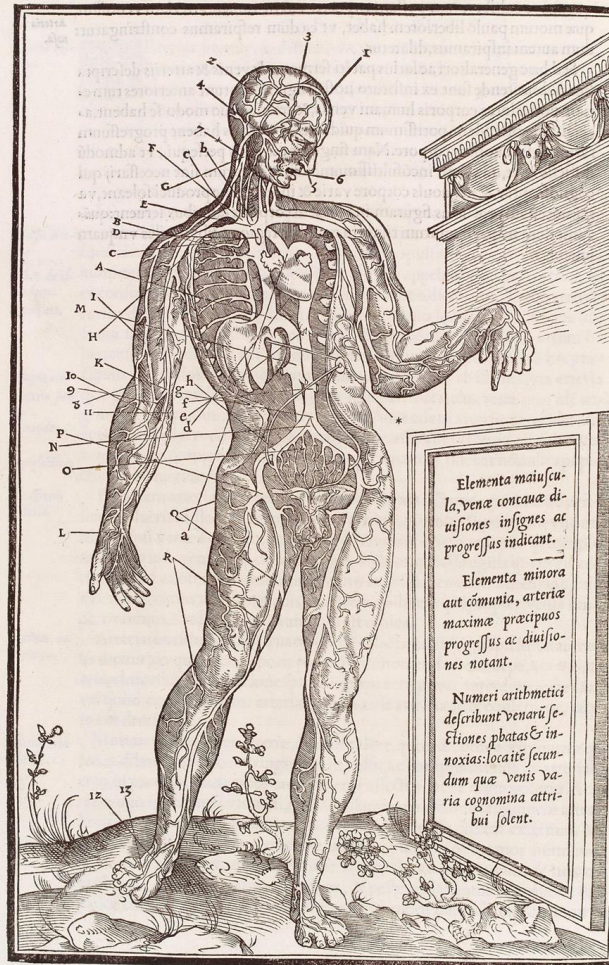


READING THE BODY, WRITING THE BODY.

Chiam Min, Lawrence Ypil



TO READ

*to glance through, run one's eye over,
study, scrutinize, interpret,
decipher, comprehend
the meaning of*

THE BODY

*the corporeal body, its physical form,
sum of its parts, its parts divisible,
sensorial experience of one's own or the other's,
flesh and blood, skin and bones,
the medical, social, personal, temporal,
object, subject, patient, case,
healthy, functional, sick, remarkable,
diagnosable, prognosable, treatable*

Whose body?

the patient

Whose reading & [re]presenting of the body?

the professional, the 'public', the patient

**I: THE PROFESSIONAL:
MEDICAL NARRATIVES AND
DOCUMENTATIONS**

MEDICAL NARRATIVES AND DOCUMENTATIONS

Institutional guidelines and recommendations

Specific communicative purpose

Clear stylistic features and visual/linguistic peculiarities

To be read and interpreted a certain way by trained, specialised pool

For example, case reports, medical charts, CT scan images

THE CASE REPORT (PUBLIC COMMUNIQUÉES)

‘A detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient.’ (Heart Views, 2017)

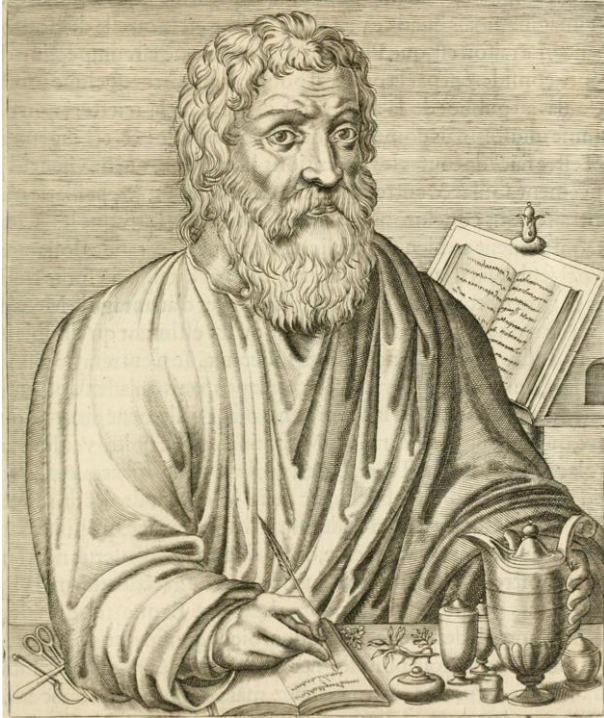
Interesting case providing teaching point (Bignall on *Lancet* publication, 1995)

