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## PATIENT'S MEMORY AND SKIN UNDER MEDICAL LOOK

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### ABSTRACT

This paper deals with the memory of patients with skin marks left by disease. The study was motivated because of the reports made by such patients in medical consultations, whose memories presented demonstrate not only the suffering of physical pain, but the psychological pain caused by the social exclusion that these individuals end up due to prejudice. Therefore, the research *corporeis* constituted by the reports that we take as discourse for our analysis that we present as a doctoral thesis. In short, this research sought to show how the congenital marks or left by different skin pathologies, mark not only the individual's skin, but also allow the materialization of different lines, which are configured and reconfiguring from different events. We believe that the considerations presented contributed to reduce the negative effects that pathologies cause on subjects, leaving marks that exclude them from social life.

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## INTRODUCTION

We know that "the skin or cutis is the outer covering of the human organism" (PRATES; SILVA, 2019:6). In this study, the speeches of a group of patients with skin lesions were the target of the analysis presented here. What led us to propose and undertake this research was precisely the constant complaints that patients made about the discrimination and social exclusion suffered by the marks left by pathologies or accidents. Our concern in researching this phenomenon has made us establish as one of the objectives that is to verify how stereotypes are born, considering the links of the speech (s) of the research subjects with memory / body / skin, since these three elements, here, we consider flags that indicate different forms of constitution of the subject, as discussed in Prates (2016). The results showed that the marks on the skin are also memory marks that: i) contribute to the constitution of the subjectivity of the marked subject; ii) favor the maintenance of socially constructed stereotypes, which reinforce, in the marked subject, negative images about oneself; and iii) relate

to the question of desire and, consequently, with the constitution of the unconscious of each marked subject. As for methodology, we chose to work with the evidence paradigm, which states that we must observe the details, the details, in order to arrive at the construction of the research hypotheses and to be led to the conclusions about the relationship between what we are calling "marks on the skin" and the construction of a certain memory (PRATES, 2016). In short, this study shows how congenital or acquired marks, intentional or not, or left by different skin pathologies, mark not only the individual's skin, but also allow the materialization of different lines, which are configured and reconfiguring itself from different events.

### Memory and skin

Memory is part of the constitution of the subject, since it is through it that the individual has access to their experiences throughout their existence. The skin, as an organ that covers the human body, is also responsible for part of the constitution of the subject and his memories, considering that such organ, which is the largest of our body, allows us, from birth, to have

contact with the other through touch and the sensations we feel with such contact. For this reason, we decided to deal with such a problem in the interdisciplinary field of memory, because we believe that the processes of interaction in social life are marked by the way people refer to themselves and others, which produces different social identities, which, by their very nature instead, are part of people's collective and individual memory. We can observe that the so-called "differences" usually prevail as a way of referring to the other and, thus, somehow segregating the carriers of these diseases of social life. The skin is still responsible for other not so comfortable experiences as those we experienced in early childhood feeding us through the breast. Since this organ is located on the outside of the human body, being visible to the other's eyes, it is also responsible for the social exclusion of individuals with marks caused mainly by dermatological pathologies, such as leprosy. During the middle Ages, lepers "were separated from city dwellers and kept isolated enough not to be observed" (DREYFUS; RABINOW, 2013: 3). Even today, people have kept in their memories this great exclusion that occurred centuries ago in Europe. Currently has its highest incidence in India, and Brazil has the second highest worldwide incidence of this disease. It is a disease of compulsory notification and its treatment in Brazil is available at the referral centers, free of charge, by the Ministry of Health. As we know, leprosy is a chronic and long-term infectious disease, caused by *Mycobacterium leprae*. It predominantly affects the skin and peripheral nerves. Due to its clinical characteristics, it can commonly be confused with other infectious diseases that affect the skin, such as syphilis, tuberculosis and leishmaniasis; with rheumatologic diseases such as rheumatoid arthritis and lupus erythematosus; with hematological diseases such as leukemia, and with several other pathologies (SITTART, 1998: 125). Perhaps this is why lay people often mistake the images of these dermatological pathologies for leprosy. This fact ends up activating a memory that we have this great exclusion. Therefore, if there is a dermatological pathology that most represents and incorporates the processes of exclusion; undoubtedly, it is the leprosy. This is one reason why people are always on the alert, whenever they find someone with a mark or dermatological patch; they tend to say, "Do you have leprosy?" (Is this leprosy? Do you have leprosy? Etc.). Then, the look of the clinician is still indispensable for the identification of those diseases that mark the human skin. However, such a look must be aware of the pain that comes from social exclusion, from prejudice. As we can see in the images [1], [2], [3] and [4], the pathologies that mark the skin, besides the discomfort and pain felt by the patient, cause a certain fear of those who see them so much from the physical aspect as for the collective memory we have of leprosy.



**Image 1. Hypertrophic and hyperchromic scar – abdomen**



Source: Global skin atlas<sup>1</sup>

**Image 2. Elbow Psoriasis**



Source: Dermatological Atlas<sup>2</sup>

**Image 3. Wirchowian Leprosy**



Source: Dermatological Atlas

**Image 4. Borderline Leprosy**

We verify this in one of the patient statements, as shown below:

*[...] when I left, there were always people talking, saying something like that, I saw that there were people who didn't want me to get close, they didn't want to get close to me, they were afraid of getting the disease, and there were people who even asked "are you with leprosy?"* (Report of patient with Vitiligo). (PRATES, 2016).

