement in the preparation, consumption, commercialization, or transmission of traditional food knowledge associated with *nasi ulam* and *bak kut teh*. Initial participants were identified through household kitchens, markets, restaurants, and herbal shops, while subsequent participants were recruited through referrals from individuals with relevant cultural knowledge and experience. This approach facilitated the inclusion of participants from diverse social, occupational, and generational backgrounds, emphasizing the relevance and depth of their experiences rather than statistical representativeness (Hammersley & Atkinson, 2007; Creswell & Poth, 2018).

The study involved a total of 42 participants across Klang, Selangor, and the east-coast states of Kelantan and Terengganu. Of these, 17 participants from Klang included Chinese herbalists, restaurant operators, and long-term consumers of *bak kut teh*, while 15 participants from Kelantan and Terengganu comprised Malay home cooks, market vendors, and household elders involved in preparing and transmitting *nasi ulam* traditions. An additional group of 10 elderly knowledge holders was recruited separately across the two study regions. These individuals were not included in the initial regional groups, bringing the total sample to 42 participants.

Among the 10 additional elderly knowledge holders, four were recruited from Klang and six from Kelantan and Terengganu. This group comprised four male and six female participants, aged approximately 60–82 years, who possessed experience in traditional food preparation, herbal knowledge, and intergenerational cultural transmission. The inclusion of these participants provided further insights into the preservation and adaptation of traditional culinary and medicinal knowledge across generations.

Of the 42 participants, 36 participated in semi-structured interviews, while the remaining six contributed through participant observation and informal conversations. The sampling strategy aimed to obtain information-rich accounts from individuals involved in household, commercial, and community-based food practices. As an exploratory qualitative study, the research sought to understand culturally situated experiences and interpretations rather than achieve statistical representativeness. Therefore, the findings reflect the perspectives of the selected participants within their specific social and geographical contexts and should not be generalized to Malay or Chinese Malaysian communities as homogeneous populations.

2.4 Data Collection

Participant observation

Fieldwork was carried out in kitchens, morning markets, restaurants, and herbal shops. Observation focused on how herbs were selected, how dishes were prepared, and how people described the bodily effects of food. Prolonged presence in these spaces made it possible to note variations shaped by factors such as market availability, climatic rhythms including the northeast monsoon and relatively drier periods, and the embodied routines of preparation and consumption. These observations clarified how abstract categories such as “cooling” or *tonifying* were translated into concrete practices through everyday culinary choices.

Semi-structured interviews

Fieldwork was conducted between November 2024 and May 2025 through intermittent visits to Klang, Kelantan, and Terengganu. A total of 36 semi-structured interviews were conducted with participants involved in traditional food preparation, herbal knowledge, and culinary heritage transmission. Interviews were conducted in Malay, Mandarin Chinese, or English, depending on participants' linguistic preferences.

The interviews explored participants' cultural understandings of food classifications, perceived health benefits, herbal ingredients, environmental influences, and intergenerational knowledge transmission. Open-ended questions encouraged participants to share their personal experiences and explain the cultural meanings associated with *nasi ulam* and *bak kut teh*. Particular attention was given to culturally specific concepts of bodily balance, including Malay humoral classifications and Chinese dietary principles.

With participants' informed consent, interviews were audio-recorded and transcribed verbatim in their original languages. Selected quotations were subsequently translated into English by the researcher and reviewed by a bilingual researcher to ensure linguistic accuracy and preserve culturally specific meanings. Transcripts and translated excerpts were cross-checked against the original recordings to minimize translation-related misinterpretations. This approach strengthened the credibility and cultural sensitivity of the qualitative findings.

Textual and documentary analysis

Six foundational works were analyzed alongside field data: Hu Sihui's *Yinshan Zhengyao* (2018), Bensky, Clavey, and Stöger's *Chinese Herbal Medicine: Materia Medica* (2015), Wan Hassan's *Ulam: Salad Herbs of Malaysia* (2010), Laderman's *Taming the Winds of Desire* (1991), Tan's *Chinese Food and Foodways in Southeast Asia and Beyond* (2011), and *Singapore Hawker Classics Unveiled* (Temasek Polytechnic, 2015). Each text represents a key dimension of the inquiry, including classical dietetics, standardized herbals, Malay humoral practice, ethnographic accounts of wellness foodways, and the cultural framing of *bak kut teh*. This layer situates field observations within longer historical and theoretical traditions, preventing the interpretation from being parochial or ahistorical.

