
Ho, E. Y., Lie, S., Luk, P., & Dutta, M. J. (2019) Speaking of Health in Singapore Using Singlish Term *Heaty*. In Scollo, M., & Milburn, T. Engaging and Transforming Global Communication Through Cultural Discourse Analysis. Fairleigh Dickinson University Press. 1: 3-20.

Chapter One

Speaking of Health in Singapore Using the Singlish Term *Heaty*

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Lee Kuan Yew, the first prime minister and founding father of Singapore, passed away on March 23, 2015. In the days immediately afterward, thousands of mourners lined up outside for 8 to 12 hours to walk by his body lying in state. Government officials and hundreds of volunteers directed the tens of thousands of mourners through orderly lines winding for miles around the Parliament area. When (authors) Luk and Ho joined the queue at around 2:30 p.m. in the blazing sun (5 days after his passing), the estimated wait was only 5 hours. As we snaked through the empty barricades that had been set up for earlier queuers, we were handed water bottles, orange juice, rain ponchos, umbrellas, candies, and snack bars. At one point, a group of teenagers were cutting apart corrugated cardboard into small rectangles and handing them to people to use as fans. It was typical Singaporean weather, sunny, then cloudy, then raining, then sunny again, all the while never dipping below 90 degrees Fahrenheit and at least the same in humidity.

At one point, when officials stopped our section of people to wait under the covering of the The Float@Marina Bay Grandstand, we took stock of our freebies. We had three bottles of water, a can of orange juice, two cardboard fans, two rain ponchos, four Mentos candies, and two cans of something with Chinese characters Ho could not read and a picture of a root/herb. Ho actually had not taken that can because she did not recognize it and it looked too medicinal to taste good. She asked Luk, "What is that?" "Oh, *liang cha*, do you want one? I grabbed two." "I don't know what that is?" "You know, it's for when you're too *heaty*, you drink this to cool off." Literally translated as "cooling tea," once Luk explained, Ho began to notice different forms of

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“cooling” drinks all over the place. After having lived in Singapore for the last two months, Ho knew exactly what heaty was—the sore throat and pimple forming the morning after eating too much fried, spicy food—but it was not until we experienced the hours of sweat-drenching baking in the sun that Ho understood the need for all the different forms of *liang cha* that were sold in markets and vending machines throughout Singapore.

Our chapter analyzes the Singaporean key health term “heaty.” Heaty is a Singaporean Singlish¹ term used to describe the following: (1) innate physical quality of a person, where one’s body could be more “hot” or “cool,” depending on one’s inherent constitution or current health situation; (2) innate quality in certain foods; and (3) a state of being that results from consuming/not consuming certain foods. As one discusses being “heaty” or consuming “heaty” products, one is expressing concern over one’s overall health and well-being, i.e., how to preserve it by responding to ever-changing conditions of “heatiness” and “coolness” found in one’s body and the environment. In the next section, we will discuss the history of Chinese medicine and then present the methods used in this study.

CHINESE MEDICINE

Chinese medicine is a 2,000-plus-year-old health system that originated in China (Kaptchuk, 2000) but has evolved and changed over time as its practice has migrated throughout the world (Ward, 2012). Often called “traditional Chinese medicine” (TCM), historians of Chinese medicine recognize that TCM is actually the name of the codified system of medicine that was sanctioned by Mao Zedong after 1949 (Hsu, 2008). At that time, because of a shortage of biomedically trained practitioners in China and in a show of nation-building, the Communist government (the Chinese Communist Party) institutionalized texts, curriculum, and the practices of Chinese medicine (Hsu, 2008). However, the unifying name of TCM often obscures the varied history and spread of Chinese medicine theories, practices, and adaptations throughout the world and especially in Asia (Scheid, 2002). Therefore, in this chapter we will refer to the more broad practice as “Chinese medicine” or CM and use the term TCM when it refers to terminology that participants themselves used regardless of if they were referencing TCM or CM.

Singapore is a multicultural city-state in which ethnic Chinese make up 74.3% of the population (Department of Statistics Singapore, 2016) with nearly 99% of the Chinese in Singapore using some form of CM (Lim, Sadarangani, Chan, & Heng, 2005). Linguistically and perhaps culturally, the Chinese in Singapore have historically been divided into those who have been English-educated and those who are Chinese-educated. English-educated, mostly Straits Chinese, are more Western-oriented elites, with higher

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education and income, while Chinese-educated Chinese are mostly migrants who are often more traditional and more aligned with Chinese culture (Chang, 2015). While this dichotomy does hold true to some extent, since the 1990s, the rise of China has coupled with an increased (state) recognition of the cultural and economic value of “Chineseness” in Singapore (Chang, 2015). Regarding healthcare, this can be seen in Singaporeans’ different ethnic groups’ mix of biomedical (“modern”) healthcare with various traditional Asian healing practices (Chang & Basnyat, 2015; Rittersmith, 2009). In fact, studies find that Chinese medicine is the most widely used traditional medicine being used regularly among Indians and Malays as well as Chinese (Lim et al., 2005).

