

Semiotics: The Art of Social Care

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Summary. One of the main features of Italian semiotics' identity is its dual paradigm. That is, semiotic studies in Italy are developed from two schools of thought: structuralist and generative (from Europe, especially France) or pragmatic and interpretative (from the United States). This article attempts to explain the reasons for this tradition, which are epistemic and semantic before being political. The two approaches are mutually irreducible but are in continuity with one another: they stem from the need to take into account processes of signification in terms of how they emerge and are articulated within them, but also, subsequently, in terms of how they are interpreted. The reference model is semeiotics, which was originally the only field of study to be called "semiotics" or "semiology" and where research is actually done by connecting the internal relations between certain signs and the manifestation of symptoms in the communicative relationship between patient and doctor. Our hypothesis is that the nexus between semiotics and semeiotics go beyond the similarity in procedures, for the correspondence between the visible and the enunciable (Foucault 1966a; Deleuze 1986). Semiotics too practices an art of care, through the analysis and reading of meaningful processes, which, however, concerns not individual bodies but social corporeity.

Keywords. Semiotics, semeiotics, visible, medicine, care

Zusammenfassung. Eine der zentralen Besonderheiten der italienischen Semiotik ist ihr duales Paradigma. Semiotische Studien in Italien haben sich aus zwei Schulen entwickelt: der strukturalistischen und generativen (aus Europa, insbesondere Frankreich) und der pragmatischen und interpretativen (aus den Vereinigten Staaten). Dieser Artikel versucht, die Gründe für diese Tradition zu erklären, die eher epistemischer und semantischer als politischer Natur sind. Die beiden Ansätze sind gegenseitig unauflöslich, stehen jedoch miteinander in Kontinuität: Sie entstehen aus der Notwendigkeit, Signifikationsprozesse hinsichtlich ihrer Entstehung und Artikulation zu berücksichtigen, aber auch in Bezug auf ihre Interpretation. Das Referenzmodell ist die Semeiotik, die ursprünglich das einzige Fachgebiet war, das als „Semiotik“ oder „Semiologie“ bezeichnet wurde und in dem die Forschung tatsächlich durch die Verbindung der internen Beziehungen zwischen bestimmten Zeichen und der Manifestation von Symptomen in der kommunikativen Beziehung zwischen Patient:in und Ärzt:in erfolgt. Unsere

Hypothese ist, dass die Verbindungen zwischen Semiotik und Semeiotik über die Ähnlichkeit in den Verfahren, in der Korrespondenz zwischen dem Sichtbaren und dem Sagbaren (Foucault 1966a; Deleuze 1986) hinausgehen. Auch die Semiotik praktiziert eine Kunst der Fürsorge, durch die Analyse und Lektüre von Sinnprozessen, die jedoch nicht den individuellen Körper, sondern die soziale Körperlichkeit betrifft.

Schlüsselwörter. Semiotik, Semeiotik, sichtbar, Medizin, Pflege

Italian semiotics is a paradigm with two heads, or at least, it is certainly not monocular. The entirety of its ideas can be traced back to two traditions: Saussure's linguistic structuralism and Peirce's philosophical pragmatism. Why this double interest in the science of signs? This volume, offering an exploration of Italian semiotics with essays from the newest generation of researchers, provides the impetus for reconsidering, today, this peculiar identity, in an attempt to understand where the roots of this research lie and place it within a prolific perspective.

1. A paradigm with two eyes: signification and interpretation

There is no doubt that structuralism and pragmatism are distinct approaches with differing beliefs. However, rather than keeping them separate, this would be the moment to understand the reasons for their lengthy co-existence in Italy.

Signs condense the relations of meaning that are woven into society. Structuralism in semiotics, of which Paolo Fabbri was the main exponent in Italy's first generation, studies signs not as isolated entities but as texts, 'relational weavings' (in terms of their internal signification) with a correlation between expression and content. It explores the path of meaning from the superficial levels – those that are manifested – to those that are buried deeper and vice versa, observing how basic individual and collective values, phoria and dispositions take on a narrative character and are embodied by tangible, visible forms.

