

The Noise of Medicine: Transdisziplinäre Perspektiven auf akustische Phänomene in der Medizin, 18-20 Juni 2020

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Call for Papers (deadline 13/12/2019)

We can avert our eyes but we cannot close our ears to lock out noises we dislike. According to surgeon René Leriche health is described as « living in the silence of the organs » (Canguilhem 1978, 46). The metaphor of a « loud speechlessness of medicine » (Kirschning 2001; cf. also Meyer-Drawe 2008, 209) is highly relevant in doctor-patient communication, particularly if diagnosis is communicated with a lack of 'tactfulness'; Giovanni Maio, for instance criticises a « shrill medicine that [...] silences the patient » (Maio quoted after Wallner 2015, 3). The significance of acoustic phenomena in medicine is exemplified by the diagnostic instrument of the stethoscope used for auscultation, one of the emblems of medicine par excellence. In recent years increased research into the soundscapes of hospitals focuses on noise in medicine as a research area and goes beyond such obvious finding. Hartmut Rosa's sociological concept of resonance as well as his sociology of world relations (Rosa 2016) undermine crucial dimensions of acoustic phenomena in medical contexts and especially in the field of medical humanities. This outlines the focus of the conference on sounds and noises as a 'polyphonic' art of healing, which intends to illuminate such phenomena in multiple perspectives at the interface of medicine and the humanities. In addition to contributions from the fields of philosophy, education, literature, cultural studies, linguistics, translation studies and history, lectures from a wide variety of medical specializations and disciplines such as care or medical, for instance, are most welcome.

The perspectives of Literature and Cultural Studies on acoustic phenomena in medicine have so far mainly concerned the absence of 'noise' and deal with the difficult representability of psychological suffering and pain (Morris 1991; Breton 2012) as well as with disabilities such as deaf or blindness (Fürholzer 2018, 217-226). While studies are mostly limited to focusing on the 'epochal disease' of tinnitus (Steiner 2006, 213-232), hardly any research has been done on acoustic phenomena in medicine itself - neither in terms of motifs and themes nor in terms of their aesthetic design. The polyphonic literary text, « by its very nature commands listening » (Leighton 2018) and appears to be a suitable medium for picking up medical soundscapes in a provocative way, as well as snatching the unheard from silence or taboos. Not only do 'disturbing noises' in doctor-patient communication become audible, but also the following issues, among others, call for attention:

- literary as well as cinematic representation of noises in medicine in both synchronous and diachronic ways
- genre-specific perspectives regarding an 'acoustic history of medicine'
- aesthetic strategies to make sounds (in) audible or visualize in medicine
- counter-discursive resources and the potential of literalised medical soundscapes in different genres
- epoch-specific differences in the representation of medical sounds, for example in the

sense of 'typically' naturalistic medical soundscapes

- literary transposition of differences in medical sounds according to the medical discipline, e.g. differences between palliative medical 'noise', surgical 'noise' or psychiatric 'noise' and how they are suppressed in the form of sedation and immobilisation
 - gender-specific literary noise representation, e.g. 'loud' female hysteria
 - visualisation of the cultural basis of medicine, for example when the noise of 'conventional medicine' is challenged by the sounds of 'alternative' healing methods like voodoo rituals
 - doctor-patient communication as mirrored by literary texts but also viewed in a 'counter-discursive' resource
 - standardisation and mitigation of the 'noise of medicine' (e.g. pain) in medical textbooks and specialist texts as well as its relationship to literary representation.
- The historical sciences span a broad field between the relatively young and still marginalised history of sounds and the history of emotions and embodiment. Individual studies from the history of medicine and psychiatry stimulate further questions. Katherine Fennelly, for instance, explores the effects of noise control and noise management in early madhouses (Fennelly 2014) on the basis of architectural reform projects at the beginning of the 19th century, while Dolly MacKinnon reconstructs the historical sound landscapes of psychiatry under the title « Hearing madness and sounding cures » (MacKinnon 2017). However, while historical sound recordings can be evaluated for questions of contemporary history the history of earlier epochs cannot be understood acoustically only. The inaudibility of the past (Müller 2011), if understood as a positive challenge, leads to an « aural turn » (Yablon 2007; Müller 2011) and to methodological efforts to overcome the « sound barrier » (Bailey 1996). Based on the interest in a reconstruction of past acoustic perceptions and sound landscapes in medicine, a number of issues can be explored at our conference from different perspectives such as pain history, patient-oriented medical history, psychiatric history, music history, sound history, a.s.o. as suggested by the following issues
- historical concepts of therapeutic silence, sounds and music
 - acoustic perception medical practices and sanatoriums
 - the social exclusivity of a quiet environment vs. social ascriptions of noisy and disease-causing environments
 - concepts of diseases of hearing
 - noise from within: tinnitus, hearing voices
 - historical articulations of pain
 - gags in psychiatry, anaesthesia or pharmaceutical painkillers to silence patients