In many Westernized countries, what is licensed and practiced as Chinese medicine comes from the standardized TCM practice. In Singapore, licensed TCM providers are educated and tested on this form of CM including Chinese herbal medicine and acupuncture. However, there also exists a robust practice of unlicensed forms of therapies and healthcare that in this chapter we name “folk or lay Chinese medicine.” These practices include things like postpartum and other dietary therapies (including medicinal soups/drinks), body practices (such as cupping, massage, and foot reflexology), and movement/energy/spiritual practices (such as Qigong and TaiQi). What binds these practices together is their basis in a Chinese medical theory of health and the body. CM views the body holistically, drawing from a shared Asian philosophy of balance of opposing forces (e.g., yin versus yang or cold versus hot) (Kaptchuk, 2000). Within the body are vital energies (qi) and essences that flow through meridians (nonphysical) and are regulated by major and minor organs (most of which are also physical organs such as the heart, spleen, or kidney) (Kaptchuk, 2000). Because excess heat (heatiness) is widely recognized as a health imbalance, there are many foods and drinks commercially marketed for cooling and reducing heatiness. They are as ubiquitously found in stores as Gatorade in the United States. As much as people living in America know that when one sweats, one needs water, Singaporeans know that when one is feeling *heaty*, one needs to drink something cooling (e.g., barley tea, chrysanthemum drink, or *luo han guo*).

THEORY AND METHODOLOGY

Data Collection

Data were collected by the first and third authors (EYH and LPL) and two trained research assistants who conducted 6 months total of ethnographic fieldwork in Singapore in 2015 (5 months) and 2016 (1 month). These data come from a larger study called *Asian Pathways of Healing* conducted at the Center for Culture-Centered Approach to Research and Evaluation (CARE)

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under the leadership of the fourth author. The larger project uses a culture-centered approach (Dutta, 2007, 2008) to examine traditional health practices used throughout Singapore. The goal of the larger study is understanding health and healthcare in Singapore as a basis for forming community-based actions for addressing health disparities. Data for this paper were drawn from a portion of the study that examined informal, unlicensed, or lay forms of Chinese medicine and Chinese medicine-based self-care. A separate phase of the study examined licensed TCM usage such as seeing a TCM practitioner who dispenses herbs and/or acupuncture.

As part of the fieldwork, we collected 34 semistructured interviews with practitioners and users of TaiQi and Qigong, foot reflexology, tuina/massage, over-the-counter herbal medicine, herbal medicine tonics/soups, medicinal foods, and postpartum rituals. Questions focused on understandings and theories of health and illness and the meanings and importance of these therapies in relationship to any other health therapies. In early interviews, we asked participants (yes or no) if they considered the idea of heaty/cold foods part of CM. In later interviews, we iteratively developed questions to explicitly ask about the meaning and usage of heaty.

Almost all our interview participants (31/34) were ethnically Chinese and spoke and understood at least some Chinese. The other three participants were Indian, Malay, and Sikh. Ages of participants ranged from 20 to over 65 with about half (15) over age 56; there were 27 female and 7 male participants. Interviews were conducted in the participants' language of choice, which resulted in 16 Mandarin Chinese, 12 English, 5 mixed English-Mandarin, and 1 Cantonese interview. Interviews averaged 56 minutes with the shortest just under 10 minutes and the longest lasting 1 hour and 44 minutes. Audio files were transcribed and translated into English by trained research assistants.

Data Analysis

Cultural discourse analysis (Carbaugh, 2007), the main theoretical framework guiding this analysis, follows the intellectual tradition of the Hymesian program of work (Hymes, 1972; Philipsen & Carbaugh, 1986) and stands at the juncture of the theories of cultural communication (Philipsen, 1987, 2002) and communication codes (Philipsen, 1997; Philipsen & Coutu, 2005). The framework addresses questions relating to functional accomplishment, structure, and specific sequences pertaining to a particular practice.

In order to properly address these questions, Carbaugh (2007) suggests applying five modes of inquiry, which include descriptive and interpretive modes: the two modes we applied in our analysis for this chapter. As an elaboration on the interpretive mode, Carbaugh introduced the concept of *discursive hub* and *radiants of meaning* (Carbaugh & Cerulli, 2017). A dis-

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cursive hub, or an explicit cultural term, contains within it radiants of meaning active to members of a speech community (Milburn, 2009). These radiants include meanings of identity, action, relations, emotion, and dwelling. Both the hub and radiants are conceptualized based on the premise that as we communicate, so do we engage in a metacultural commentary about (1) who we are, (2) how we are related to one another, (3) what we are doing, (4) how we feel, and (5) how we are placed in certain locations.