Retrospective reconstruction

Authored by medical professional / assessor

Narrative conventions evolved over the centuries (Hurwitz, 2006)

HISTORY OF THE CASE REPORT: HIPPOCRATIC ERA (400 BC)



Visual primacy

Chronological sequence

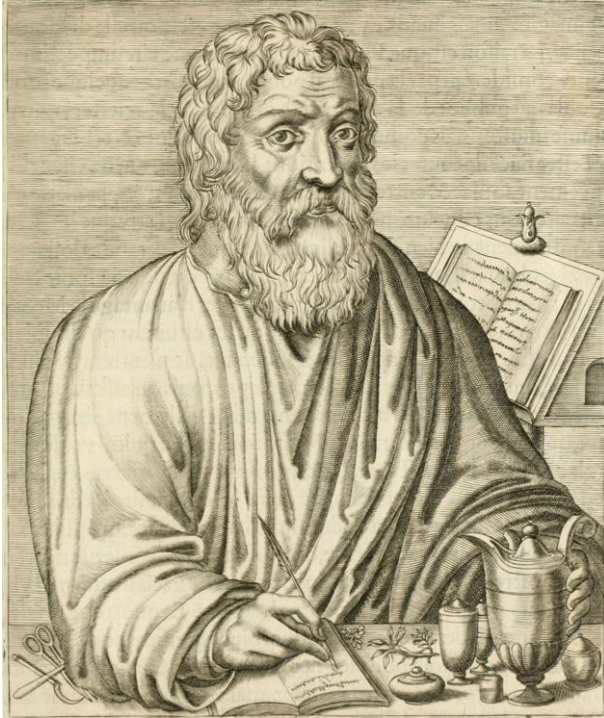
Flat, descriptive, authoritative tone

Little evidence of doctor-patient dialogue /
discussion

Little evidence of patient's felt experience,
psychological dimensions

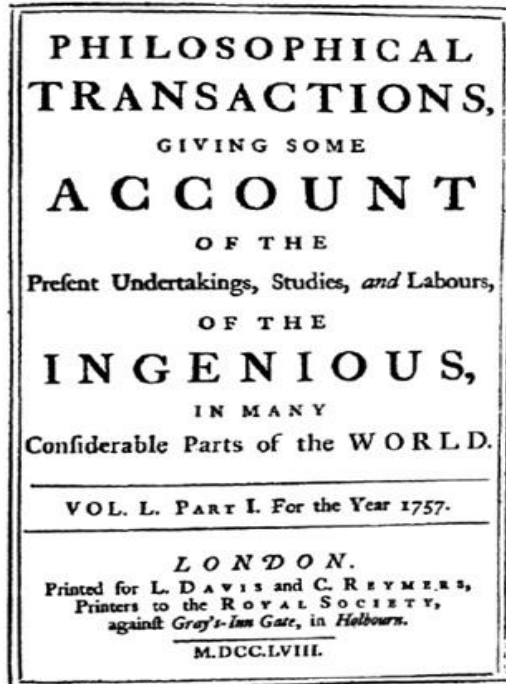
(Hurwitz, 2006)

HISTORY OF THE CASE REPORT: HIPPOCRATIC ERA (400 BC)



‘Case ii. ...In the morning had a rigor; acute fever, hot sweat, appeared to be free of fever; did not sleep long; after the sleep a chill, ptyalism; in the evening, great incoherence; after a little, vomited a small quantity of dark bilious matters. On the ninth, coldness, much delirium, did not sleep. On the tenth, pains in the limbs, all the symptoms exacerbated; he was delirious. On the eleventh, he died.’ (Hippocrates, *Epidemics I*)