Texts, however, are not the object of analysis. They live in symbiosis with the interpretations that they inspire. Pragmatism, developed in Italy by Umberto Eco, takes on this other side of semiotics, logical reasoning and reactions liable to bring new meanings to our comprehension thanks to the way in which these meanings summon up the varying backgrounds to the receivers' knowledge and skills.

Previous attempts at blending structuralism and pragmatism have failed (Fabbri 1998). As we have said, the categories and tools of these respective schools of thought have incompatible philosophical and theoretical bases. But this rightful resistance to fusion has meant there has been no recognition of the contiguity in the processes and systems investigated by

the two schools. Signification and interpretation are concatenated praxes and the eye of interpretation can be activated, contributing to the recognition of what analysis does not see, when the eye of signification has been exhausted. Fabbri himself demonstrates this when, after analysis, he concerns himself with what happens in the use of the texts, giving meaning to transgressive readings and unusual decoding as enlightened practices of resistance and counter-information (Fabbri 1973; Migliore 2021). Valuing the parallel growth of the two branches – structuralism and pragmatism – in Italy does not mean having to superimpose or transplant one into the other, but rather it reflects on how they articulate and connect, one after the other, providing a complete picture for studies in this field (Paolucci 2010).

This is what has always happened, operatively and according to two phases that differ also on a theoretical plane, with medical semiotics or *semeiotics*, a branch of natural sciences similar to our own field (Baer 1988). Eco (1975) includes semeiotics in the field of general semiotics because it concerns the study of signs in two aspects. On the one hand, it studies the justifiable relation between certain external and internal alterations, while on the other, it studies the communicative relation and codes involved in the interaction between doctor and patient. He remembers that

until a short time ago, medical semiotics was the only type of research which might be termed ‘semiotics’ or ‘semiology’ (so that even today there is still some misunderstanding) (Eco 1975, English translation: 10)

And he specifies that it implies

a study of the connection between certain signs or symptoms and the illness that they indicate [...], and a study of the way in which the patient verbalizes its own internal symptoms, that extends on its most complex level of psychoanalysis which is a systematic codification of the meaning of certain symbols furnished by the patient (*ibidem*).

Barthes (1972), Manetti (1987), Baer (1988), Calabrese (2001), Sebeok (2001), among others, unanimously recognise how, in semeiotics, the shared starting point of signification and interpretation is that of the divinatory practices of the most ancient civilisations with the *Corpus Hippocraticum* and Galen. But what motivates these same procedures and origins? Why are semiotics and semeiotics so alike? And is it enough to just state this?

2. The model of semeiotics

There is a vast amount of literature on the nexus between semeiotics and semiotics, partially covered by the Italian volume *Il discorso della salute* [The Discourse of Health, Marrone ed. 2005], which contains the proceedings of an AISS conference on the theme of healthcare and the ailing body.

Here, semioticians play an extraordinary role by explaining the procedures of semeiotics, both ancient and modern, comparing them with their own experience and rendering them useful for both medics and philosophers of medicine. They prove, above all, the “thought from the outside” (Foucault 1966b) that is used in both semiotics and semeiotics. The discourse of health is a reference point worth returning to in order to find the missing link in the consideration of this affinity.

Barthes (1972), when talking about semeiotics, was already demonstrating the concatenation between signification and interpretation, tracing the symptom back to the substance of the expression – a phenomenon that emerges in the body and signals itself as a pathological presence –, and the sign to the form of expression, the symptom placed in discourse and taken up in the language used by the doctor. Semeiotics is not, therefore, simply a discipline that investigates a particular kind of sign. It is a science that exemplifies the experience of the passage from symptom to sign, highlighting this using its own system (Uexküll 1982; Staiano 1982; Calabrese 2001; Stano 2020). This perceptive moment of quality in transition increasingly characterises the encounters between the semioticians and the figures of the world. It marks, on an epistemological level, the passage from phenomenology to semiotics. But the modelling function played by medicine for the science of signs does not end here. Indeed, what will we learn to see after?