2.5 Data Analysis

The qualitative data were analyzed using thematic analysis informed by Braun and Clarke (2006). The analytical process involved familiarization with the interview transcripts, fieldnotes, and selected documentary sources, followed by initial coding, identification of recurring patterns, theme development, and interpretation. Both inductive and deductive approaches were employed to capture participants' cultural perspectives while relating the findings to the study's theoretical frameworks.

During the initial coding stage, particular attention was given to participants' culturally specific expressions, including panas (bodily heat), sejuk (bodily coolness), angin (internal wind), yin (the cooling and nourishing principle), yang (the warming and activating principle), and qi (vital energy). Descriptive codes were also assigned to recurring practices, such as herb selection, cooking techniques, meal timing, family instruction, and commercial packaging. These codes were subsequently compared across the Malay and Chinese field settings to identify similarities, differences, and recurring patterns.

Through the comparison and refinement of related codes, five major analytical themes were developed: (1) food preparation and consumption practices, (2) cultural models of the body and health, (3) ethnomedical knowledge and textual traditions, (4) environmental and occupational interpretations of food practices, and (5) intergenerational transmission and cultural heritage. For example, participants' explanations linking herbal consumption to humid weather and bodily

balance informed the fourth theme, while accounts of family recipes, parental instruction, and commercially packaged herbal mixtures contributed to the fifth theme.

The five theoretical perspectives—Food and Medicine Homology (FMH), cultural models of the body, ethnomedical systems, ecological adaptation, and intergenerational transmission—were subsequently employed as interpretive lenses rather than predetermined analytical categories. Particular attention was given to differences within and between communities, including generational changes in ingredient preferences and the commercialization of traditional recipes. Participants' explanations of therapeutic effects and environmental influences were interpreted as culturally situated understandings rather than independently verified physiological effects or evidence of historical ecological causation.

2.6 Trustworthiness and Reflexivity

Credibility was enhanced through prolonged engagement, triangulation across observation, interviews, and texts, and member checking of transcripts. Transferability was supported by thick description of field sites and practices, allowing readers to assess relevance to other plural societies. Dependability was ensured by maintaining an audit trail of coding decisions and field memos. Confirmability was strengthened by reflexive journaling and peer debriefing.

Because ethnographic research involves direct engagement with participants and their cultural practices, researcher reflexivity was considered essential for maintaining transparency and credibility throughout the research process. The researcher occupied an insider–outsider position, possessing familiarity with Malaysian social and cultural contexts while remaining an outsider to certain community-specific traditions. This positionality facilitated communication and access to local knowledge but also required critical reflection on how personal cultural assumptions and prior understandings might influence data collection and interpretation. Particular attention was therefore given to understanding participants' accounts within their respective cultural contexts and avoiding the imposition of external assumptions on traditional health beliefs and practices.

Formal institutional ethics approval was neither sought nor obtained prior to data collection. Nevertheless, ethical considerations were taken into account throughout the research process. Participants were informed of the study's purpose, and verbal informed consent was obtained before their participation. Participation was voluntary, and participants' identities were anonymized to protect their privacy and confidentiality. Research materials were stored securely, and culturally sensitive information concerning traditional recipes, medicinal knowledge, and community practices was handled with respect for participants' perspectives and cultural traditions. The absence of formal institutional ethics approval is explicitly acknowledged to ensure transparency in reporting the research procedures.

3. Findings and Discussion

This chapter presents the findings and discussion following the structure of the study’s analytic framework. It begins with ethnographic observations of the preparation, sale, and consumption of *nasi ulam* and *bak kut teh*, illustrating how everyday practices reflect embodied ideas of balance and vitality. These practices are then interpreted through cultural models of the body, showing how Malay concepts of hot and cool, along with Chinese notions of yin, yang, and qi, influence choices related to food and medicine. The discussion moves on to place these practices within broader ethnomedical systems by connecting them to classical texts and modern herbal references, emphasizing how codified knowledge helps reinforce local traditions. Attention is then given to ecological adaptation, examining how factors such as climate, resource availability, and daily work patterns shape preferences for dispersive or tonifying foods. The chapter also explores how these food-medicine practices are passed down through generations, maintained by families, communities, and commercial environments, contributing to a sense of heritage and identity. Finally, the analysis brings these threads together, comparing the two traditions within their

