

# Metaphors in Health Communication between Nurse and Patient

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Abstract <p>Metaphors appear abundantly in health communication between nurse and patient. A striking difference exists in their use when patients illness narratives and health care workers (HCWs) consultations are compared. While HCWs employ the expressive function of metaphor to simplify health messages of disease and treatment, patients use metaphors instrumentally to aid their own understanding of illness and coping with it.</p> <p>From a single Finnish patient's illness narrative—extracted with an hour-long semi-structured interview—over 100 metaphors have been identified. These metaphors describe for example illness, treatment, symptoms, life and death in 23 concrete or perceptible concepts. Most frequently, abstract concepts are described in ontological terms as physical objects or living things.</p> <p>Nurses have a unique position in the health care system to support coping of patients with emphatic health communication. Patients' use of metaphor should be identified and appreciated when nurses listen to their illness narratives. Lakoff and Johnson's theory on conceptual metaphors can be helpful for nurses when choosing their supporting words and phrases to aid patients cope with illness.</p>		
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## 1 Choosing Fruitful Words for Health Communication

Relatively little is understood of the significance and efficiency of oral communication between nurse and patient. Peplau (1988, original 1952) first noted down that psychiatric nurses can make a therapeutic contribution to patients' personal growth and healing through oral communication. She noticed that from health care encounters patients best recalled attitudes of health care workers towards them—whether real or interpreted by the patient—, while medical information patients were given was learned secondarily (ibid., 185). On the other hand, Sheppard (1993) showed that mentally ill patients' overall satisfaction to care was consistent with their perception of health care workers' communication and openness, and to lesser extent with their clinical skills. Studies addressing health communication have concentrated on the interaction between medical doctor and patient (Candlin & Candlin 2003). However, nurses' communication with patients is fundamentally distinct from doctors', and thus specific research is required to assess nurses' significance in health communication with patients (Collins 2005).

In the health care system, nurses are aware that they occupy a unique standing to deliver health messages tailored to each patient's individual needs (Boase et al. 2012). Positive qualitative effects in patient's well-being have indeed been demonstrated for nurse-directed patient education programs. For example, Rich et al. (1995) showed that multidisciplinary oral intervention for elderly patients who had recently suffered a congestive heart failure resulted in patients' reduced hospital readmissions and better quality of life. In another example, nurses' oral communication was shown to have a positive impact on clients success rate in smoking cessation, given that there were adequate time for consultations, follow-up meetings and supportive written educational material (Rice et al. 2013). Language is nurses' main tool in these patient education programs where they strive to advance health and alleviate suffering.

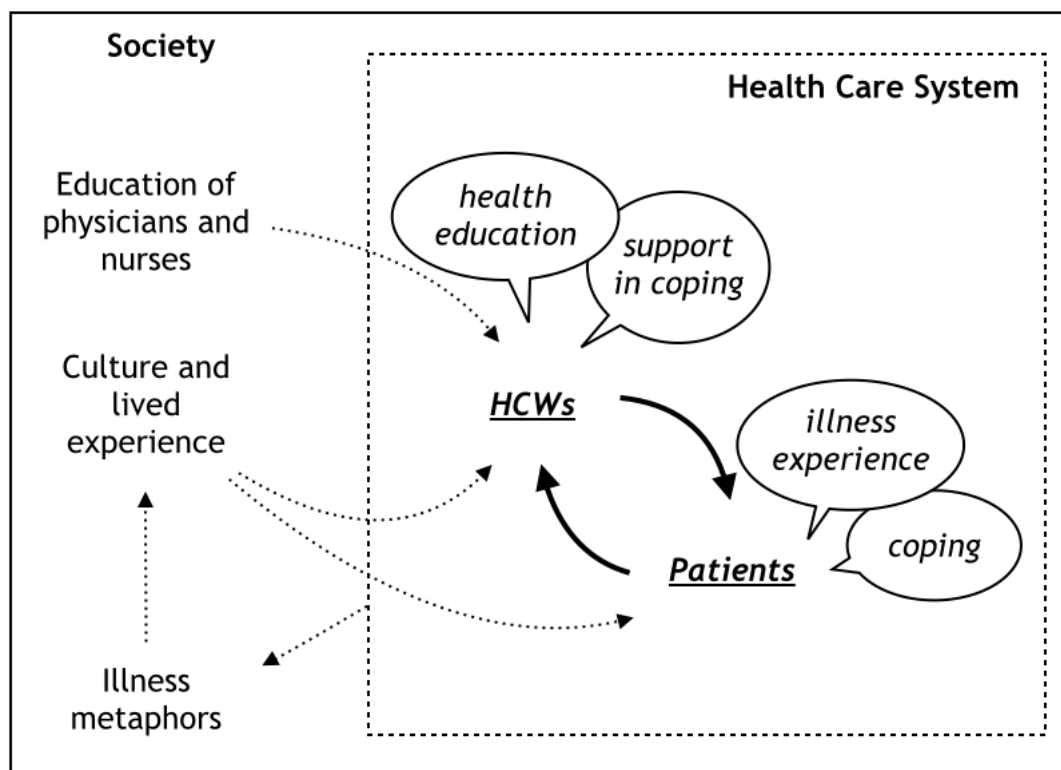
How much does health care worker's choice of phrases and words matter regarding the efficiency of health communication? Cancer patients' satisfaction and perception they had understood their oncologists' message has been reported higher the more analogies and metaphors oncologists employed during consultation (Casarett et al. 2010). On the other hand, Brown *et al.* (2006, 59) evoke everyday manners for efficient delivery of health messages: "Greeting people, giving them our attention, looking up from our notes or computer screen at them while they are talking to us, being courteous and allowing to feel that they've been listened to [...]." In any case, exceptional efficiency in health communication is required as the health care system orients towards outpatient care and health care workers need to take full advantage of increasingly rare encounters with patients. The challenge of this new environment of health care is to generate health messages—which usually require up-to-date knowledge of human anatomy and physiology, research as well as statistics—that are relevant to the patient and simple enough to be understood and remembered. The requirement for patient educators is therefore to be conscious and sensitive to the patients' illness experiences and premeditative in their own use of language.