The Birth of the Clinic is a *sine qua non* in the advances of semiotic research in this regard. Foucault’s discourse (1963) on the conversion of the medieval and Aristotelian gaze into an “ocular science” in which there is a correspondence between the visible and the enunciable, between observation and descriptive language, is also relevant for semioticians. It allows us to think semiotically, thanks to the accentuation of clinical analysis and systems of different signs:

On one hand, there is the recognition of the organisation of symptoms following a radical change in the observation regime; on the other, we have a new way of reading with strategies (Fabbri 2005: 31, my translation),

that can be exported and migrated from one system to the other. Foucault (1966a, 1966b, 1971, 1973) himself adopts the same criteria he developed for medical use when tackling paintings, in his work on *Las Meninas* by Velázquez, and on Manet and Magritte. Another philosopher, Nelson Goodman, follows this path in the opposite direction, from semiotics and aesthetics to semeiotics, demonstrating how something is a work of art when it has these “symptoms”, artistic properties that are both necessary and insufficient (Goodman 1977).

So, semeiotics, its depths plumbed by semioticians, is a model for the semiotic method. In the previously cited volume, many references are jokingly made to people confusing the two disciplines – “you are a medical semiotician, correct?” – and their shared passion and curiosity is made

clear, particularly since, with the rise of the clinic, the visual dimension has become fundamental for semeiotics with the “*coup d’oeil*” and the “eye that talks by itself” (Foucault 1963, English translation: 109).

In the interests of *cure*, as attested to by the etymology of the word, there is a powerful idea of *curiosity*, which is welcomed by the semiotician who not only gives themselves the task of studying the medical discourse, but also that of asking the doctor for information on their own discourse and on what they expect from us (Fabbri 2005: 27, my translation).

Fifteen years ago, at the time of the *Discourse della salute* (Marrone ed. 2005), the focus on medicine as an object of study did not go beyond the confirmation of a shared ‘curious eye’, asking for example whether in its own way semiotics was also practicing a kind of care. Perhaps it was not yet the right time for a meta-reflexive vision of our discipline. The hypothesis we formulate here is that semiotics is an art of social care, in the positive sense of concerning itself with phenomena, searching for remedies, treating in order to heal. Greimas alludes to this vocation of semiotics as a “therapeutics of the social”, i.e. “knowledge” and “action on the state of things” not in the abstract but “in order to transform them” (Greimas 1987: 169, my translation). He remembers that he was “taken for a ride” when he announced it and in the late 1980s considered it to be a stake “of capital importance” and “an achievement that can only be achieved in the distant future” (*ibidem*, my translation). Today?

Semiotics and semeiotics are genealogically interwoven and share both method and epistemological background because they deal with the same object – corporeity – on different levels: semeiotics in terms of the individual, semiotics in terms of society. Both have their own tools and search out more in order to enunciate the visible, which is not simply that which can be seen but a multi-sensory complex of actions and passions that comes from the fact that things are there to be seen (Foucault 1963). Both take externality from the world (not the soul) as their starting point and they take care of this, semioticians on the front line (Eco 1967) just like doctors. This is the missing link: care of bodies. Furthermore, Gianfranco Marrone (2001: XXX, my translation) explains the metaphor of “social *bodies*” as precisely the “transposition of somatic characteristics onto the collective scale”. And the profound similarity in the way these two fields function is well known:

A certain macro-social logic from which grand political sentiments, collective passions and shared values derive, is comparable to that pre-individual logic linked to the body and its procedures of perception and proprioception (*ibidem*, my translation).

Signs are the product on any level of subjects that have bodies and are bodies. Somatic logic provides the basis for many of our social processes

and permeates every intersubjective relationship (*ivi*: XXVIII). If our discipline in Italy is strongly socio-semiotic, it is because it deals with signs through the symptoms of a social corporeity to which it pays careful attention.

3. Semioticians on the front line

Eco worked for the Italian television network RAI in the 1950s when Roland Barthes's *Myth Today* (1957) was published in France, Barthes being the first intellectual to have taken the defence of the public. His débuts as a literary and (in particular) theatre critic, led Barthes to understand how spectators and readers need "mediators" that allow them to read and understand the messages in circulation. This is where his observations on the responsibility of the form and conscience of the word come from. Barthes considers structuralist semiotics capable of dismantling and belying the representations of society that the media render normal and natural, but which are often untruthful and damaging.