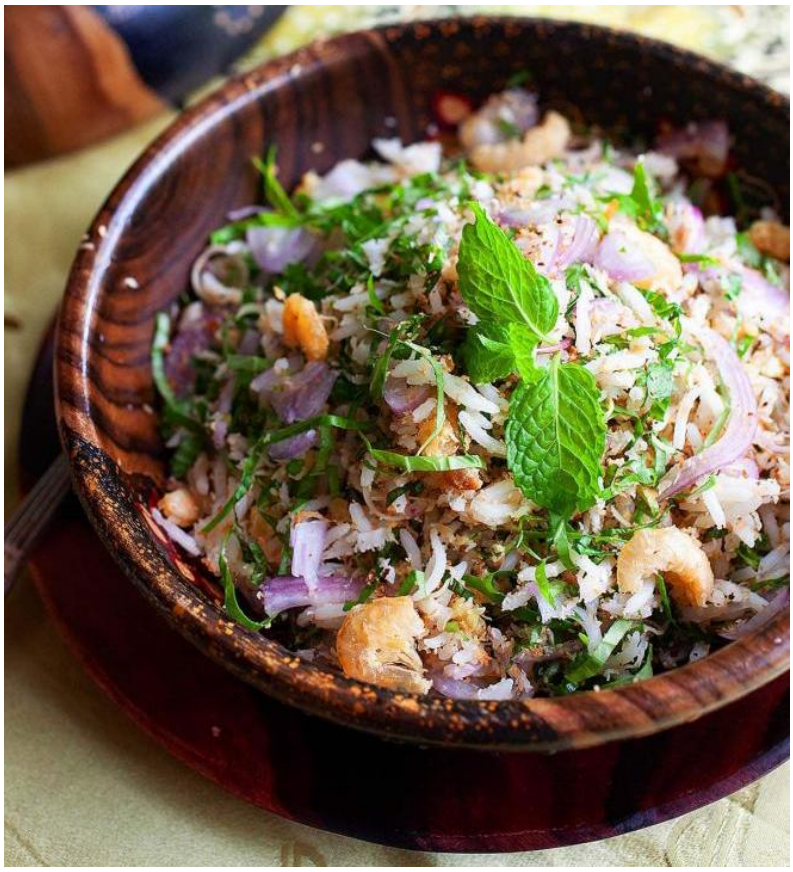
shared tropical setting and exploring how their approaches to food and medicine both overlap and diverge across cultural lines.

3.1 Ethnographic Practices

Ethnographic fieldwork conducted in records dated November 2024–May 2025 in Klang, Kelantan, and Terengganu showed that food and medicine were not treated as separate domains but as overlapping logics embedded in daily cooking, selling, and consuming practices. These observations provide the empirical basis for understanding how *nasi ulam* and *bak kut teh* function as wellness heritages. They reveal how ideas of cooling, tonifying, and wind-dispelling are enacted through routines observed in kitchens, markets, herbal shops, and restaurants.

In Kelantan and Terengganu, *nasi ulam* preparation was repeatedly observed in household kitchens and morning markets throughout the field period. Women chopped herbs such as *daun kesum* (Polygonum minus), *pegaga* (Centella asiatica), and *ulam raja* (Cosmos caudatus) into fine pieces before mixing them with rice, grated coconut, and chili. Informants explained that the finely cut texture was not only aesthetic but also functional because it ensured even distribution of *sejuk* [cooling] properties across the meal. A vendor in Kota Bharu explained in December 2024 that "*ulam* keeps the body *sejuk* and pushes out *angin* [wind] when the air feels heavy" (Interview, Kota Bharu, December 2024). In March 2025, another market seller highlighted pegaga as especially useful for maintaining balance during humid weather (Observation, Pasar Siti Khadijah, March 2025). These emic explanations were consistent with earlier ethnographic findings that Malay food classifications link herbs to humoral regulation and postpartum care (Laderman, 1991).

Figure 1. An example of *nasi ulam*
(Source: *https://rasamalaysia.com/nasi-ulam-recipe/*)



In Klang, restaurants and herbal shops demonstrated the integration of Chinese medicinal reasoning into *bak kut teh*. Preparations began with the soaking of dried herbs such as *dang gui* (Angelica sinensis),

rou gui (Cinnamomum cassia), and licorice root, followed by long simmering with pork ribs. Shopkeepers explained that prolonged cooking was believed to produce a broth with *qi*-replenishing qualities. A herbalist interviewed in January 2025 stated that "customers drink the soup for strength and warmth, especially when their body feels cold from heavy work" (Interview, Klang, January 2025). In April 2025, a restaurant owner reinforced this logic by noting that regular customers requested the dish "to restore energy and dispel internal chill" (Observation, Klang, April 2025). These practices correspond with Chinese materia medica in which such herbs are classified as warming and tonifying (Bensky, Clavey, & Stöger, 2015).