HISTORY OF THE CASE REPORT: 18TH CENTURY



Case report titles displaying perplexity and mystery

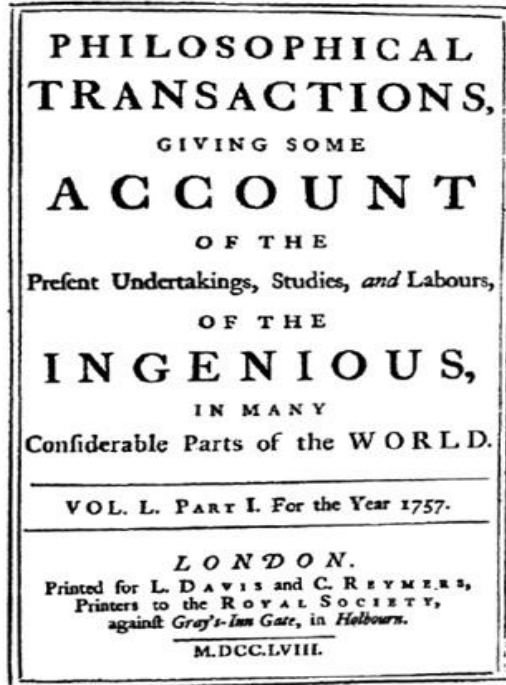
Inclusive of physician's personal opinions, emotional expressions

Voyeuristic

Patient framed as a spectacle

(Hurwitz, 2006)

HISTORY OF THE CASE REPORT: 18TH CENTURY



'I was surpriz'd yesterday with a very extraordinary case...Madam R—'s Girl fell into violent Convulsion fits; and while she was in them voided a large quantity of Blood by the Mouth, the Nose, the Ears, and the Eyes...I am apt to believe they are Epileptick Fits; but the sudden relief and cessation of them by bleeding through all these parts, I must confess is wonderful to me'.
(Monginot, *Philosophical Transactions*)

an admirable Instrument in the hands of *Wise Men*: when they were onely employ'd to describe *Goodness, Honesty, Obedience*; in larger, fairer, and more moving Images: to represent *Truth*, cloth'd with Bodies; and to bring *Knowledge* back again to our very senses, from whence it was at first deriv'd to our understandings. But now they are generally chang'd to worse uses: They make the *Fancy* disgust the best things, if they come found, and unadorn'd: they are in open defiance against *Reason*; professing, not to hold much correspondence with that; but with its Slaves, the *Passions*: they give the mind a motion too changeable, and bewitching, to consist with *right practice*. Who can behold, without indignation, how many mills and uncertainties, these specious Tropes and Figures have brought on our Knowledge? How many rewards, which are due to more profitable, and difficult *Arts*, have been still snatch'd away by the easie vanity of *sine speaking*? For now I am warm'd with this just Anger, I cannot with-hold my self, from betraying the shallowness of all these seeming Mysteries; upon which, *we Writers, and Speakers*, look so bigg. And, in few words, I dare say; that of all the Studies of men, nothing may be sooner obtain'd, than this vicious abundance of Phrase, this trick of Metaphors, this volubility of Tongue, which makes so great a noise in the World. But I spend words in vain; for the evil is now so inveterate, that it is hard to know whom to *blame*, or where to begin to *reform*. We all value one another so much, upon this beautiful deceipt; and labour so long after it, in the years of our education: that we cannot but ever after think kinder of it, than it deserves. And indeed, in most other parts of Learning, I look on it to be a thing almost

HISTORY OF THE CASE REPORT: 21ST CENTURY



Past the 19th cy advent of the thermometer and stethoscope

Focus on pathological findings, 'normality' of bodily systems

Continuation of doubt as to reliability of patient's testimony

Continuation of narrative distancing
(Hurwitz, 2006)

Clinical 'sublanguage' and Clinical Natural Language Processing (NLP) Systems (Shao, 2020)

