

2016-07-11

The Global Diffusion and Application of Medical Semiotics - From Medical Semiotics to Medical Semiology

Tredinnick-Rowe, JF

<http://hdl.handle.net/10026.1/13835>

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Vol 1. No 1.



**Association for Medical Humanities
International Journal
Conference 2016**

2016 Conference Abstracts



UNIVERSITY of
GREENWICH



**Association for Medical Humanities
International Journal
AMH Conference 2016**

**Abstract Presentations
6 – 8 July 2016
University of Greenwich, London**

**First Published 2016 by The Association for Medical Humanities
ISBN 978-0-9955193-0-5**

This abstract book has been produced by the Association of Medical Humanities Publishing Group from electronic files supplied by the authors. The abstracts have been blind reviewed and formatted for consistency but not edited for content. Every effort has been made to reproduce faithfully the abstracts as submitted. However, no responsibility is assumed by the publishers or organisers for any injury and/or damage to persons or property as a matter of product liability, negligence or otherwise, or from any use or operation of any methods, products, instruments, or ideas contained in the material herein. We recommend independent verification of diagnoses and drug dosages.



Acknowledgements

Dr Jennifer Patterson (Chair)
University of Greenwich

Francia Kinchington
University of Greenwich

Professor Zoë Playdon
University of London

Paula Keogh
London

Louise Younie
QMUL

Dr John Smith
University of Greenwich

John Tredinnick-Rowe
Plymouth

Bridget MacDonald
Croydon University Hospital
St George's Trust

Dr Rainer Brömer
University of Istanbul

Alison Williams
Swansea University

Dr Neville Chiavaroli
University of Melbourne

Simon Walker
University of Greenwich

Carlos J Moreno-Leguizamon
University of Greenwich

Becky McKay
Birkbeck College

Louella McCarthy
University of Wollongong

Deborah Watkins
University of Greenwich

Dr. Kaisu Koski
University of Tampere



Association of Medical Humanities International Journal

© The Association for Medical Humanities
www.amh.ac.uk

Professor Alan Bleakley (President)
alan.bleakley@plymouth.ac.uk

Dr Jennifer Patterson (conference convenor and AMH membership)
University of Greenwich
Faculty of Education and Health
Mansion Site
Avery Hill
Bexley Road
Eltham
London SE9 2PQ
j.j.patterson@gre.ac.uk

2016 Body Talk: whose language? Conference Abstracts

Editor
Dr Jennifer Patterson (UK)

Art Director
Paula Keogh (UK)

Deputy Editors
Anna Kirchheim (UK)
Celine Castelino (UK)
Megan Caine (UK)

Disclaimer: The Association for Medical Humanities International Journal is published by the Association for Medical Humanities. Abstract issues are published in alliance with the university or organisation convening the Annual Conference, who are granted editorial freedom for this purpose.

This paper presents emerging findings from an ongoing doctoral study: 'Women's experiences of ageing with HIV: personal, clinical and social care responses to the challenge of ageing with HIV in the UK'. With a specific focus on women and the gendered experiences of ageing, this research explores how women are responding and adapting to ageing with HIV, with a specific focus on community, social support, social and healthcare needs and the role of the State and third sector services in meeting these needs.

Ageing is already a challenging social and biological process for women, and the addition of HIV sees new issues such as stigma emerge. As women with HIV age, they encounter new medical and healthcare professionals lacking expertise in HIV, and so encounter new sites of discrimination. The experience of ageing is made more uncertain, as women are unable to be certain how and whether HIV is changing their physical ageing process, so whether a night sweat is related to HIV or menopause, for example.

This experience of uncertainty and of unknown and unknowable body experience has informed the question of appropriate methodology, which therefore has been complex. The presentation will discuss how participatory methods including creative techniques and narrative, in particular body mapping (Solomon and Morgan, 2007) within three workshops with women over 50 living with HIV in London (diverse in length of diagnosis, ethnicity and migration status) have permitted insights into the unique experience of ageing with HIV, in the context of adapting to an ageing body.