Furthermore, technological development raises novel challenges and opportunities for health communication. Today, health care workers' messages face competition from the Internet, wherefrom patients seek for information about disease, treatment, medication as well as for peer support. Then again, automation can already take over many unintelligent routines from nurses (Case et al. 2002), in which process aspects of communication, such as presence, sharing of experience and emotional support could well be emphasized within the nursing profession towards the future.

To develop nurses' health communication with patients, patients' illness narratives should be studied in detail with respect to their use of different elements of language. The study at hand represents such investigation. Motivation of this study lies in my belief that patient centeredness of our health system can be improved by enhancing nurses' knowledge and appreciation on patients' metaphors as means of expressing the nature of illness and as a way of coping with it.

## 1.1 Meaning of *Health Communication* and *Metaphor*

The word *communication* originates from the Latin verb *communicare*, with a meaning *to share* (Oxford English Dictionary 2010). For the purpose of this study, health communication is considered as two-way sharing of health information, illness experience and coping strategies, as well as support in coping between health care workers and patients (figure 1). Education of physicians and nurses is assumed to affect their sensitivity in the use of language. Moreover, perceptions of culture and lived experience in the society are external factors that have an influence on language in both sides, and these perceptions are altered by illness metaphors propagated in common language and in the mass media. An example of an illness metaphor outside the health care system was presented during a recent high-profile legal case, where workplace bullying was described by the victim as follows: “This



**Figure 1.** Scheme outlining terms and concepts that constitute health communication (speech bubbles) between health care workers (HCWs) and patients, and factors (floating text) outside the health care system that affect the use of language in health communication.

is a cancer in the Finnish society, this must be weeded” (Iltalehti 2014). In this example, a figurative comparison is made between cancer and undesirable growth in the garden with a cry for appropriate action to be taken.

At its simplest, a metaphor is a form of figurative comparison, that “consists in giving the thing a name that belongs to something else” (Aristotle 1920, original approximately 330 B.C; ch. 21). Lakoff and Johnson (1980a) describe that “metaphors allow us to understand one domain of experience in terms of another”. Often one of these domains is an abstract one, for example *love*, while the other one has concrete nature, like *journey*. On the function of metaphor, Czechmeister (1994) explains that “metaphors do not add facts to a description, rather they add depth of meaning to the nature of a phenomenon, as expressed through its relationship to something else.” At least two functions of metaphors have particular relevance in patients’ illness narratives and in the context of health care (ibid.). Firstly, the *expressive* metaphors appear in illness narratives when patients try to put into words their illness experience, often making experience and emotions seem like concrete things. Moreover, the use of metaphors by health care workers usually employ the expressive function, aiming to illustrate disease, treatment and medication in understandable ways. Secondly, when a metaphor works for the patient, for example helping to understand illness and cope with it, the metaphor is fulfilling its *instrumental* function (ibid.).