Figure 2. An example of *bak kut teh* Pack
(Source: *https://www.instagram.com/p/C-1lomZhgO6/?img_index=4*)



Field observations across both sites confirmed that household and commercial practices overlapped. In Kelantan, *nasi ulam* was sold daily in *pasar tani* where vendors promoted its health-related qualities alongside taste (Observation, Kota Bharu, November 2024 and February 2025). In Klang, *bak kut teh* restaurants prominently displayed pre-packed herbal mixes, sometimes with ingredient lists including *dang gui* and star anise, allowing customers to reproduce the dish at home (Observation, Jalan Kapar, March 2025). These cases show that wellness foods circulate through both intimate family routines and broader market networks, reinforcing their status as shared cultural practices rather than isolated recipes.

Participant interviews and field observations further clarified how these practices were embodied in local reasoning. In Kelantan, elderly informants consistently linked *ulam* consumption to resilience against tropical heat and fluctuating humidity. One elderly woman noted that "*ulam* helps the body stay cool and removes angin when the weather feels oppressive" (Interview, Kota Bharu, February 2025). This reasoning was reinforced by market vendors who promoted herbs such as *ulam raja* and *pegaga* as

remedies for heat-related discomfort. In Klang, elderly Chinese participants frequently associated *bak kut teh* with recovery after illness or heavy physical labour. A male informant recalled his father's advice that "the body needs warmth to resist dampness" (Interview, Klang, March 2025). Shopkeepers added that customers preferred herbal mixes containing *rou gui* during wetter months because of their warming effects (Observation, Jalan Kapar, April 2025). Together, these accounts show that knowledge is transmitted through embodied practice, narrative recall, and commercial interaction, thereby embedding food–medicine reasoning in lived social contexts.

Taken together, the ethnographic findings suggest that *nasi ulam* and *bak kut teh* are both culinary traditions and wellness practices anchored in embodied experience. They reveal how specific herbs, preparation techniques, and narratives articulate broader logics of cooling, *tonifying*, and balancing. This section therefore provides the empirical foundation for interpreting these practices in subsequent sections on cultural models of the body, ethnomedical systems, ecological adaptation, and intergenerational transmission.

3.2 Cultural Models of the Body

The practices documented in kitchens, markets, and herbal shops can be understood more clearly when interpreted through the cultural models of the body that underpin Malay and Chinese wellness traditions. Scheper-Hughes and Lock (1987) define cultural models of the body as shared understandings that connect individual experience of health and illness with broader cosmologies. These models provide the interpretive lens through which food categories and bodily effects are explained, shaping routine decisions about herbs and recipes.

Among Malay participants in Kelantan and Terengganu, the categories of *panas* (hot) and *sejuk* (cool) structured the consumption of *nasi ulam*. During interviews conducted in December 2024, elderly women described *daun kesum* and *ulam raja* as *sejuk* herbs, explaining that they reduce internal heat and restore bodily balance. One respondent emphasized that "*ulam* keeps the body *sejuk* and drives out *angin* when the weather is damp" (Interview, Pasir Mas, December 2024). In February 2025, a market vendor at Pasar Siti Khadijah repeated similar reasoning, presenting bundles of *pegaga* as useful for preventing excessive *panas* during humid months (Observation, Kota Bharu, February 2025). These explanations reveal how Malay humoral reasoning views the body as vulnerable to climatic heat, requiring regulation through cooling foods. This interpretation resonates with earlier ethnographies that situated Malay categories of *panas* and *sejuk* in contexts ranging from postpartum care to ritual healing (Laderman, 1991).

By contrast, Chinese participants in Klang consistently described *bak kut teh* through the categories of *yin*, yang, and qi. In January 2025, a restaurant owner explained that *dang gui* and rou *gui* were included because they are *yang*-tonifying and qi-replenishing, suited for customers who "feel cold inside after long hours of work" (Interview, Klang, January 2025). In March 2025, several customers echoed this interpretation, stating that *bak kut teh* "warms the body" and "gives back strength" after fatigue (Observation, Klang, March 2025). Shopkeepers reinforced this logic by advertising herbal mixes with ingredient labels that highlighted their warming effects. These narratives correspond with Chinese materia medica, where such herbs are classified as warming and tonifying (Bensky, Clavey, & Stöger, 2015), and align with historical accounts of Chinese dietary medicine in which soups and decoctions function as everyday carriers of medical reasoning (Anderson, 1988).