For descriptive analysis in this study, we extracted main themes from participants' discussion of the term "heaty" during interviews conducted on common CM practices in Singaporean daily life. All data were initially analyzed in English, but we went back and listened to those excerpts that were originally in Chinese in an effort to delineate whether participants were discussing "heaty" or an equivalent/similar Chinese term. Unless noted, all excerpts presented in this paper were originally discussed in English.

For interpretive analysis, we started by identifying the key term "heaty" as a hub of being in daily Singaporean communicative practice. We then explored other meanings radiating from it, namely acting, feeling, and dwelling (Carbaugh, 2007). Next, we combined key cultural terms to formulate *cultural propositions*, in which statements are created using participants' own words when describing and interpreting their own communicative behavior (Carbaugh, 2007). Lastly, we formulated *cultural premises*, in which we highlighted participants' beliefs about what exists, and/or what is proper or valued.

FINDINGS: DESCRIPTIVE ANALYSIS

Heaty as a Singaporean Singlish Cultural Term for Health

We begin our descriptive analysis with a comment from Genevieve, whom we believe adequately summarized multiple meanings of the term "heaty":

Heaty and cold is the "make up" of the body system. But it's also influenced by the environment you live in (and) the food that you take. So I think if your body constitution has a certain base, and you are influenced by the outer environmental (factors) which is where you live in, the intake of food, then that will create a certain reaction because you really have a certain constitution of health.

As the abovementioned participant explained, heatiness is influenced by (1) the constitution of one's body, whether one is inherently "hot" or "cool"; (2) environmental factors including one's location and its climate (whether it is a "hot" or "cold" location); and last but not least, (3) one's food intake, whether one is consuming an imbalanced amount of "heaty" or "cooling" foods, as

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“heaty” is also used to describe inherent qualities of certain foods and the ways certain foods are prepared (e.g., frying increases heatiness). The term, especially as it is used in English, allows the speaker to quickly distinguish between speaking about health from a Western biomedical perspective where the temperature of the environment or nature of foods is not really relevant to health and instead index a CM perspective of health where heat-cool imbalance is an important measure of potential health/illness.

The daily usage of heatiness is based on a taken-for-granted, basic knowledge of CM, specifically assigned by participants to the notion of “yin” and “yang.” Simplified to the idea of cool and warm respectively,² balancing yin and yang is necessary for the sake of one’s health and general well-being. As Divya, who is Sikh, explained, “Chinese believe in yin and yang—it’s the mixture of the hot and cold and it had to be in balance for your body to function. If one is over, say too much heaty stuff in your system, the yang is higher, you will develop problems.” In other words, being heaty is an indication of large amounts of “yang” elements in one’s body, which causes one to be in a state of imbalance. Like the more common concepts of yin and yang, “heaty” is an everyday term used to speak about health from this CM perspective.

Symptoms of someone suffering from heatiness range from pimples and rashes to sore throat and bodily fatigue. They manifest differently for different people. As Genevieve described, “the general symptoms, generic across could be like flared up, a lot of pimples or rashes . . . break[ing] out.” Divya described “little cuts from inside (his/her mouth) (and) sores in the mouth” as indicators of an overheated body.

Feelings as an Internal Alarm for Heatiness

For the most part, detecting the state of heatiness is an act of self-diagnosis. Very rarely does one visit a TCM doctor to receive a prognosis of being “heaty.”³ Instead, one notices whether the abovementioned symptoms manifest in one’s body. One also relies on one’s feelings to alert oneself of this state of imbalance. As Lisa shared, “heaty and cool has got nothing to do with the weather, nor the temperature. It is what the internal body feels (like).” When one feels heaty, one does not feel well and has low energy: “When I say I’m heaty, I feel like . . . heaty, or sometimes you know when you don’t want to talk too much so it’s like, just feel very heaty” (Lisa). One needs to be attuned to one’s feelings as one navigates the constantly changing balance in one’s body.