Keywords:

HIV, women, ageing, gender, discrimination

References:

Yin Z, Brown AE, Hughes G, Nardone A, Gill ON, Delpech VC for Public Health England. *HIV in the United Kingdom 2014 Report: data to end 2013*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401662/2014_PHE_HIV_annual_report_draft_Final_07-01-2015.pdf [Accessed 10/15].

UNAIDS. *HIV and Aging: A special supplement to the UNAIDS report on the global AIDS epidemic 2013*. Available at: www.unaids.org/sites/default/files/media_asset/20131101_JC2563_hiv-and-aging_en_0.pdf [Accessed 10/15].

Solomon, J. and J. Morgan (2007). "Living with X": a body mapping journey in the time of HIV and AIDS. *Body Maps: Bringing mind, body and community together for wellbeing*. Johannesburg, REPSSI.

2.15. The Global Diffusion and Application of Medical Semiotics: From medical semiotics to medical semiology. (paper)

John Tredinnick-Rowe

Peninsula Schools of Medicine and Dentistry

Medical semiotics in the ancient world involved physicians diagnosing patients by evaluating the signs of bodily disorders, suggesting remedies, and prognosticating the future based on these sign systems. However, by the 18th century medical semiotics in Western medicine had become incorporated into pathology, and had become what Hess (1998) termed a *premodern form of Diagnosis*. Throughout this period, both the linguistic structuralism of Ferdinand Saussure (1857-1913) and the abductive logic of Charles Sanders Peirce (1839-1914) were formed and went on to leave their individual and differing marks on semiotics in the 20th century. More critically, the 18th century was also the time in which medical publications ceased to name medical semiotics as an autonomous entity, until it disappeared as a discipline, within Western medicine and in medical schools (Ten Have, 1997).

Predominately Anglophone medical semiotics publications in the 20th century have applied Peircian frameworks to medical semiotics, and viewed medical semiotics as a discipline in semiotics rather than in medicine (Tredinnick-Rowe, 2016). This trend however did not occur in Hispanophone and Lusophone countries in South and Central America, where medical semiotics has taken an entirely different approach, and even a different name, *Medical semiology* (la semiología médica), which as a subject is still taught in medical schools across South America and represents a form of clinical reasoning based in semiotics (Olivero and Barraez, 2011). However, this tradition does not see itself as either Saussurean or Peircian, and rarely engages with established semiotic theory. Rather, it has constructed its own symptomology rooted in general semiotic principles. This paper documents these historical global divisions and explains how these two distinct forms of medical semiotics have come to exist, and concludes with reasons for why these two distinct traditions should be integrated as an antidote to the existing statistically-driven, Cartesian approaches to diagnosis.

Keywords:

Medical semiotics, medical semiology, clinical reasoning, South America

References:

Hess, Volker (1998). Medical semiotics in the 18th century: A theory of practice? *Theoretical Medicine and Bioethics*, 19(3): 203-213. doi:10.1023/a:1009957730860.

Olivero, Rosa, & Barraez, Carmen (2011). Importancia de la semiología médica en la adquisición de las competencias de un médico. *Salus* 15(3): 31-36.

Ten Have, H. (1997). From Synthesis and Systems to Morals and Procedure: the development of philosophy of medicine. In *Philosophy of Medicine and Bioethics: A Twenty-Year Retrospective and Critical Appraisal*, eds. R. A. Carson, & C. R. Burns, Vol 50:105-124. Dordrecht: Kluwer Academic Publishers.

Tredinnick-Rowe John. (2016). ¿Qué es la Semiótica Médica? *Revista Catedra Villarreal*, 4(1).