The juxtaposition of these two cultural models illustrates how distinct medical logics emerge within the same tropical environment. Malay humoral reasoning emphasizes dispersal of heat and wind, while Chinese dietetics prioritizes strengthening the body's internal energies against dampness and cold. Both conceptualize the body as porous to environmental conditions, yet they diverge in how imbalance is defined and corrected. Within this sample, these contrasting vocabularies helped participants explain

freshness or warming; they do not imply that every member of either community uses the same classifications.

The reported cultural models helped participants make food choices intelligible in particular household and commercial settings. These patterns are not fixed ethnic essences: views may vary with age, gender, family history, livelihood, and access to different medical repertoires. The present material captures selected examples and cannot estimate the prevalence of any classification across Malaysian populations.

3.3 Ethnomedical Systems

The observed practices surrounding *nasi ulam* and *bak kut teh* gain fuller meaning when they are situated within ethnomedical systems. Ethnomedicine refers to the culturally specific frameworks that organize ideas of health, illness, and treatment into coherent logics, often codified through texts and traditions (Kleinman, 1980). By linking recent field observations to authoritative textual sources, it becomes clear that these dishes are not incidental recipes but foods locally associated with wellbeing.

In Malay traditions, the daily use of *ulam* reflects humoral reasoning that revolves around the regulation of *panas* (hot) and *sejuk* (cool). During household and market observations in Kelantan between December 2024 and February 2025, herbs such as *pegaga* (Centella asiatica) and *ulam raja* (Cosmos caudatus) were consistently described by informants as *sejuk* and used to reduce excess bodily heat. Elder participants emphasized that these herbs help restore balance in humid conditions, while market vendors explicitly promoted them as remedies for heat-related discomfort. Such emic explanations resonate with Laderman's (1991) earlier findings that Malay humoral logic extends beyond diet to childbirth, healing rituals, and seasonal adjustment. Historical manuscripts such as the *Kitab Tib* similarly classify local herbs according to *panas* and *sejuk* categories, reinforcing that the everyday consumption of *ulam* is embedded in a recognized medical tradition (Harun, 2006). Parallels between the cited textual traditions and some present-day accounts suggest interpretive continuity, but the manuscript does not trace an unbroken historical lineage from manuscripts to current dishes.

Chinese culinary medicine demonstrates a parallel yet distinct ethnomedical system. Observations in Klang between March and May 2025 recorded *bak kut teh* preparations that consistently relied on herbs such as *dang gui* (Angelica sinensis), *rou gui* (Cinnamomum cassia), and licorice root. Restaurant owners and herbalists explained that these ingredients were understood by these participants to replenish *qi* and strengthen *yang*, particularly for individuals recovering from illness or heavy labor. Their explanations align with Chinese materia medica, where these herbs are categorized as *yang*-tonifying and *qi*-replenishing (Bensky, Clavey, & Stöger, 2015). Customers echoed these views in interviews, reporting that *bak kut teh* "warms the body" and restores strength. This framing corresponds with Anderson's (1988) analysis that soups and stews in Chinese dietetics often function as therapeutic decoctions, situating *bak kut teh* firmly within a long-standing medical logic even when consumed as part of daily meals.

Placing the two traditions side by side reveals that codification acts as the mechanism that stabilizes practice. In the Malay case, oral transmission supported by manuscripts such as the *Kitab Tib* embeds *ulam* within a humoral system where food disperses excess heat and expels *angin* (wind). In the Chinese case, pharmacopoeias and herbal handbooks offer terms through which some participants interpret *bak kut teh* in relation to *yin*, *yang*, and *qi*, positioning the broth as a restorative tonic. In these accounts, both interpretive systems make food choices meaningful and socially legible, ensuring that they are repeated, evaluated, and transmitted across generations. By situating *nasi ulam* and *bak kut teh* within ethnomedical systems, it becomes evident that wellness traditions are preserved not only through daily practice but also through codified authority and cultural consensus. This dual anchoring explains why these dishes maintain resilience in Malaysia's plural medical landscape and why their consumption continues to be framed simultaneously as nourishment and therapy.