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Consuming Heaty Foods

A state of balance or imbalance is greatly influenced by what one consumes. As previously mentioned, the term “heaty” also refers to innate qualities of certain foods as well as how foods are cooked. If one consumes too much heaty food, one risks becoming too heaty and experiencing a variety of the abovementioned unpleasant symptoms. In their interviews, participants designated certain foods as heaty, such as

rojak (mixed tropical fruit salad with spicy peanut and shrimp sauce), *cha kway teow* (stir-fried rice noodles), (and) durian (a type of tropical fruit). These are the norm heaty food that after we eat, our parents will tell us “很热啊, 不要吃那么多” [*hěn rè a, bùyào chī nàme duō*][very heaty ah, do not eat so much]. Like fried chicken, all these stuff. (Evan)

Fried food was often given as an example of food with heaty properties. As Christine explains, “heatiness is the food you eat. If you eat a lot of fried food, you will get heatiness.” The way food is processed influences the food’s degree of heatiness. When mentioning chestnut, a food that is commonly thought of as heaty, Chloe mentioned how instead of frying it she steamed it, therefore making it less heaty. Other heaty foods mentioned during the interviews include fruits such as lychee, meat dishes such as mutton soup, spices like ginger, and chocolate. Notably, these are also foods that most people find most tasty. In the excerpt above in which Evan code-switches from English to Mandarin and back to English, the switch occurs when Evan voices what “our parents” will say to us when we eat too much heaty (good) food. Relationally, it is the parent’s role to remind children how to eat healthier and it is the children’s (even adult children’s) role to listen. In this way, heaty, especially as it relates to good eating practices, can be seen as a cultural persuadable (Fitch, 2003).

Not all heaty foods are bad for one’s health. Since being healthy is about achieving balance, there are times when heaty foods need to be consumed, namely when one’s body is too “cool” due to weather influences, having given birth (which will both be explained in later sections), or if someone has eaten too many foods with cooling properties. In these cases, when one’s body is too cool, Mrs. Ho explains that one needs to “intake heaty foods to go back to normal.” Heaty or cool foods can be ingested to *treat* imbalance. As an herbal medicine shop manager (Ma) described, it can also be used to *diagnose* an imbalance. Ma explained in Mandarin:

A good doctor will cure an illness before it becomes an illness. For example, I see that you enjoy eating watermelon and drinking cold drinks, I will know that your body is too “cool” and you will be more susceptible to getting lung

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related illnesses. So I will suggest that you consume some kind of food to balance that out even before you get the lung-related illnesses.

Watermelon is known in CM to be a food item with highly cooling properties. This excerpt is important in the level of specificity used. Stated in Mandarin, and by a practitioner (CM shop manager), coolness is specifically linked not just to “imbalance” broadly but specifically to lung imbalance. Before one suffers from a lung-related illness, thought to be suffered by people whose bodies are too “cool,” one should consume hearty foods to regain one’s “internal temperature balance.” In this way, CM is *holistic* and can be preventative, taking into account imbalances in the whole person as opposed to focusing only on a particular biomedical illness in isolation (Kaptchuk, 2000). A person interested in maintaining his/her health and well-being needs to feed his/her body with what is needed at the moment, whether it is hearty or cooling foods.

It is important to note, however, that a person’s awareness of heatiness does not automatically mean that the person believes in or uses more formal TCM practices. As a rudimentary practice, one can balance “heaty” and “cool” without much knowledge or acknowledgment of CM. As Shyan, a 20-something-year-old student, explained about the typical Singaporean, “Yeah, like I don’t feel that my peers will actually go to TCM, ok the only extent that they go to is, ‘Oh I feel very hearty today, I will drink 凉茶 (liang cha: cooling tea/herbal tea),’ then they will go and buy the bottled ones they sell in school [canteen].” Unlike the hypothetical peer that Shyan is describing in this quote, she had a long history of using CM herself and in her family and heatiness was just one aspect of the larger system of CM.

Lack of Rest or Sleep

In addition to food consumption, heatiness can be caused by lack of sleep or rest in general. As one participant describes, “To me, hearty comes from either lack of sleep, lack of rest, and taking certain foods” (Theresa, English). When one has either “been taking on too many things or hasn’t been sleeping well” (Lisa), one is prone to develop a state of heatiness. Lack of sleep or rest was described by participants as a possible secondary cause to heatiness, with consuming too much “heaty” food being the primary reason for one to find oneself in a state of imbalance.

Postpartum Dietary Practices

Postpartum dietary practices have a long tradition from the variety of cultures present in Singapore, especially among Chinese, Malay, and Indian women, with nearly 95% of Chinese mothers adhering to at least some traditional confinement dietary practices (Chen et al., 2013). Simply stated, after

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a woman gives birth, she is considered very cold, and warm or hot foods and food preparation as well as avoiding cold or “wind”⁴ (in food, drink, and exposure such as air-conditioning and hair washing or showers) are essential for the health and recovery of the mother (Sandel, 2014). In the following quote from Esther, she describes the difference in body constitution postpartum using *heaty* as a descriptor:

Esther (E): Yes, I kind of comfort myself that I’m doing this, because it’s really like a punishment. The same type of food every day. Once or twice is nice, but every day for a month is not. And it’s really *heaty* food, so actually like, say my husband. When my mum cooks pork knuckles and all that, all these food are really *heaty*, and the other people in my family will eat a bit, because I cannot finish a lot. So they do get sore throat and all that, but the mummy amazingly doesn’t.