HISTORY OF THE CASE REPORT: 21ST CENTURY



“...On physical examination, the patient was alert, afebrile, normotensive (blood pressure: 113/64) and not tachycardic (heart rate: 89 bpm). His abdomen was soft and non-tender, with no sign of peritonitis. Digital rectal examination revealed fresh blood stains but no melaena or mass. Proctoscopy was negative for haemorrhoids and rectal ulcers. Full blood count revealed normocytic, normochromic anaemia, with haemoglobin level at 8.0 g/dL. Coagulation profile, liver function tests and cardiac enzymes were all normal. Plain chest and abdominal radiography did not reveal any bowel obstruction or viscus perforation. After resuscitation and transfusion with 3 units of packed red blood cells, his haemoglobin level improved to 9.4 g/dL...” (Lo et al. *Successful endovascular embolisation of a jejunal artery aneurysm*)

Question #1

What are the different medical documentations and narratives you use in your own professional practice?

These may take the form of written reports, verbal anecdotes, visual images, audio listenings and so on.

**II: 'THE PUBLIC':
ASSUMPTIONS/ATTITUDES
ABOUT SICKNESS AND THE
SICK BODY**

TALCOTT PARSONS' THE SICK ROLE

Sickness not just a biological/physiological condition but a social role
(Parsons, 1951)

Sickness as a form of deviance, good health needed for a functioning society,
thus the sick person:

- 1) Not responsible for assuming the sick role
- 2) Exempted from carrying out some or all normal social duties
- 3) Must endeavour to recover
- 4) Should seek and submit to appropriate medical care



Restitution narrative in Arthur Frank's *The Wounded Storyteller* (1995)



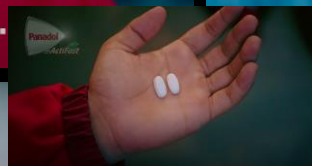
- ✘ LOCAL DELIVERY
Urgent Delivery to Jalan Pawang 🏠
- ✘ LOCAL DELIVERY
Urgent Delivery to Jalan Travers 🏠
- ✘ LOCAL DELIVERY
Urgent Delivery to Klang Valley 🏠
- ✘ LOCAL DELIVERY
Urgent Delivery to Jalan Wesley 🏠

22

more deliveries to go..



Do I look like I have time for a **headache?**



ABSORBED **2X FASTER*** [Learn more](#)



Adult Intensive Care Unit

4 Central Wing



UCLA Medical Center, Santa Monica

1250 16th Street
 Santa Monica, CA 90404
 Adult ICU: 424-259-9430



**SEE TO BELIEVE: ASSUMED MALINGERING/KENG-ING
UNLESS PROVEN OTHERWISE**

Creating a Gracious and Caring Commuting Culture



It is a sticker identifier to help commuters, who are unable to stand for long due to hidden/invisible conditions or disabilities, to alert other commuters on public transport that they need a seat.

What is this initiative about?

This initiative helps commuters who need a seat due to their health conditions or disabilities. The sticker is an identifier to let other commuters know that they would appreciate a seat.

When will the sticker be available for collection?

The sticker will be available from 1st October 2019.

How do I get this sticker?

You can approach the service staff at MRT stations or bus interchanges/terminals with your doctor's medical letter/certifications to obtain the sticker.

What should I do if I see someone with the sticker?

Do offer your seat if you can.

Why are some seemingly abled person also using the sticker?

Do understand that not every disability and condition is visible and obvious.

Do show your appreciation to those who offer you a seat

An initiative by



ERVING GOFFMAN: STIGMA, OSTRACIZATION

But he knoweth the way that I take
 when he hath tried me I shall come forth like gold
 Have pity upon me: Have pity upon me: O ye my friends
 for the hand of God hath touched me
 Though he slay me yet will I trust in him



The Just Upright Man is laughed to scorn

Man that is born of a Woman is of few days & full of trouble
 he cometh up like a flower & is cut down he fleeth also as a shadow
 & continueth not. And dost thou open thine eyes upon such a one
 & bringest me into judgment with thee

My relatives and my close friends have failed me; the guests in my house have forgotten me; my serving girls count me as a stranger; I have become an alien in their eyes. I call to my servant, but he gives me no answer; I must myself plead with him. My breath is repulsive to my wife; I am loathsome to my own family. Even young children despise me; when I rise, they talk against me. All my intimate friends abhor me, and those whom I loved have turned against me. My bones cling to my skin and to my flesh, and I have escaped by the skin of my teeth.