3.4 Ecological Adaptation

The wellness practices surrounding *nasi ulam* and *bak kut teh* cannot be fully understood without situating them in relation to the ecological conditions of Malaysia. Both Malay and Chinese communities live in a humid tropical environment, marked by constant heat, high rainfall, and seasonal fluctuations between wetter and drier months. Yet these shared environmental realities are interpreted differently through distinct cultural frameworks, producing divergent dietary strategies. This section examines how participants invoke climate, resource availability, and occupational rhythms to explain food preferences. Such associations are emic accounts and cross-sectional observations, not evidence that climate caused the historical invention of either dish.

Field observations in Kelantan and Terengganu between December 2024 and February 2025 revealed that the consumption of *ulam* was closely tied to the seasonal availability of herbs in local markets. Vendors at *Pasar Siti Khadijah* explained that plants such as *pegaga* (Centella asiatica) and *daun kesum* (Polygonum minus) grew abundantly during wetter periods, when soil retained moisture and promoted rapid sprouting. Women preparing *nasi ulam* in household kitchens emphasized that the freshness of these herbs "cools the body" after long exposure to midday heat or fieldwork. Elder informants further explained that excessive *panas*, generated by constant sun and humidity, was, in their understanding, countered by regular consumption of herbs they classified as *sejuk*. These reported explanations resemble humoral interpretations documented in ethnographic writing, without independently establishing the effectiveness of cooling practices (Laderman, 1991)

By contrast, observations in Klang between March and May 2025 showed that *bak kut teh* consumption was strongly associated with both climatic dampness and the demands of urban labor. Herbalists in Jalan Kapar explained that residents of the port city often described their bodies as vulnerable to "internal cold" and "dampness," conditions believed to weaken vitality and resistance to illness. Restaurant owners emphasized that customers sought *bak kut teh* after heavy physical work or on days of prolonged rain, when damp air was perceived to penetrate the body. One long-term consumer recalled, "the soup warms me after a day of carrying loads in the rain" (Interview, Klang, April 2025). These views align with Chinese materia medica, which classify herbs such as *dang gui* and *rou gui* as warming and tonifying, traditionally associated with categories such as damp–cold (Bensky, Clavey, & Stöger, 2015).

Participants also related meal timing to work and weather. In the east-coast field materials, nasi ulam was described as a light midday meal, whereas interlocutors in Klang discussed bak kut teh in relation to morning or evening work routines. These accounts suggest local associations among cuisine, livelihood, and timing, but they do not establish that agricultural or port occupations determined the historical development of the dishes.

Interviews further showed that ecological reasoning was not merely descriptive but also prescriptive. Malay elders advised younger family members to avoid "heaty" foods during the dry months, when the body was considered more vulnerable to excess *panas*. Similarly, Chinese herbalists cautioned against neglecting warming soups during prolonged rains, warning that "dampness will stay in the bones if not cleared with herbs" (Fieldnotes, Klang, May 2025). These injunctions illustrate how environmental changes are mapped onto bodily categories, transforming climatic variation into dietary obligations that are socially reinforced and transmitted across generations.

The ecological comparison reveals different participant explanations within the selected settings. Some Malay interlocutors associated raw herbs with relief from perceived *panas* or *angin*; some Chinese interlocutors linked herbal broth to perceived chill and fatigue. This does not demonstrate that Malay and Chinese populations uniformly interpret climate in opposite ways. Nor can these field materials establish climate as a cause of the dishes' historical origins.

These findings align with perspectives in ecological anthropology, which argue that cultural practices are not passive reflections of environment but active responses that embed ecological knowledge into daily routines (Goodman & Leatherman, 1998). They also resonate with research on medical pluralism, which highlights how distinct ethnomedical systems provide different but legitimate frameworks for interpreting shared ecological realities (Kleinman, 1980). By tracing how Malay and Chinese communities adapt food–medicine logics to a shared tropical climate, it becomes evident that reported ecological reasoning is cultural and context-dependent, sustained by historical knowledge systems and embodied in everyday meals.

The study therefore treats climate as a context invoked in participants' explanations, not as proof of biological adaptation. Within these field settings, raw herbs and simmered broths were associated with different emic ideas about bodily comfort. These associations illuminate culturally situated food knowledge while leaving physiological effects and historical causation for separate inquiry.