Interviewer (I): You don’t? So you don’t get any signs of being too *heaty*?

E: I don’t. And I eat it for the whole month? So it’s actually a sign to say that the body is actually quite cooling. And this *heaty* food actually helps to balance. So that to me, is a sign that my body is not so well. Whereas my husband, mum, and grandma will be like “okay, I will eat that,” and they will get *heaty* and sick.

In this excerpt, Esther uses *heaty* as a measurement of her own imbalance that she experienced due to giving birth as well as a description of the foods needed to bring her back into balance. Although Esther refers to the pork knuckles “and all that” as being “really *heaty*,” from an actual Chinese medicine perspective, it is typically the “all that”—cooking with large amounts of ginger and Chinese vinegar (both hot foods)—that is actually considered hot. As Esther explained later, “The ginger is to rid of the wind inside.” However, pork knuckles on their own are fairly neutral (Pitchford, 2002), but are also known to help mothers produce breast milk and perhaps increase calcium intake. It is important to recognize that this fine distinction between the property of the food and the cooking process is not as relevant here to the conversation as the overall imbalance.

In the same interview, Esther also shared a story of drinking coconut water after she was six months pregnant because it was known to “help the body to cool down, and when you give birth, the baby will be pretty.” Esther’s first baby was born without any of the “fluffy white stuff” that some babies are born with, and she attributed this to her drinking coconut water at the right time. However, with her second baby, she waited to have the coconut drink because of some other complications. As she described it, “I had a coconut drink. Then the next moment, I had blood flow, and I had to be

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admitted. Although the gynae says that there was no correlation between the coconut water and the blood flow, it could be that my body is too cooling and all of a sudden it triggered this childbirth.” In this case the knowledge of pregnancy practices related to heaty and cool foods helped Esther to make sense of a difficult and unexplainable health incident. In this case even though her gynecologist does not believe there is a connection, Esther uses this vocabulary to offer her own explanation of the cause of her sudden bleeding.

How the Weather Influences Heatiness

Aside from one's actions, heatiness is also influenced by one's environment and surroundings, mainly weather conditions. As Hong explains:

So, in Singapore the weather is very very hot. It's very warm. I don't know how it is with western medicine. They don't really see the cold relation between eating um stuff like chocolates and fried stuff. Because in a hot day, I will get a sore throat very quickly. Yeah because these are like heaty stuff and I don't know how to explain these things to western people because these are very different concept and way of understanding.

The connection between hot weather and heaty foods leading to sore throats is very much a factor of Singaporean understanding of health. Singapore's tropical climate exposes one to a greater risk of heatiness than living in a country with four seasons, such as countries located in Europe. Hong continues by contrasting her experience in Europe:

1. Hong: I remembered that many years ago, I spent winter in
2. Germany and is very cold
3. Interviewer: Right, it was so cold.
4. H: Yes and I remembered that I was eating chocolates every day
5. and nothing happen to me.
6. I: Oh.
7. H: Yes, if I did that in Singapore, confirm I will be sick within
8. two days.

Chocolate, as Hong described in the first extract, is considered a food item with high heaty properties, which most Singaporeans understand but which may be difficult to explain to Westerners because it is not part of Western medicine. According to Hong, when she ate chocolate every day during winter in Germany, she did not experience heatiness. In fact, it makes sense that Germans may not recognize heatiness not just because their (Western) medicine does not recognize it, but also because it just does not happen as

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often because of the cool weather. Yet as Hong describes, she firmly believes that if she were to eat this way in Singapore, she would fall sick—perhaps get a sore throat—in two days. In Singapore’s tropical weather “heatiness is more frequent” (Christine). And in Singapore’s CM-oriented view of everyday health, people are more attuned to the effects of heatiness. According to participants, colds are more frequent in the “West” (as in “Western” countries) due to seasonal weather. It is not easy to catch a cold in Singapore unless one is exposed to the cold air from air-conditioning for many hours.