Eco makes the most of this political thought advanced from the other side of the barricade, which contemporary semioticians in France still defend (Alonso Aldama et al. eds. 2021). And in 1975, he instituted semiotics at the University of Bologna as a discipline of activism. The thought movement of Structuralism, that he embraces, offers everyone a methodology to establishing relationships between the sciences and different domains of social life. As such, *Apocalittici e integrati* (1964) is not a watershed between the supporters and critics of the mass media, but a controversy internal to high culture, which tests emotions in order to subordinate the public. *Superman* is a "minimal message" with which high culture controls the masses, the media creates myths, telling us what we should desire. In Italy at that time, a philosopher investigating characters from the worlds of television, comics and adverts with the same interest as that shown for ancient classics, unleashed violent reactions among the *élite*, who accused him of degrading knowledge. Instead, Eco was intent on spreading it, like in an encyclopedia, an archival system of knowledge that keeps the high and the low united, storing together cultural histories, notions, skills and traditions. The pragmatism in Eco's version aims to form "model readers" (1979), anticipated by texts and capable of filling their gaps and recognising their traps.

The reading of manipulatory mechanisms in communication is the way to interpret them correctly, but also, as disobedients, to consume them, to cause them to deviate from their intended meanings, and thus deprive them of power. Today, with the authority of experts in a state of crisis, in medicine as in information in general (Marrone and Migliore eds. 2021), the need for mediation is greater than ever. Indeed, it is precisely because we have been through a time in which the elite blocked access to knowledge and we now find ourselves in one where there is too much of it and it is disorganised, that people, who are disinformed because they are badly informed,

have more confused opinions than ever, and are easily influenced as they fumble around in the dark. Trusting someone to guide your choices, recognising their skill in doing so, has fallen out of fashion. Now, we have the idea that you educate and cure yourself on your own. “I am my own doctor” is the most widespread slogan seen in the no-vax protests. More than fifty years from Foucault’s biopolitics, which considered medicine to be a strategy for subjugating a person through interventions on their body (Foucault 2021), many continue to talk of a “healthcare dictatorship”, invoking a return to ‘natural life’ and their non-involvement with medical techniques. However, medicine has been working for over two centuries to build collective well-being and this presumed alliance of individual-nature-freedom, defended to the death, has the traits of a contemporary myth. How can semioticians cure this society?

4. The semiotic cure. The body on a social scale

Symbolically, in an interview with the French newspaper *Le Nouvel Observateur*, when asked the question “what is the point of the intellectual?”, Barthes (1977: 67) responded that the intellectual helps to “build one’s own interior world” in the outside world. This is how we explain it to ourselves. Sciences such as psychoanalysis presuppose mental states and an unconscious that it attempts to draw out. It therefore proceeds from the *inside out*, like the Pixar film (2015) of the same name in which everything depends on an internal ‘control tower’, which is normally invisible. The exteroceptive (the world is often not easy to digest!) ruminates, deposits and re-elaborates within, in meanders that are often impenetrable, and it is on this mystery that they work. Paradoxically, in the canonical Italian jargon used to address matters of the soul, attributing a priority and superiority to neurones and internal impulses, believing them to be revelatory, agents regardless of cultural and social sphere, are referred to as *curati* [cured], a term with a double meaning that is both active and passive. On the contrary, other sciences begin with the ‘skin’ of the body and the world, from that which faces outside, towards the external, as an expression of what is happening inside. The direction here is *outside in*, medicine with semeiotics in a physical setting, semiotics for the inseparable aspects of the body and the soul of people and social groups, disimplying behaviours, imaginaries, traditions, attitudes and habits from the texts and practices that testify to their existence. Painting, theatre and music, in a similar way, are forms of care: they treat the body to treat the soul. Psychosemiotics, which has little representation in Italy according to our volume, constitutes a discipline that borders both (Darrault-Harris and Violi eds. 2021).

“Helping to build an interior world in the outside world”, to return to Barthes (1977: 67), means providing the tools for reading the information at the entrance and learning to differentiate states of things and of the soul from the sensitive forms of their appearance. The intelligible lies in the sen-

sitive. This is the motto of von Hofmannsthal who said, “Depth must be hidden. Where? On the surface” (1922, English translation: 362). As such, ‘style’ is a bond that comes from the body, a coherent deformation of the flesh, and the most widespread signs that many wear in a permanent way – tattoos – expose personality traits on the skin (Migliore 2018b). In semiotics and medicine, what counts is not the being (which is eternally hidden) but the relationships between seeming and being. The truth is not simply the essence, what it is, but what it seems and what it is, whereas the false is both what it doesn’t seem and what it is not (or that it is not because it doesn’t seem!) and between these two poles, the secret does not seem and yet it is, while the lie seems and instead it is not (Greimas 1983).