3.5 Intergenerational Transmission and Heritage

The persistence of *nasi ulam* and *bak kut teh* as wellness practices depends not only on ecological adaptation or medical reasoning but also on intergenerational transmission. Evidence from household kitchens, market spaces, and family-run restaurants in field materials dated December 2024–May 2025 shows that culinary and medicinal knowledge was sustained through teaching, narrative recall, and commercial practice. These mechanisms ensured that food–medicine practices were reproduced not simply as individual choices but as heritage processes embedded in family and community life.

In Malay households, the preparation of *nasi ulam* was described by some interlocutors as a responsibility taught by mothers or grandmothers. Observations in Terengganu kitchens during December 2024 and January 2025 showed elderly women instructing younger family members in the identification and preparation of herbs such as *pegaga* (Centella asiatica) and *ulam raja* (Cosmos caudatus). One grandmother explained that "children must know which leaves are *sejuk* so they will not fall ill in the heat" (Interview, Kuala Terengganu, January 2025). The transmission of this knowledge occurred not through formal lessons but through embodied participation, as children watched chopping techniques and gradually took part in meal preparation. These observations echo earlier ethnographies where women's daily foodwork was central to maintaining humoral reasoning across generations (Laderman, 1991).

Among Chinese families in Klang, narratives centered on *bak kut teh* as both family heritage and livelihood. Fieldwork in March and April 2025 recorded restaurant operators explaining how recipes and herbal combinations were sometimes described as being taught from fathers to children. A shopkeeper recalled that "my father taught me to adjust the herbs according to the season, and I now teach my son the same" (Interview, Klang, April 2025). Such accounts revealed that knowledge transmission occurred in both domestic and commercial contexts, reinforcing dietary logics while sustaining family businesses. The continuity of *bak kut teh* thus represents what Tan (2011) described as the dual role of food in Chinese migrant communities, where recipes function simultaneously as identity markers and economic resources.

Narratives from elders in both communities emphasized food as a moral injunction. Some Malay participants urged youth to consume ulam as a way they believed would support resilience against panas, while Chinese elders stressed the restorative role of *bak kut teh* after illness or labor. These statements framed food not only as sustenance but also as an obligation tied to family duty and cultural belonging. In this sense, embodied practices were reinterpreted as heritage, gaining legitimacy as elements of collective identity.

At the same time, the transmission of knowledge was not static. Younger participants in Kelantan, interviewed between February and March 2025, reported experimenting with additional herbs to diversify the flavor of *nasi ulam*. In Klang, younger restaurant operators commercialized family recipes by packaging *bak kut teh* herb mixes in ready-to-cook sachets for sale. These innovations illustrate how

transmission involves both continuity and adaptation. Following Bhabha's (1994) concept of hybridity, these practices show that heritage is preserved while also reshaped to respond to shifting social and economic contexts.

These accounts indicate that knowledge can persist through family teaching and commercial adaptation while changing in response to taste, convenience, and generational preferences. The examples document particular settings and family narratives, rather than a universal distinction between maternal Malay and paternal Chinese modes of transmission.

3.6 Synthesis and Comparative Insights

The analysis across ethnographic practices, cultural models, ethnomedical systems, ecological adaptation, and intergenerational transmission reveals both convergence and divergence between Malay and Chinese wellness foodways. *Nasi ulam* and *bak kut teh* share the principle that food and medicine form a continuum, and both are embedded in ecological and social realities of tropical Malaysia. Yet they diverge in the ways balance, vitality, and resilience are conceptualized, enacted, and transmitted.

From the Malay perspective, some participants described wellness through dispersal and cooling, associating fresh herbs with bodily balance. From the Chinese perspective, some participants described wellness through warming and *tonification*, associating soups with qi, yang, and protection from perceived dampness or cold. Both frameworks position the body as porous and responsive to environment, but the solutions they prescribe differ, producing two contrasting culinary expressions within a shared ecology.

In these selected field sites, *nasi ulam* was documented in household and market settings, while *bak kut teh* was documented in restaurants, herbal shops, and homes. This contrast partly reflects site selection: the study compared urban commercial Klang with east-coast household and market settings. It should not be read as a general ethnic distinction between communal Malay heritage and entrepreneurial Chinese heritage.

The comparison suggests that the language of food-related care is plural and may be revised in practice. Its value is clearest where the two traditions cannot simply be equated: FMH is a Chinese-derived analytical label; p*a*nas, *sejuk*, and *angin* do not translate directly into yin, yang, and qi; and individual participants may combine different medical ideas. Such differences complicate a fixed cooling-versus-warming binary.

