CALL FOR PAPERS

punctum.

Interdisciplinary approaches to medical semiotics

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GUEST EDITORS: **Georgios Damaskinidis & Ludmilla Bennett**

TIMELINE:

Deadline for Abstracts: **May 31, 2026**

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Medicine has long been described as an "art of signs": bodily sensations, gestures, postures, voices, test results, and images are read as clues to invisible processes, prognoses, and therapeutic possibilities. For two thousand years, the term "semiotics" (sēmeiōtikē or σημειωτική) meant "prognostics" or "diagnostics" in the medical sciences (Deely 2003). From the emergence of the "clinical gaze" in the modern hospital (Foucault 1975; Ristić et al. 2021) to contemporary algorithmic diagnostics and teleconsultations, medical practice is saturated with semiotic operations that connect what can be observed, measured, narrated, sensed, or visualized across different media and modalities to socially and institutionally validated knowledge.

Classical reflections on the "normal" and the "pathological" have shown that medical reasoning always involves value-laden distinctions and normativity, not just neutral observation (Canguilhem 1966/1991). Semiotic analyses of symptoms have further demonstrated that even the most seemingly "objective" clinical sign is a complex interpretive achievement and a challenge for semiotic research (Honkasalo 1991). Work on diagnosis has highlighted how naming and classifying disease organizes experiences, practices, and identities, rather than merely reflecting pre-given entities (Jutel 2011). Medical anthropology and related fields have likewise demonstrated how illness is experienced and represented through culturally embedded narratives that mediate suffering, healing, and moral life (Good 1994; Kleinman 1988).

Narrative medicine and narrative-based approaches in health care have, in turn, foregrounded the interpretive work performed by patients and clinicians as they co-construct stories of illness, care, and recovery in consultation rooms, medical records, and a wide range of media and genres (Charon 2006; Frank 1995). Semiotic theories, from structural and post-structural analyses to Peircean, biosemiotic, and Umwelt-oriented approaches, provide rich vocabularies for understanding signs, bodies, and environments, as well as the material-discursive practices through which they are linked (Eco 1976; Hoffmeyer 2008; von Uexküll 1982). Recent work has argued for (re)introducing semiotics into medical education and for revisiting Thure von Uexküll's contributions to psychosomatic medicine and the patient's lifeworld (Tredinnick-Rowe 2016). Digitalization, datafication, and platformization of health care (e.g., telemedicine, electronic health records, apps, and wearable sensors) add further layers of semiotic mediation, reconfiguring how symptoms, risks, and responsibilities are encoded, visualized, and acted upon (Greenhalgh et al. 2017; Lupton 2013). Telemedicine and hybrid care settings demand new forms of "telesemiotics," in which audio, video, text, and streams of sensor data must be coordinated to compensate for the altered affordances of physical co-presence (Bavngaard et al. 2023; Brizio et al. 2022; Klammer & Pöchhacker 2021). Public-health communication during epidemics and pandemics likewise mobilizes powerful semiotic repertoires – graphs, slogans, dashboards, emojis, memes, and hashtags – that frame threats, shape affect, and regulate forms of "health citizenship" (Briggs & Nichter 2009; Christiansen et al. 2025; Xu & Löffelholz 2024).

This special issue invites contributions that explore medical semiotics in a broad, explicitly interdisciplinary sense: not only as the analysis of clinical signs and symptoms (in the original historical sense), and not only as the study of sign processes or semiotic infrastructures (in the modern and contemporary semiotics sense, see Mesinioti 2025; Fatigante et al. 2021; Snaith et al. 2021). We welcome interdisciplinary, theoretically grounded, empirically rich, and methodologically innovative papers that combine medical and health humanities, medical anthropology, sociology, philosophy, communication,

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media studies, biosemiotics, biotechnology studies, disability studies, bioethics, discourse analysis, and clinical disciplines. Possible topics include, but are not limited to:

- Biosemiotics, ecology, and more-than-human/posthuman health
- Bodies, symptoms, and multimodal indexicality
- Disability, chronicity, and the politics of recognition
- Histories and genealogies of medical semiotics
- Illness narratives, narrative medicine, and storytelling across media
- Multimodal technologies of seeing, listening, measuring, and predicting
- Public-health communication and media: critical discourse analysis
- Telemedicine, telesemiotics, and platformized care

Prospective authors should submit an abstract of 250-300 words to the guest editors, Georgios Damaskinidis (damaskinidis@hotmail.com) and Ludmilla Bennett (ludmila.bennett@upol.cz), including their institutional affiliation and contact information. Authors whose abstracts are accepted will be invited to submit full papers of 6,000–8,000 words (including references). Manuscripts should be written in English and prepared according to the journal's style guidelines. Acceptance of the abstract does not guarantee publication, given that all research articles will be subjected to peer review.