The diagnosis of both social and physical phenomena requires a much closer reading and a pact of trust with the sensitive dimension. As in medicine the symptom is understood and correlated to others in the same body, so in semiotics every element signifies not in itself but when connected to others in the same text, by similarities and differences. However,

the idiolectal character of individual texts does not allow us to forget the *eminently social aspect of human communication*. It is therefore necessary to widen the problem by introducing the principle that a certain number of individual texts, on condition they are chosen according to non-linguistic criteria guaranteeing their homogeneity, may be formed into a *corpus* and this corpus may be considered as sufficiently isotope (Greimas 1966, English translation: 93).

The macro, intertextual level of the *corpus*, always encroaches on the microscopic level of analysis, that of textual singularity, which is always our starting point (How interesting how linguistics and semiotics use a somatic metaphor to designate the ‘collective’ of texts!). In order to have broader hypotheses on the social world, we need the *corpus*, the intertextuality by association to an initial text; a series of connected texts that reaches adequacy, homogeneity and thoroughness in a paradigmatic way, with complementary and commutative enrichment. In response to the two accusations most commonly levelled at semioticians – that they are ‘jacks of all trades’ and limit themselves to detailed analysis –, the description of the text continues through intertextuality, through the construction of the *corpus*, and the symptoms that connect them are neither disparate nor casual. They tend towards a non-totalising globality (*totus*) that is omni-comprehensive (*omnis*), open and dynamic.

Omnis introduces an idea of movement, like when Horace says *Non omnis moriar*, ‘I will not die completely’ (Fabbri 2000: 21).

The semiotician’s *corpus* can be likened to a series of X-rays in semeiotics (Galofaro 2005), in which there is both *a priori* no body, and the patient’s state of health is not revealed spontaneously but instead *findings* (what-

ever is found in the X-ray) and reports (the descriptions given of this) result from relationships between the visible and the enunciable. The visible includes the kind of device and the level of definition in the X-ray, the chromatic, eidetic and topological aspects of the X-ray, the density of the body penetrated by the X-ray, the eventual comparative method used. The enunciable, as in Italian semiotics, is established (as Galofaro also maintains),

by two distinct and non-coinciding operations: describing phenomena pertinent to the level of expression and interpreting them, assigning them their own diagnostic content (2005: 247, my translation).

In the doctor's diagnosis we find an intersubjective and codified scientific metalanguage and the competent point of view that derives from this theory. In any case, X-rays and their content are not isomorphic. A symptom does not provide a single meaning, it can stand for a number of possible contents. In semeiotics, too, further investigation is required. Let's then get to the heart of the methods used in this cure.

5. The “how” of the semiotic cure

Semantic ways and meanings of care in medicine are the object of two articles by Fabbri (1995) and Marrone (2012). We will look at them in this last paragraph to see how they can be translated, on a meta-reflexive level, in semiotics and in the semiotician's stance.

5.1 *Taking the world's pulse*

In a contribution for the sixth edition of *Spoletoscienza*, Fabbri (1995) reasons extensively on the epistemology of the cure. He opposes the principle of the cure as understood by Heidegger (1927), in the sense of anxiety about the death to come, a worry with unknown and non-immanent causes, to a principle of the cure as hope (Fabbri 1995: 89–90). And he ascribes this to a “semiotic or semeiotic gesture at the origins of medicine”, which are such because

the pain of humans is a system of signs, of symptoms that we attempt to somehow transform into signs of something else (*ivi*: 90, my translation).