In this account, we can see how the gaze of the other changes the subjectivity of the individual because of the fear of

<sup>1</sup> Available at: <<http://www.globalskinatlas.com>>

<sup>2</sup> Available at: <<http://www.atlasdermatologico.com.br>>

contracting a disease that deforms the body and because of the collective memory of the great exclusion that leprosy promoted in the past. Thus, this biological and multifunctional tissue incorporates the possible meanings that are in the order of the constitution of the subjects, whose physiology in full activity directs and leads, in the richness of its complexity, the beauty of the subtle texture of existence, of experiences, of perception, promoting and enabling multifaceted experiences.

**Subjectivity: self-image and the other's gaze:** This patient's account shows how our subjectivity is constituted through the gaze of the other and of himself in a larger process that Foucault calls the processes of subjectivation. In these terms, the word subject can be understood in two ways. The first concerns the way in which one individual subjects himself to another through control and dependence. The other way refers to the way in which the individual attaches to his own identity through consciousness or self-knowledge. In these terms, we have two meanings that "suggest a subjugating and subjecting form of power" (FOUCAULT, 2013: 278). The marks of the body and the possible deformations end up becoming symbols of this identity that forces it to be cut from the contact of social life, an exclusion that is incorporated into its body through the memory of the events that are behind this process of subjectification; therefore, "the individuality, individual identity are power products." (FOUCAULT, 2006: 84). In this perspective, "the subject is either divided inside himself or divided from others. This process objectivizes him. Examples are the mad and the sane, the sick and the healthy, the criminals and the 'good boys.'" (FOUCAULT, 1982: 208). It is in this division that aims the subject in relation to the other that the exclusion happens. As in panoptism, it induces in individuals "a state of consciousness and permanent visibility," that is, visibility becomes a trap, since the subject is both the target of vigilance that "power should be visible and unverifiable." (FOUCAULT, 2011: 166-165).

We can exemplify this through the following account:

*[...] and as to how it went, I never asked what their expectations (the family members), what they think and everything, sometimes I realize that they look half crossed, kind of suspicious [...]* (Report of patient with plastic surgery scar). (PRATES, 2016).

Or, the patient's speech reveals how she is excluded by both the gaze of the other and the look of herself. In other words, one look reinforces the other. Probably the look at you occurs first. The initial misconception happens when the individual becomes aware that he has a mark and then takes the place of a marked subject. The other's gaze confirms such a social position or function, that is, of exclusion. It is from there that begin to appear the stereotypes that mark him socially. In this sense, exclusion states with the stereotype, but what is it? What are we calling a stereotype?

### Exclusion and stereotypes

The notion of stereotype that we find in Ruth Amossy and Anne Herschberg Pierrot (2005), allows us to verify a relationship between the senses of the word subject and the importance of the image of the self for the constitution of the subject, as we said earlier in proportion. That they understand the stereotype based on the need for differentiation of the parts, as well as self-affirmation of one of them so that the members of the various groups recognize and distinguish

themselves from the others, considering that the image we make of the other goes through categories to which we link them (AMOSSY; PIERROT, 2005: 36). Thus, the stereotype is something that, basically, arises from contact between different groups from displacements of a geographical, religious, cultural, racial, sexual, political, etc. Therefore, it is a notion dear to our work that undertakes a reflection on the subject who has marks on the skin. In this perspective that Amossy and Pierrot (2005) argue that the stereotype can modify/shape both the other's vision and the senses and also the memory, that is, "the stereotype can determine the other's vision to the point of shaping the testimony of meaning and memory, producing flagrant effects of selective perception" (AMOSSY; PIERROT, 2005: 43).

Emotions also contribute to the shift in focus of attention and thus may alter memory association networks, sometimes evoking feelings of joy and self-affirmation, sometimes arousing memories filled with negative feelings. Each sensation, whether the last or the first, becomes unique in its kind and provides the subject who feels with a unique and definitive learning, learned at the expense of the experience (s) which will survive and manifest in new possible future requests. In the end, the marks of the body and the possible deformations end up becoming symbols of an identity that forces it to be cut off from the contact of social life, an exclusion that incorporates itself through the memory of the events behind this process of subjectivation, which imposes a social function or position. Therefore, the stereotypes are the linguistic form, that is, the means by which certain exclusion incorporates a name: leper, deformed, abnormal, strange thing, freak of nature. In other words, the stereotype is the form of linguistic representation of what our collective and individual memory assume for its diffusion. Foucault supposed that if we could "modify these relations, or make intolerable the effects of power that spread there, we will make the functioning of state apparatus much more difficult" (FOUCAULT, 2012, p.150). In this sense, we believe that to diminish the negative effects of this social exclusion, we need to disarticulate the process that begins with the individual who cannot live with the new reality, that is, the marked skin. Moreover, the way to combat it is to share the pathology information with the patient's family and close friends. Another way would be for the state to invest in campaigns that inform the population about the contagion, treatment and reception of individuals with these diseases, especially leprosy. The doctor's view on the patient's marks is very important, that is, the approach and reception is fundamental in this process of combating both the disease and the social exclusion that happen in these cases.

### Final considerations

In this study, the skin, which covers the whole human body, is not only the first obstacle to be overcome by a strange being or element that triggers our organic defense system, but also acts to drive the perception of the senses, and also permeates the senses and first contact of the individual with the receiving world at birth. Our analysis indicates that the suffering these people feel can be mitigated if clinical treatment includes work with family or close relatives, as regards counseling and information, in order to diminish or end isolation and their gradual exclusion from social life and the shame for having skin marks. Thus, it is expected that the memories of these exclusions are still in the past, that is, far from the social and discursive practice of contemporary societies. In general, these

various subjective accounts analyzed here, taken as discourses, lead us to reflections that help us understand the changes we observe in the current relations that take place between the subjects and between the contemporary world.

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