Job 19:14-20

Question #2

Where might you have heard some of these assumptions/attitudes about sickness and the body? Who perpetuates them (knowingly or unknowingly)?

For example, family, culture, the institution, television shows and so on.

**III: THE PATIENT:
THE PROTAGONIST PRIVY
TO FIRSHAND EXPERIENCE**

NARRATIVE ARCS

the illness trajectory

ARTHUR FRANK'S THE WOUNDED STORYTELLER: RESTITUTION NARRATIVE

Recovery

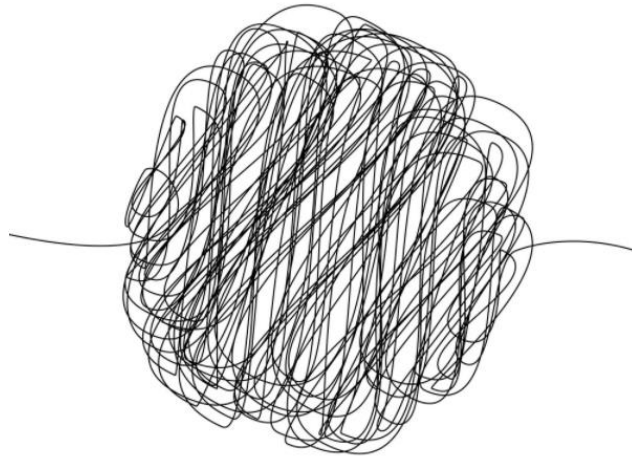
The restoration of something lost or stolen to its proper owner



ARTHUR FRANK'S THE WOUNDED STORYTELLER: CHAOS NARRATIVE

Loss of control

The opposite of orderly restitution



ARTHUR FRANK'S THE WOUNDED STORYTELLER: QUEST NARRATIVE

Accepting illness, rising above it, searching for meaning in suffering

Illness experience perceived to be a journey or a quest



USE OF FIGURATIVE LANGUAGE

to convey, provoke, hit home

personification, similes and metaphors are meant to be evocative through comparisons between two concepts

dependent on shared reserves of language and historical-cultural scripts

CLOSE READING EXERCISE

Venerable Mother Toothache
Climb down from your white battlements,
Stop twisting in your yellow fingers
The fourfold rope of nerves;
And tomorrow I will give you a tot of whiskey

To hold in your cupped hands,
A garland of anise flowers,
And three cloves like nails.
And tell the attendant gnomes
It is time to knock off now,
To shoulder their little pick-axes
Their cold-chisels and drills.

short 3-5 min exercise
**do note down anything that catches your attention with regards to the use of figurative language to describe pain*

CLOSE READING EXERCISE

Venerable Mother Toothache
Climb down from your white battlements,
Stop twisting in your yellow fingers
The fourfold rope of nerves;
And tomorrow I will give you a tot of whiskey



Personification, reverence and supplication

Yellow pus, dental abscess
witch-like quality

Peace offering, age-old pain relief

To hold in your cupped hands,
A garland of anise flowers,
And three cloves like nails.
And tell the attendant gnomes
It is time to knock off now,
To shoulder their little pick-axes
Their cold-chisels and drills.