This is an important step for the hypothesis on semiotics as the art of social care. Medical interventions are based on the correlation between the rhythmic organisation of the body and the rhythmic organisation of language. They require the patient's pulse to be taken and for this to be interpreted not only through logical inference (if there is a rise in fever then do X) but

using the physical rhythms as a metaphor in order to repair those that are wrong and re-establish eurhythmia (*ivi*: 93–94). From this perspective, Fabbri continues, medicine is both a science of singularity and an *ars*, a conjectural knowledge that uses wisdom and efficacy (*ivi*: 95). Semioticians, like doctors, do not do theory (which means ‘to watch’) but instead go into the field and exert themselves, in immanence, in the translation of dissonant social phenomena of common interests. Fabbri encourages the doctor – a term whose Latin root **med-* refers to the ‘mode’ of care – “measure, means, weight and judgement” – but also to meditation (*ivi*: 91, my translation)

to a participation of an integrated aesthetic–ethical kind with the senses, because Igino is right: ‘man is in the hands of the care’ (*ivi*: 106, my translation).

In the article, three narrative configurations of ‘taking care’ emerge. Paraphrasing Fabbri’s discourse, the first is pathemical: worrying or growing anxious for someone or something. The second is cognitive: thinking of something or someone, concerning yourself with them. The third lies halfway between the previous two and precedes the action: being careful but, at the same time, ready to act (*ivi*: 91). This last form of taking care, transposed into the action of the researcher in semiotics, is like a halfway house between the *punctum* (passional) and the *studium* (cognitive) in Barthes’s sense. It recalls the empirical vocation of semiotics and the Hjelmslevian postulate of operativity, which is solidified in Greimas’s analytical procedures (Migliore 2018a). But it adds the idea of a physical proximity to the texts and the *corpus*, and of an effort to say their meaning differently.

Fabbri etymologically connects the concept of ‘cure’ with ‘curiosity’, which makes possible “a world of things before us that is not hidden in an ontological secret but is the object of systematic research”, even putting ourselves at risk and facing danger. “Experience and expertise are danger, experimentation” (Fabbri 1995: 101, my translation). The semiotic stance is equally curious and unsure. It rejects easy assumptions and formulates hypotheses that, though daring, can be heuristic. “Security” is the opposite of curiosity (*ivi*: 92). From Fabbri’s structuralist analysis come enlightening considerations, not least when it comes to understanding the relation of consecutivity between two dramatic events of our time: the pandemic, with the care of the vaccine, and the war, with the promise of security provided by weapons.

Security comes from *sine cura* and means to reach a state free from worry and of which one can be certain; obtaining a balance between perceptions and sensations in the absence of solicitation, asthenia. Whoever is secure rejects the care, to the point of ‘neglect’ and ‘carelessness’ (*ivi*: 92, my translation).

In terms of this attitude to life, which implies an idea of health as total integrity, with the Latin *salus* linked to *salvus*, ‘those who save themselves’ from

change, from perturbations that come from the outside, Fabbri, once again invoking the opposition between *totus* and *omnis*, values an understanding of

health as non-totalising but omnipresent, which aims for a certain indeterminacy rather than determination (*ivi*: 98, my translation).

With reference to today's situation, care through vaccine functioned largely temporarily while the state of security, of salvation through weapons, is a prerogative. It is symptomatic that a year and a half since the emergence of COVID-19 and before the outbreak of war in Ukraine, there was already a sense that the vaccine would be commutated with weapons, despite the *desiderata* of many (Fig. 7).



Fig. 7. Poster for the Italian Peace and Disarmament Network (*Rete Italiana Pace e Disarmo*), 2021.

Communal money is often spent on ‘assistance’, not on a ‘system’. The curative power of the vaccine has the culture of life as its object of value, whereas the reassuring power of weapons goes through a programme of use that is the culture of destruction and death, and for which basic programme? Economic and political hegemony, which refuses the care.

In his investigation into the curious way of reading signs, Fabbri's thoughts are elevated beyond any specific discipline in order to admit that this curiosity is born from the

modern conscience as one's own awareness of the other, beyond care for the self and actually in the dissipation of self (*ivi*: 99, my translation).

Indeed, the curious "unlike the vain, do not accumulate", curiosity "is accompanied by a dispersal of subjectivity" and by the emphasis "of the consistency of alterity" (*ivi*: 99, my translation). Security is care for the self in the most frenzied form of individualism. Curiosity is taking care of the other because 'they' are more important than the 'I'. Abnegation is the watchword of doctors and semioticians in the front line, who renounce the self for reasons of social order. They hear absurdities, dissonances and badly-formed durate, they clarify them and re-tie them in another way.