Linguistics deal intensively with medical communication and interaction. The topic of 'pain' in particular offers an interesting field of research with regard to acoustic phenomena; thematically, this covers the entire spectrum of terminology and semantics from acoustic expressions, their metaphors and phraseologies to non-verbal semiotic forms of representation. This spans a range from the use of instrument-based methods and acoustics, the coordination between sounds and other sign resources to discourse-linguistic studies on sound and acoustics in medicine. In addition, the area of discourse-analytical studies on doctor-patient-interaction also shows great potential for tension with regard to the noise of medicine in different perspectives. We welcome contributions

on the following issues

- studies on the linguistic discourse on noise and medicine
- metaphors and phraseologisms as expressive forms of acoustics in medicine
- pain sounds and interactions
- acoustics of medical instruments
- sounds as well as links and interaction between sounds and a variety of sign resources

As far as a translation-scientific perspective is concerned, it can be assumed that specialist communication also takes place in a culturally shaped environment; moreover, a subject area such as that of medicine is characterised in many respects by culturally influenced acoustic phenomena in various communicative settings and forms of discourse such as hospital sound in emergency rooms, outpatient clinics, doctors' surgeries as well as the symptomatic nature of sounds a.s.o. In addition, sounds, tonal phenomena and other noises play a specific role in the form of multi-layered patterns as they convey information and rhythmize and structure everyday as well as professional worlds. The language of medicine and health communication in the concrete as well as the metaphoric is full of acoustic references, be it in prevention, diagnostics, therapy and care as well as in associated specialist and the scientific fields of medical humanities. This also applies to more specific settings, types of text and forms of discourse such as social campaigns or risk communication in medicine. Acoustic orientation patterns shape the discourse on science just as much as clinical practice or creative-artistic processing in literary texts. If, in addition to intracultural transcoding and popularisation across disciplines and discourse forms, we add cultural transfer across languages and countries in a globalised environment there is an increased requirement profile for translation services and thus for translation studies. The socio-cultural implications of the various subsystems, which are relevant for cultural transfer, are a particular challenge from both a medical, a translational and a sociological point of view. Accordingly, in a perspective to interculturality as well as transculturality it is challenging to explore to what extent acoustics, sounds, noises and their associations appear as culturally determined variables in medical and health communication; moreover, it would be worth-while to shed light on what relevance they have as socio-cultural implications in translation and/or interpretation and how these phenomena can be found in creative form in literary texts and literary translation. To this, the following range of issues would apply:

- hospital sound as cultural patterns of orientation
- the relevance of acoustic phenomena in forms of discourse, types of texts and medical settings for translation studies
- acoustic phenomena in translations settings
- risk communication and the sociology of translation
- cultural transfer as well as inter- and transculturality
- inter- and intracultural transcoding and popularization
- the noise of medicine in Literature and Literary Translation

At a first glance many of the above issues may seem purely 'medical' but exploring them from a cultural science perspective as well is likely to allow fresh insights to emerge and inter- and transdisciplinary perspectives lead to synergy effects. The following issues and problem areas may be considered when submitting any contribution to the conference:

- the creation of an inventory of the sounds of high-tech medicine as they differ from their use in medical specialisation and diagnostics

- studies on the relationship between medicine, machine and man
- studies on the legitimacy of the contrast between both 'loud' and apparatus- or evidence based as well as 'quiet' medicine; this also sheds light on medicine as an art of healing that makes the voices of doctors and patients audible as well as recognizes and gives credit to the silence of all actors involved in the field
- options to intervene in order to make patient voices audible
- sound and noise as symptoms as this is the case for tinnitus or psychotic illnesses
- sound and noise as form of therapy such as humour, laughter or music
- studies on the acquisition of sonic skills of medical staff

We look forward to welcoming your contributions in German and English (about 500 words) until December 13, 2019 under the following email: Julia.Proell@uibk.ac.at

Plus d'informations: <https://www.hsozkult.de/event/id/termine-41817>