INTERPRETIVE ANALYSIS

Next we move on to interpretive analysis where, following the CuDA framework, we extract cultural propositions (formed using participants’ own words) and then formulate cultural premises (analytic statements about what exists and what is valued) to unveil deeply seated Singaporean cultural beliefs surrounding health and well-being. The following is a list of cultural propositions (key terms in the participants’ own words):

- Everyone has a “certain” “constitution” of “health”
- This “constitution” has a “base” of either “heaty” or “cool”
- “Heaty” and “cool” is what the “internal body” “feels” like
- “Heaty” and “cold” is the “make-up” of the “body” “system”
- This “system” is also “influenced” by “outer” “environmental” “factors”
- “Outer” “environmental” “factors” include “where you live” and “food intake”
- “Heatiness” is the “food” you “eat”
- If one “eats” a lot of “fried food,” one will get “heatiness”
- “Heaty” comes from “lack of sleep,” “lack of rest,” and “taking certain foods”
- When one has been “taking on too many things” or “hasn’t been sleeping well,” one is more “prone” to becoming “heaty”
- If one has “too much” “heaty stuff” in one’s “system,” the “Yang element” will be higher
- When one is “cool,” one “eats” something “heaty.” When one is “heaty,” one eats something “cool.”
- Symptoms of “heatiness” include “pimples,” “ulcers,” “sore throat,” “little cuts” and “sores” inside the “mouth”
- When the day is “so hot” and one “exposes” oneself to the “sun,” one is more prone to becoming “heaty”
- When the day is “hot,” one cooks something “cool”
- “Heaty” is a way of determining “healthy” and “unhealthy”

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And these are the premises (based on *heaty* = discursive hub of being):

What Exists

- the body's constitution or a person's original state of heatiness or coolness, or balance (being)
- awareness of body's heatiness (feeling)
- outer environmental factors, such as weather and food consumption, which influence the body's state of heatiness and coolness (dwelling)
- internal factors, such as giving birth, which influence the body's state of heatiness and coolness or windiness (being and feeling)
- unexplained "illnesses" such as delivering a baby too early, which *heaty* and *cool* are used to explain (being)

What Is Valued

- the ability to regain balance when the body is either too hot or too cold/windy (acting)
- cooking and/or consuming certain foods for health (acting)
- the CM-derived knowledge of food properties: whether they are heat-inducing or cooling (being and acting)
- the ability to recognize when one is in a state of imbalance (feeling)
- the ability to measure or understand health and illness either currently experienced or in retrospect (being and feeling)
- the ability to adapt to outer environmental factors such as weather, exposure to sun, and food consumption (acting and dwelling)
- the ability to talk about health and illness as experienced in Singapore's hot, humid, tropical climate (acting and dwelling)

Figure 1.1 is a visual representation of the delineation of *heaty* as a discursive hub of *being*, with the radiants of *acting*, *feeling*, *dwelling*, and combinations of these meanings, radiating from the main hub as they are manifested in each premise.

DISCUSSION

Interviewees who participated in this project on CM displayed lay understandings of health as *balance*. This balance comes from CM ideas of yin and yang; however, as previous studies have also found, not all participants used this more technical vocabulary (Rittersmith, 2009) especially as they talked about heatiness in Singlish. While everyday Singaporeans may not always state the Chinese medicine explanation behind heatiness, they do use the

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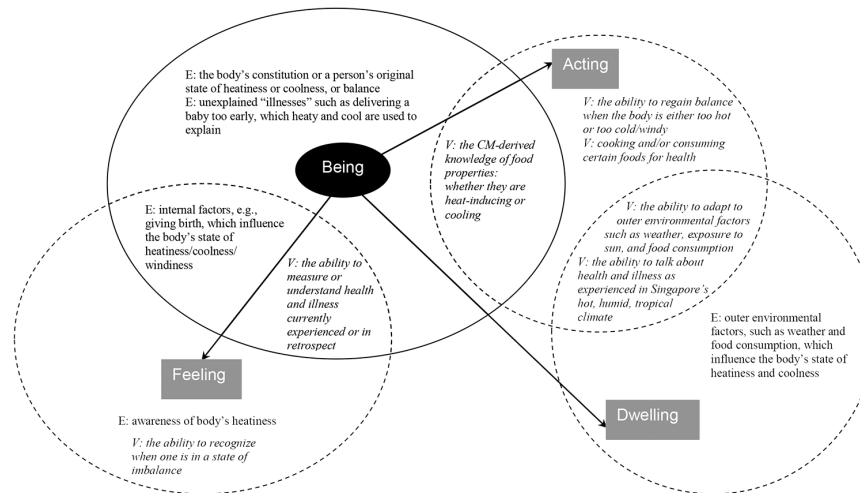


Figure 1.1. Hub (being) and radiants (feeling, acting, dwelling): E = what exists; V = what is valued.