5.2 Engraving the real

Many more examples of semiotic care for society can be found in an *ekphrasis* by Marrone (2015). It should be said that both he and Fabbri provide definitions of the semiotician's professional role that are pertinent to this argument. The researcher of the systems and processes of signification is actually an "amateur by profession", someone who is not active in the sector but who works purely for pleasure in order to create resonance between knowledge (Marrone 2015). According to the formula invented by Fabbri using a calque from medicine, the semiotician is like a "medico condotto", namely

like a generic doctor who cares for every patient without excluding the different specialisations and beyond sterile oppositions between pure and applied dimensions, between the stars and stables (Fabbri 2001: 364, my translation).

Technique and pleasure require awareness.

Marrone's *ekphrasis* is on the painting by Marcos Zapata *Assistenza ai malati nell'ospedale Sant'Andrea di Cuzco*, used as the poster for the congress *Il discorso della salute*. This initial 2007 version in the introduction to the conference proceedings is followed by a 2012 version, expanded in narrative terms. The painting, an oil on wood from the 18th Century, acts as a thought experiment, as an

effective dispositive of medicine as 'discipline', in all senses of the term [...], made up of bodies and things, but also of objects and space, knowledge and power, inter-subjective and interrogative relationships, of social ills and redemptive practices (Marrone 2012: 191, my translation).

Here is our re-reading, but of the full reproduction of Zapata's work, recently found on the net (Fig. 8).



Fig. 8. Marcos Zapata, *Assistenza ai malati nell'ospedale Sant'Andrea di Cuzco*, XVIII Century, oil on wood.

The painting's frame, a kind of theatrical proscenium, cuts through a simulated architectural space in a way that is discontinuous with the outside world. It is divided into three parts: the closest is closed, the furthest away, open. The underlying, oblique geometric lines impose an accidental perspective with a vanishing point that, falling in the background to the right, forces the spectator to get closer in order to have a vision of the whole, but to locate themselves on the left-hand side, where the diagonal lines begin, and look at it sideways. If we look at the topological grid, the areas on the right/left and bottom/top of the painting appear marked in a temporal sense, of anteriority and posteriority. Left opposes right as the /after/ of the topical proof on the patient opposes the /before/ of his arrival in hospital; low always opposes high according to the consecutive nature of times – low is to high as the /before/ the arrival and the intervention is to /after/ the rest – but also according to a dynamic/static opposition. Eidetic and chromatic contrasts, those of light and texture, between the floors of the three rooms reinforce the impression of the nearby space of wakefulness, of the qualifying and decisive proof, as different from the distant space of sleep.

Now, if this painting is a good example of the topic of care, it is because caring is enunciated here not in a univocal way but in the form of competition between different programmes, modalities and knowledge. Religion and medicine, with their respective systems of values and beliefs, provide the umpteenth demonstration of the fact that meaning is understood through difference. The actantial and thematic role of the patient is translated, at a discursive level, into three actors dressed in white: the first, at the front, is awake, the second, behind, is dozing, while the third, at the back, is asleep. Around the first figure – who is closest to the spectator and who, awake, is the care’s object of value, the real patient –, in profile and between themselves a subject and an anti-subject clash, a monk on the left and a doctor on the right, respectively. A fourth character behind them, dressed elegantly in a large hat denoting power, plays the cognitive role of the represented observer. Marrone rightly notes that in the text, the point of view of the person telling the story is unclear.

Who is the Subject and who is the Anti-subject? Who is right – the monk or the doctor? Which of the two forms of care will be most effective? Whose side does the observing character inscribed in the painting take? Each of the two actors, whatever their cultural value, is an actant Subject who possesses a clear skill: a capacity for care that is a know-to do that has been previously acquired (Marrone 2012: 192, my translation).

The text simultaneously displays the two methods, care for the soul and care for the body, leaving the spectator the capacity and right to judge. Apparently at least.¹

Marrone’s analysis of the two ‘experts’ who contend the patient’s body is a masterpiece in argumentative refinement. Doctor and monk carry out actions that are symbolically representative of their professional, social, cultural and epistemological roles. Both, one dressed smartly and the other barefoot and wearing a tunic, are bent over the patient. The man of science,

genuflecting, looks and points his hand-tool; the man of the church, much less deferent, touches with his tongue (*ivi*: 189, my translation).