Cradling, a warm welcome, lulled peace
anise oil, and clove oil for pain relief,
a conniving twist
instructed, malicious

Pain as twisting, sharp, catching one off-guard



Excerpt of John Heath-Stubbs 'A Charm Against the Toothache' (1954)

DESCRIPTIONS OF SHARP PAIN

PAIN as monstrous / rendering the self as monster

‘She heard the creature moaning. She tried to telephone the doctor, but the thing shrieked raucously into the mouthpiece, and this saved her, for they sent for an ambulance, which took the screaming thing to a hospital, as it would not have taken a polite old woman. Later, they told her she had at most four hours to live. Her gut had been twisted and gangrenous.’ (Byatt, *A Stone Woman*, 2005)

PAIN as a masculine adversary

‘Without any warnin’, the unfeelin’ angel of pain come along suddenly and snapped me up by the left kidney like he wanted to wrestle, and took an underholt, and he spun me around with such a jerk I almost lost my breath with agony...’ (1800s, man with kidney infection) (Bourke, *The Story of Pain*, 2017)

WOLCOTT'S INSTANT PAIN ANNIHILATOR.



Fig 1 Demon of Catarrh. Fig 2 Demon of Neuralgia. Fig 3 Demon of Headache Fig 4 Demon of Weak Nerves. Fig 5 Demons of Toothache



WOLCOTT & CO. LITH. Squares according to Act of Congress, 1863, by W. & P. WOLCOTT in the District Office of Copyright, Court of the U. S. for the Southern District of New York. 59 BEEKMAN ST. NEW YORK.



Endicott & Co., P. & Wolcott, R. L. (1863). Wolcott's instant pain annihilator, 1863. [New York: Endicott & Co. Lith. 59 Beekman St. New York] Retrieved from the Library of Congress.

DESCRIPTIONS OF SHARP BODILY PAIN

PAIN as a force which ruptures, shatters, rips apart the body

‘It seems, at each breath, as if a knife were passing through me...It seems as if a heavy weight were crushing my breast.’ (1850s, woman with breast cancer) (Bourke, *The Story of Pain*, 2017)

‘The pain was like a small garden rake over my eyes and top of my head, digging in and scraping away.’ (Migraine patient quoted in factsheet produced by the City of London Migraine Clinic) (Semino, *Descriptions of Pain*, 2010)

DESCRIPTIONS OF CHRONIC BODILY PAIN

PAIN as a female companion

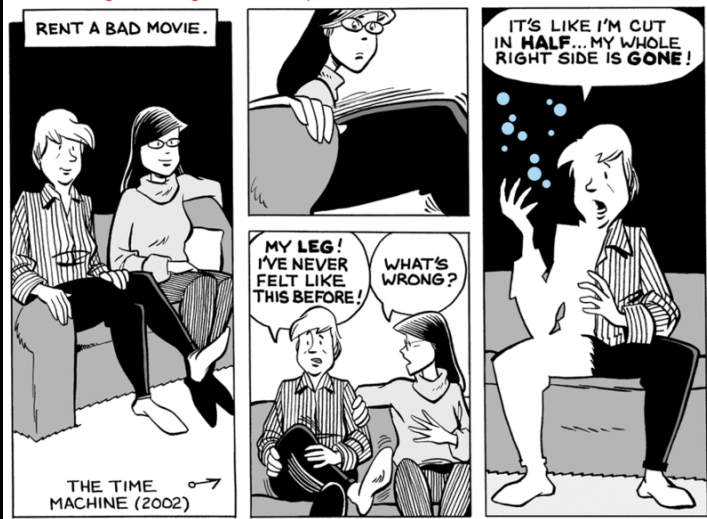
‘We have walked arm in arm, dwelt in the same house, been fellow lodgers in the same body, and occupants of the same bed.’ (1850s, man with chronic physical pain, paralysis) (Bourke, *The Story of Pain*, 2017)

PAIN as a pet / domesticated animal

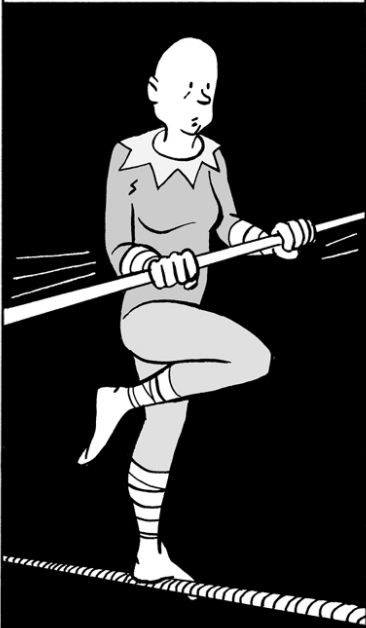
‘I have given a name to my pain, it is called “dog”, ‘just as faithful, just as obtrusive, just as clever as any other dog.’ (Nietzsche, *The Gay Science*, 1882)

GRAPHIC DESCRIPTIONS OF THE ILLNESS EXPERIENCE IN COMICS

How to Diagnose Lung Cancer: Step One



CHEMO KILLS **GOOD**
CELLS AS WELL AS BAD.