terminology of heatiness as a taken-for-granted way to describe their everyday experiences of imbalance. This was most apparent when we recruited interviewees. When we approached prospective participants, there were times when people would state, "I don't use Chinese medicine." When we followed up, asking whether they consumed Chinese herbal and medicinal foods and drinks, then some would then say, "Oh, yes, of course I eat those." This knowledge of food properties, while based on CM, is knowledge passed down by way of family and/or society-at-large. The connection of heatiness to Chinese medicine is perhaps less important than the tie behind the term heatiness and being in Singapore. What is important to recognize here from a cultural and discursive perspective is how heatiness allows Singaporeans to talk about a state of being that would otherwise be unremarkable using a biomedical understanding of health and without needing to speak in Chinese.⁵ Similar to what Flanigan and Alvarez present in their chapter (this volume) examining suicide forums, there are potentially important therapeutic implications to examining (in their case suicide or) heatiness as a cultural and communicative category that allows people agency in their health-related actions. While neither mainstream biomedicine nor English allows people a way to speak about the hot/cold balance in their bodies, for Singaporeans, it is worth noting that participants could have used the English terms *fire*, *hot*, or *heat*, all more direct translations of the various Chinese terms used (上火 *shang huo*, rising fire; 燥热 *zhao re/zao re*, heat from heat and dryness; 热 *re*, hot) to describe heatiness. However, by using a term that is not found in

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English, the Singlish term *heaty* allows participants to quickly mark a difference—that they are talking about heatiness and not just the temperature words hot or fire.

Singaporeans' use of the term *heaty* confirms and reifies the existence of an alternative bodily constitution from that which is expected in Western biomedicine; a body that can be innately more hot, more cool, or in a state of balance. This "inner body" is greatly influenced by external factors, namely the weather and one's food consumption patterns, which can all be categorized along a spectrum of hot to cold. It is within this system of thinking about balance of opposing forces that the concept of heatiness resides. People are constitutionally born, some more warm/hot, others more cool/cold, and some in balance. In Singapore, because the weather is so hot, most people experience some form of heatiness regardless of their body's constitution. Valued acts of health maintenance include the ability to correctly detect a state of imbalance and take the necessary steps to regain balance in one's internal temperature. These steps include consuming (or avoiding) certain foods and beverages, combining opposing foods to avoid problems, cooking foods in particular ways, avoiding too much sun or air-conditioning, or getting enough rest. In fact, when illness does occur, participants can also use heatiness retrospectively to explain why illness occurred. All actions are taken in an effort to strike a balance between opposing forces of hot and cool in one's body and environment.

As a term for describing this everyday imbalance, *heaty* also functions as a communicative tool for laypeople to engage with CM without requiring the technical knowledge and vocabulary that comes with fully understanding Chinese medicine. In this way, it recognizes the everyday ways that people engage in their own healthcare, often outside of formal medical contexts. For example, as we have demonstrated in this chapter, heatiness can be caused by the outside weather, foods, food preparation, and having a baby. However, based on a CM understanding of health, a completely balanced person should be able to eat *heaty* foods and not end up with mouth ulcers or headaches. If and when patients go to see a TCM practitioner, they are not diagnosed with heatiness *per se*, but rather with something more technically complex such as liver fire that may have been exacerbated if there is underlying dampness. These more technical distinctions are not necessary if one uses the simple term *heaty*.

Because of the everydayness of the concept of *heaty*, in Singapore, a large amount of food and health-related products are sold to everyday consumers. Besides the *liang cha* described in the opening and by participants, not only are there chain herbal medicine shops across Singapore that prepackage and prebrew herbal remedies for heatiness, but the grocery stores and convenience stores also carry a wide range of supposed cooling drinks, which some participants dismissed as just sugar water. In addition, there is a whole mar-

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ket for professional “confinement ladies,” often from Malaysia, who will come to live with a family for 30 days to cook, tend to, massage (a Malay postpartum practice), and make sure new moms boost their strength and rebuild their constitutions following childbirth.

However, this large and well-developed market for treating heatiness may actually detract from its legitimacy as a “medical” treatment. In Singapore, people are required to obtain MCs (medical certificates) for missing work or school. However, the only place to get an MC is from a biomedical provider. As Xu, a CM provider said, “This is very strange. TCM can cure you but we can’t give them MCs.” In a place with all the available remedies and everyday knowledge to treat heatiness, it is not legitimized fully as an illness such that one could avoid work obligations because of it. Thus, its ubiquity may actually be part of why it is not understood as specialty or professional treatment. Future research should examine this potential connection between the availability of Chinese medicinal products and its decrease in professional status.

This project was limited in the fact that our interviewees were all people who already used some form of “lay Chinese medicine.” Future research should examine the use of heaty among the mainstream population of Singaporeans, paying special attention to its use intergenerationally. Research has shown that young Singaporeans are losing heritage language skills in favor of English (Ng, 2014). While heaty is a useful Singlish term for lay CM users, future research should examine to what extent it may also be a result of a variety of factors including the loss of Chinese language skills in younger Singaporeans, moving away from CM, both, or something else more complex. In addition, because we did not collect naturally occurring talk, we do not have many examples of how heaty is actually used in relationships and among family members maybe to support or to critique others’ behaviors. At least for the time being, we understand heaty to be a positive linguistic resource for Singaporeans to actively engage in their own health participation.