The study contributes a bounded comparison of how food, bodily interpretation, and heritage intersect in contemporary Malaysian settings. Rather than confirming an assumed shared doctrine, it identifies both overlapping concerns with nourishment and distinct local terminologies, practices, and transmission channels. The analysis remains interpretive and does not measure therapeutic efficacy or establish historical environmental causation.

4. Conclusion

This study compared selected Malay accounts of *nasi ulam* and Malaysian Chinese accounts of *bak kut teh* as food-related wellness heritage. FMH was used as a Chinese-derived comparative analytical label, not as a claim that participants shared one indigenous medical doctrine. Interviews, observations, and documentary reading elucidated their locally articulated views of nourishment, bodily balance, and heritage.

The observed preparation and consumption of these dishes was accompanied by distinctive descriptions of bodily wellbeing. Some east-coast interlocutors described herbs classified as *sejuk* as ways of managing perceived heat and *angin*. Some Klang interlocutors used warming or qi-related language to describe b*a*k *kut teh*. These are participants' interpretations; the study did not test physiological effects.

These observations speak to the first research question by showing how participants deploy *panas*, *sejuk*, *angin*, qi, yin, and yang to explain selected food choices. The categories were not treated as exact translations or as views uniformly held by Malay or Chinese Malaysians.

Texts such as Malay medical manuscripts and Chinese materia medica supplied comparative vocabularies that could be placed alongside contemporary accounts. Similarities between written and oral classifications do not by themselves demonstrate uninterrupted historical transmission or verify a therapeutic effect.

Regarding the second research question, participants sometimes invoked humidity, work routines, seasonal ingredients, and meal timing to explain present-day preferences. This evidence supports a study of ecological interpretations, rather than a claim that environmental factors biologically or historically caused the respective dishes.

The field materials also suggested continuity and change: some knowledge was passed down through family instruction, while younger cooks adjusted herbal combinations and businesses packaged ingredients for convenient home preparation. These examples show that transmission is selective and negotiated rather than uniform across generations.

The contribution of this case study is to compare the cultural reasoning surrounding two dishes without collapsing their distinctive ethnomedical terms or assuming stable ethnic contrasts. The comparison is limited by purposive sampling, different field settings (urban Klang versus east-coast households and markets), and a focus on two dishes, and it cannot be generalized to all Malay and Chinese populations in Malaysia. As an interpretive ethnography without biochemical, clinical, or longitudinal historical evidence, it cannot establish objective health effects or historical ecological causation. Future work could examine wider regional, gender, generational, and commercial variation, including counterexamples and hybrid practices.

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Ethics Statement

This study involved qualitative ethnographic research, including participant observation and semi-structured interviews. Formal institutional ethics approval was not sought or obtained prior to data collection. All participants were informed of the purpose of the study, and verbal informed consent was obtained before their participation. Participation was voluntary, and participants were assured of anonymity and confidentiality. Measures were taken to protect participants' privacy and ensure the secure handling of research data. No personally identifying information is disclosed in this publication. The absence of formal institutional ethics approval is acknowledged to ensure transparency in reporting the research procedures.

Conflict of Interest Statement

The authors declare that there is no conflict of interest regarding the publication of this article.

Data Availability Statement

The qualitative data supporting the findings of this study are not publicly available due to ethical and confidentiality considerations but are available from the corresponding author upon reasonable request.

Author Bio

Xianyue Lang (Corresponding Author) is a PhD candidate at the Faculty of Modern Languages and Communication, Universiti Putra Malaysia, with a research focus on Translation and Interpretation. ORCID ID: https://orcid.org/0009-0008-3327-4039. Email: gs70900@student.upm.edu.my.

Lay Hoon Ang is an associate professor at Universiti Putra Malaysia. Her research areas include Translation Studies, Sociolinguistics, Language Learning and Chinese Studies. ORCID ID: https://orcid.org/0000-0002-2489-7620. Email: hlang@upm.edu.my.

Zalina Binti Mohd Kasim is an associate professor at Universiti Putra Malaysia and her research areas include Applied Linguistics and Cognitive Stylistics. She received her M.A. degree in Linguistics from Universiti Malaya and her Ph.D. degree in Linguistics from Lancaster University. ORCID ID: https://orcid.org/0000-0003-1828-9503. Email: zalina_mk@upm.edu.my.