The monk’s mouth and arm are in intimate contact with the patient’s skin and blood, in a “thaumaturgical practice” expelling the ill humours from the body and inserting liquids for salvation (*ivi*: 187, my translation). The doctor is also involved and busy, but his surgical action, which consists in cutting, removing and sewing up the malfunctioning organ, takes on a “punctual and individualising pose” (*ivi*: 188, my translation) with his gaze directed at the site where

the patient’s illness originates, the wound, the topical location of the entire scene, as a diagnostic symptom of an organic material that is momentarily in disorder (*ivi*: 188, my translation).

The idea returns here of a basic programme for the man of science, aimed at restoring the rhythms.

At some distance, in a spatial area of proximity but not contact, the doctor uses

technical tools in which previous experience and a science that sustains this are tacitly inscribed" (*ibidem*, my translation).

The scalpel, which "is not an exterior prosthesis" but an essential component of his "hybrid corporeity", does not further attack the wound, Marrone writes, because his gesture is included in and anticipated by the gaze.

It is not necessary to see him at work: his effective work is all there, it is already there, precise and self-assured. It is this superiority that we must admire, this competence that is so strong and rooted in his making himself a predetermined guarantor of the success of the following banal performance (*ivi*: 189, my translation).

So, security is not always contrary to care. It can make itself manifest within it in a clinical guise, as the prediction and projection of a positive outcome. This "superiority" will nevertheless be provisory, given the incomplete awareness of things by a knowledge that is in progress (*ivi*: 189).

However, gestures, facial expressions and the direction of glances tell us something more. They act as informers of the euphoric and dysphoric effects of care practices. Indeed, while the monk and the doctor are outstretched towards a single point (the wound), the patient is concentrated not only there but also on the pain he feels. He stares at the bloody act inflicted on him by the monk, and the distress on his face and movements of his head and hands cause him to take on a concerned air. At the same time, next to him, the man with the hat pays close attention to the doctor's work and, smiling with his hands raised, shows appreciation for it, instructing the spectator to do the same. There is, then, one clue as to who out of the two is caring better, albeit communicated in a subtle way. It is reinforced by the correspondence in the colours of their clothes, red and blue, in contrast with the black tunic worn by the monks.

In turn, the red and blue of the doctor's clothes gently differ from those of the man in power. Not opaque, but bright and luminous, tending towards white, they chime with the tonality of the most distant halls (floors, curtains, bedspreads and even the trees), in which human presence reduces to the point of disappearance. This widespread chromatic 'refrain' leads us to reconsider the man of science. Right at the centre of the scene, he holds a scalpel in his left hand and a recipient in his left. The pose, in the genealogy of the visual arts, is the same as that of the artist's self-portrait, as they paint with their brush and palette (Stoichita 1993). Is this an overlapping of the isotopy of the medical *ars* with the aesthetic one, in the light of a variety of spaces designated for care (Marsciani 2005) and given that "every painter paints themselves"? On an enunciatory level, the hospital

engulfs in *abyme* the artistic activity depicting it, as an encounter between form, material, tools and hand, with the approval of the patron behind.

In this meta way of presenting themselves – the monk through difference, and the doctor through analogy –, which carves into the real by transforming an already signifying material, and introducing and removing various *relais* (Lévi-Strauss 1977), the semiotician discovers their own visual identity.

Notes

- 1 Regarding the intervention of semiotics in the laws governing religious cultures, Massimo Leone distinguishes the path of “semiotic guerrilla warfare” from “semiotics as therapy”. The former accuses mystifying systems of power and prescription, with the risk of becoming imperialist in its turn by deciding what is right and what is wrong; the latter (like Zapata?), deploys existing possibilities and alternatives while remaining *super partes* (cf. Leone 2009: 302–304).

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Filmography

Inside Out (USA 2015, director Pete Docter).

Image sources

Fig. 7. Poster for the Italian Peace and Disarmament Network (Rete Italiana Pace e Disarmo), 2021. Public Domain.

Fig. 8. Marcos Zapata, *Assistenza ai malati nell'ospedale Sant'Andrea di Cuzco*, XVIII Century, oil on wood. Cuzco, Instituto Nacional De Cultura.

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