NOTES

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1. Singlish refers to the colloquial/creole form of English used in Singapore that includes Hokkien words and Malay grammar, which some argue is most useful for expressing practical everyday experiences such as bodily functions or states (see Goh, 2016).

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2. Yin and yang refer to much more than just cool and warm. Yin is the night, passive, restful dialectical half while yang is the day, active, and movement side. See Kaptchuk (2000) for a more extensive explanation.
3. However, a Chinese medicine practitioner would certainly diagnose heatiness if it were there. In everyday experience, heatiness is not serious enough to go especially to a practitioner to be treated (see Rittersmith, 2009).
4. Wind is the English translation of 风(feng) and is one of the causes of illness and imbalance related to too much movement or a lack of stillness. To read more about wind, see Kaptchuk (2000).
5. As a Chinese American, I (Ho) know about *heaty*, but I have never used the English term to describe the concept. Instead, in my family, we use the Chinese term 火气 (*huo qi* or literally fire energy), and if I described this in English, I would say “huo qi” (Ho, 2004).

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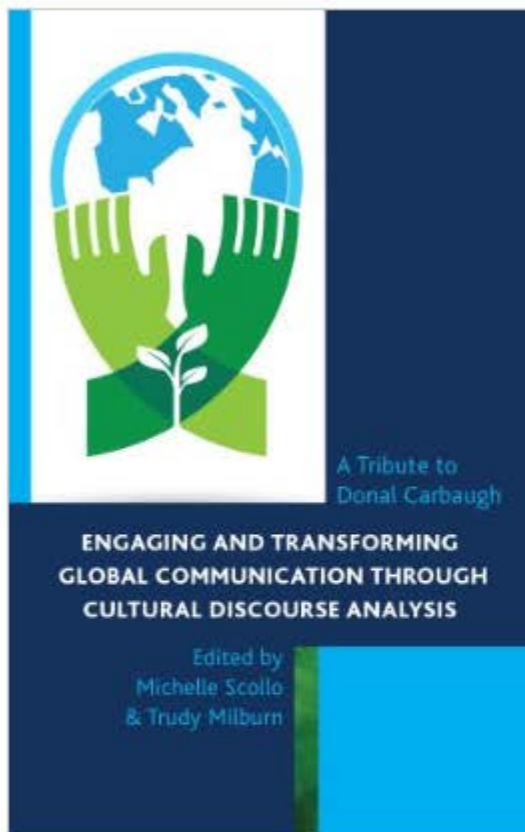
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Engaging and Transforming Global Communication through Cultural Discourse Analysis

A Tribute to Donal Carbaugh

EDITED BY MICHELLE SCOLLO AND TRUDY MILBURN - CONTRIBUTIONS BY MIKE ALVAREZ; DAVID BOROMISZA-HABASHI; CHARLES A. BRAITHWAITE; DONAL CARBAUGH; TOVAR CERULLI; PATRICIA O. COVARRUBIAS; GONEN DORI-HACOHEN; MOHAN J. DUTTA; RUTH EDMONDS; JOLANE FLANIGAN; DANIELLE GRAHAM; EEAN GRIMSHAW; FRAN GULINELLO; TABITHA HART; SALLY O. HASTINGS; EVELYN Y. HO; TAMAR KATRIEL; DANI S. KVAM; JAMES L. LEIGHTER; SUNNY LIE; OREN LIVIO; LIENE LOČMELE; PAULINE LUK; LAUREN MACKENZIE; TRUDY MILBURN; TEMA MILSTEIN; KATHERINE R. PETERS; GERRY PHILIPSEN; SAILA POUTIAINEN; LYDIA REINIG; LAURA ROSENBAUN; LISA RUDNICK; MAX SAITO; MICHELLE SCOLLO; NATASHA SHRIKANT; NADEZHDA SOTIROVA; LEAH SPRAIN; KELLY E. TENZEK; BRION VAN OVER; RICHARD WILKINS; MICHAELA R. WINCHATZ; UTE WINTER; SASKIA WITTEBORN AND KAREN WOLF

Global communication can be difficult in the best of circumstances. The contributors in this book take seriously the premise that one can examine communication within specific global settings and scenes with the goal of ensuring that the meanings made among those within specific communities is more clearly understood. This includes recognizing that we often communicate based on specific assumptions and act in ways that have normative bases that are shared with those within communities, but are often difficult to discern or navigate by those who are not members of them.

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