Medical Semiotics: A Revisitation and an Exhortation

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ABSTRACT

Medical semiotics, as a branch of general semiotics, has never really gained a firm foothold in either semiotics itself or medical science. Despite the fact that the discipline of semiotics traces its roots to the medical domain in the ancient world, it has been largely relegated to the margins, with several key exceptions starting with Jakob von Uexküll and more recently Thomas A. Sebeok and the biosemiotic movement. However, there is no evidence that it is a significant and growing autonomous area of research either within biosemiotics or medical practice. The purpose of this paper is to revive interest in medical semiotics examining at the historical principles that would make it highly relevant today in the global village where conceptions of disease and health are in constant flux.

KEYWORDS

Disease, Health, Medical Semiotics, Sign Theory, Symptomatology

INTRODUCTION

The general goal of semiotics, however one defines the discipline, is to examine the relation among signs, their meanings, their interpretations, and how they relate to human experience and knowledge (social, cultural, psychological, scientific, and so on). Applied semiotics is the use of semiotic notions in fields of all kinds, from mathematics (Bockarova, Danesi, and Núñez, 2012) to graphic design (Skaggs, 2017), examining the functions of sign systems within each field. One of the applied fields is “medical semiotics,” which unlike the others, has never really spread among semioticians or medical practitioners in any significant way, even though the origins of semiotics itself is in the domain of medical science and although influential scholars and scientists such as Jakob von Uexküll (1909) and Thomas A. Sebeok (1976, 1979, 1990, 2001; Sebeok and Danesi, 2000) have argued persuasively for such a field to be established firmly as a branch of both semiotics and medicine.

Unlike “medical anthropology,” which came to the forefront as an autonomous discipline around the late 1980s (Wiley and Allen 2008, Brown and Barrett 2009), and which is now a flourishing subfield of both anthropology and medicine, medical semiotics has few practitioners or promoters. The purpose of this paper is to argue that today medical semiotics is as valuable as its anthropological counterpart, as a handful of semioticians and medical researchers have argued (see, for example, Uexküll, 1982; Baer, 1988; Barnum, 1993; Nessa, 1996; Merrell, 1997; Sebeok, 2001; Tredinnick-Rowe, 2016). We will revisit some of the main principles that undergird medical semiotics, concluding with an exhortation to both semioticians and medical practitioners to revive and pursue it as a serious area of research. After Thure von Uexküll’s special issue of Semiotica (1982) and Baer’s 1988 book, Medical Semiotics, very little has been accomplished within this applied field despite the urgent need to interpret disease in its varying contexts in today’s global village, all of which have an effect on its interpretation and even, perhaps, its etiology.

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THE SEMEION, THE SYMPTOM, AND THE SYNDROME

As is well known, the term *semeiotics* (now spelled without the “e” as semiotics)—from Greek *sēmeiotikos* “observant of signs”—was coined by Hippocrates to designate the study of the warning signs produced by the malfunctioning human body. Hippocrates argued that the particular physical form or manifestation that a symptom takes—which he called a *semeion* (“mark”)—constitutes only one of the primary clues the physician requires in order to diagnose its source. The other clues come from physician-patient discourse, which allow the practitioner to corroborate or modify the diagnosis. This makes medicine as much of an interpretive art as a biological science. The visible features of the *semeion* announce, so to speak, that something invisible is present in the body; the dialogue provides a means of interpreting the patient’s description in concrete terms As Hippocrates understood, people do not say or do anything accidentally. With this method he established medicine as a diagnostic “semeiotic” science based on both the detection and interpretation of bodily signs through both biomedical analysis and patient-physician dialogue.

The medical concept of *semeion* as “something physical” standing for “something invisible” that falls outside the normal expectancy of bodily sensations and processes was the founding principle of medicine; and needless to say it was the founding principle of semiotics as a broader discipline of body and mind. The *semeion* was recast by Hippocrates and other ancient physicians as a *symptom*, taking on a more precise medical designation. The word *semeion*, or *sign*, was thus restricted to indicate a feature of a *symptom*. So, for example, high temperature is a “sign” of “something” at first and can only be classified as a “symptom” if it is determined that the cause is a specific malady, such as influenza. It is only after a medical examination in tandem with patient consultation that a sign can be determined to be a symptom.

Symptoms alert an organism to the presence of some altered state in its body. The particular forms, shapes, or other manifestations that symptoms assume in a specific species are the signs that can be connected to some bodily dysfunction. The paradox is that, while other animals react homeopathically to symptoms (for example, a dog licks its wounds), humans typically resort to the intervention of a physician or some other “healer” to intervene in a treatment or cure. Self-administered treatments are of course possible, but generally involve simple maladies or dysfunctions. So, the study and classification of the particular signs that make up the symptoms of diseases is the essence of the science of symptomatology. Throughout most of its history, the study symptoms has held a minor place within nonmedical semiotics. Roland Barthes (1972), for instance, dismissed symptoms as “pure signifiers” with no meanings other than physiological ones. Symptoms, he claimed, become signs—signifiers tied to signifieds—only in the context of clinical discourse, when the interpreter of a symptomatic form is a physician or a veterinarian. In other words, he saw symptoms as partially-formed signs—the reverse of the Hippocratic tradition. With some notable exceptions, such as the work of Thomas A. Sebeok and current biosemioticians, semiotics has tended to agree with Barthes and study conventional signs (words, symbols, and so on), leaving symptoms to the specialized domain of symptomatology. And even though today biosemiotics is a growing field, there is little within it that relates to medical semiotics as such, even though the “father” of the field, Jakob von Uexküll (1909), demonstrated that symptoms are fundamental in characterizing different species biologically. Simply put, the symptoms displayed by a species are tied to its biology. Thus, the bodies of animals with similar physiological and anatomical structure will produce similar types of symptoms; those with widely divergent anatomical structures will manifest virtually no symptoms in common. This rudimentary medical taxonomy is completed with the term *syndrome*, which is defined as group of symptoms that collectively exemplify a disease or disorder.

To reiterate, the sign (*semeion*) in a diagnostic framework presents the possibility of variable interpretations at first, until it is tied to a specific symptom; similarly, a group of symptoms will initially entail different interpretations, until the symptoms are connected to a syndrome (Oswald 1968). It is a peculiarity of diagnosis that the interpretations of symptoms (and their antecedent