K.3. Dr Satendra Singh, University College of Medical Sciences, Delhi **Embracing Brokenness: Disability and body image.**

Body image stems from cultural messages and our bodies become our main instruments for expressing ourselves. By definition body image is the inner picture of outer appearance. But in reality this view from inside tends to be shaped by the outside world. Body image is influenced by how our culture(s) defines attractiveness and ability—social value placed on our bodies, including our looks, differences, and abilities. Body and self-images are created in the interplay between people's internal views of themselves and the views of others that they internalize.

Disabled bodies are part of spaces outside the mainstream society and therefore become a reason for gaze. They view their bodies and lived experiences as different from others, and disregard their own knowledge and strengths. Ableism plays a vital role in distortion of their body image and becomes the main driving force behind internalizing disability, leading to lack of confidence.

People with disabilities encounter judgmental comments, intrusive stares, and questions about their bodies. These occur not only during the interactions with family, friends, strangers, teachers and colleagues but surprisingly even with health care professionals.

Though individuals with disabilities adjust to their different bodies and increasingly accept their disabilities over time, at the same time disabled bodies are reduced to their biological lack of functioning both by medical and paramedical practitioners. There is objectification of a 'disabled body' in medical discourse with an aim of finding treatable solutions for their disability. Quite often these bodies are photographed, pictured and labelled to serve as a 'text' for giving practical lessons to the medical students without even having miniscule consideration about the human mind, human soul and human psyche living inside the same living bodies. They are subject to invasion and remodelling for 'fixing' or 'regulating' by the surgeon's knife. Stress is often laid on medicalization in order to 'normalize' and even become subject of state intervention. Consequently, there is a disassociation of their minds and bodies resulting in a numbing of all their needs and natural desires.

The educationist Palmer rightly said: "Wholeness does not mean perfection: It means embracing brokenness as an

integral part of life." Patients' bodies speak to us, and our bodies speak back. The Image theatre as part of the *Theatre of the Oppressed* can break these attitudinal barriers and create change.

K.4. Dr Deepa Apté, Ayurveda Pura Academy

Understanding your Body Type based on Ayurveda.

This keynote lecture discusses the Ayurveda system of perceiving, diagnosing and treating bodies.

History of Ayurveda

Ayurveda is the ancient holistic medical system from India, based on achieving physical and mental harmony with nature, which has been practised for more than 5000 years. Ayurveda means "science of life" ("Ayu" meaning life and "Veda" meaning science). Ayurveda was created during a time of great enlightenment, when the sages of ancient India developed and refined the skills of Yoga, a technique that is being increasingly appreciated in the West today. Ayurveda and Yoga are complementary to each other; some Ayurvedic remedies consist of special Yoga exercises.

Holistic Approach

Ayurveda is a complete way of life. It is prevention-oriented, is free from harmful side-effects and treats the root cause of a disease rather than just the symptoms. Ayurveda views illness as caused by an imbalance in a person's physical or mental constitution and therefore seeks to gently bring a person's body back into a healthy balance. Ayurveda is not just for people who are ill but also for healthy individuals, because use of Ayurvedic techniques maintains good health.

Principles of Ayurveda

Ayurveda sees everything in the universe, including human beings, as composed of five basic elements - space, air, fire, water and earth. These five elements in turn combine with each other to give rise to three bio-physical forces (or *Doshas*) – *Vata* (air & space), *Pitta* (fire & water) and *Kapha* (water & earth).

Every individual has within them all three bio-physical forces, but it is the dominance of any one or two or all three that makes up a person's individual constitution.

K.5. Cinzia Scorzon, University of Westminster

Reading the Body, East Asian Perspectives.

East Asian medicines (EAMs) have always been interested in the interior of the body – organs, circulatory pathways, muscles, flesh, bones – but they never developed technologies that made these structures visible for the purpose of diagnosis. Western science sees this as but another example for the inferiority of EAMs. Instead, if Western concerns for the body's interior evidence a deep distrust into human sensibilities that date back to ancient Greeks, then EAMs physicians, like East Asian philosophers, writers and painters, believe that a skilled observer can read