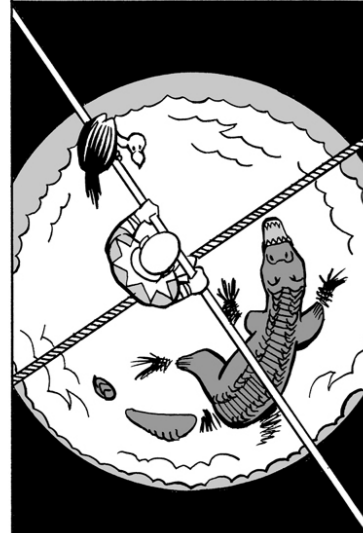
MOM NEEDS TO MAKE
MORE RED BLOOD CELLS
... BUT NOT **TOO** MANY.

DRUGS TO THICKEN,
DRUGS TO THIN.

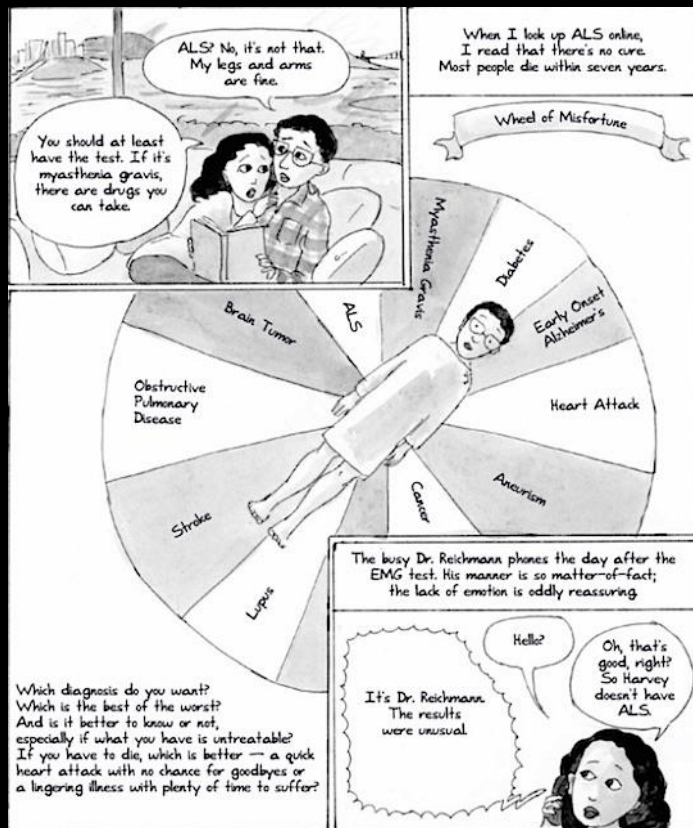


PROCRIT™
LOVENOX™
COUMADIN™

A WITCH'S BREW OF
TONGUE-TANGLING
TRADEMARKS.



IT'S A SPECTACULAR
TRIAL-AND-ERROR
BALANCING ACT.



Question #1

What are the different medical documentations and narratives you use in your own professional practice? These may take the form of written reports, verbal anecdotes, visual images, audio listenings and so on.

Question #2

Where might you have heard some of these assumptions/attitudes about sickness and the body? (the sick role and restitution, hidden conditions v malingering, stigma) **Who perpetuates them (knowingly or unknowingly?)** For example, family, culture, the institution, television shows and so on.

Question #3

Do figurative expressions of pain and sickness have a place in scientific discourse and/or illness discourse?

Why do you say the things you say, the way you say it?

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