## 1.2 Metaphors in Illness Narratives

Epilepsy is a neurological disease that health care workers would likely describe using words like *seizures*, *nerve cells*, and *nerve impulses*. However, a female patient narrated on the illness: “I have described my epilepsy as a sleeping volcano that sporadically lets out puffs of black smoke but mostly is resting” (YLE 2013). Why is the patient describing the disease in such manner? With a mental image of a volcano, she strives to express the unpredictable and threatening nature of the disease. Instead of reciting the etiology of epilepsy, her metaphoric innovation aims to describe the nature of it. When coping with the illness in everyday life, an understanding of the nature of the illness is likely more meaningful than the biological basis of it.



The patient explains further: “The illness is only a minor part of my personality, it does not wholly define my being” (ibid.). The rock of the volcano seems to represent boundaries that confine the illness like a real-life volcano confines its magma chamber. By mentally confining the disease, she constructs mental boundaries for the disease and is perhaps then able to function more freely in life that is outside the boundaries. The metaphoric image of a volcano thus helps to describe the illness experience, but could also aid her in coping with the disease. This example of an illness metaphor fulfills both of the two functions of illness metaphor, namely the *expressive* function and the *instrumental* function, that have been mentioned above (see chapter 1.1).

Conversation analysis of recorded dialogs in different health care settings have revealed vivid metaphors that patients use to illustrate their illness experience: Gibbs and Franks (2002) detected over 800 metaphorical expressions from illness narratives of six female cancer patients during individual interviews of 35–75 minutes at the patients’ home environment. Similarly, when discussions of 11 demented patients with their personal caregivers were monitored over 19 support group meetings of 90 minutes each, over 200 metaphors describing dementia, the patients and the caregivers were identified (Golden et al. 2012). The number of metaphoric expressions, however, is not comparable between studies since the identification of metaphors depends on the investigator’s definition of metaphor in each study. Some metaphors appear in language more consciously used than others. For example, when saying “the disease has thought me many things about myself,” the speaker might not be fully conscious of the underlying metaphor *disease is a teacher*. Rather, the speaker uses a common idiom because of its familiarity within the culture. Another example of unconscious use of illness metaphors is when patient indicates *having* disease, instead of the disease *residing within* the patient, implying to some researchers that illness is conceived in the human mind in a form of a physical object (McClelland & Huttlinger 2013). In any case, abundance of metaphor in patients’ illness narratives imply their significance in coping with illness.

In addition, plenty of qualitative research exists that describe and analyze patients' metaphors. Recent reports of metaphor use in illness narratives of patients suffering from variety of diseases, like cancer (Skott 2002), hypertension (Schuster et al. 2011), asthma (McClelland & Huttlinger 2013), motor neuron disease (Locock et al. 2012), stroke (Boylstein et al. 2007) and urinary tract infection (Larcombe 2012) further indicate the general usefulness of metaphor for patients in describing and dealing with illness. Metaphors appear also in descriptions of emotions and concepts attached to illness. For example, worry of losing movement capacity and frustration on the fluctuating chronic pain were narrated with vivid figurative expressions by men with fibromyalgia (Paulson et al. 2001). Healthy individuals expressed risks related to osteoporosis in terms of foundation of a building, and patients in palliative care described death in metaphorical terms that echoed concepts of emergence, complexity and kinetic force (Reventlow et al. 2008; Arnold & Lloyd 2013, respectively).

### **1.3 Health Care Workers' Use of Metaphor**

Health care workers use metaphor for health education and to support patients' coping with illness. Displaying the utilization of metaphor in a quantitative fashion, Casarett et al. (2010) counted over 250 metaphors from a hundred recorded consultations between oncologists and their patients. Metaphors during oral consultation have been linked to patients' higher satisfaction to care and better understanding of disease and treatment (ibid.). In addition, metaphoric comparisons of pain biology in written educational material have been proven useful in providing patients relief from catastrophic thoughts about chronic pain (Gallagher et al. 2013). Gallagher et al. (2013) linked pain biology to common items and experiences with stories that consisted metaphors such as: "Pain is warning system that tells you about the need to do something to protect your body."

Metaphor, however, being strongly subjective and rather vaguely defined, is by some authors colliding with a traditional biomedical paradigm, which would rather rely on anatomical and physiological reasoning of disease and avoid figurative expression (Stewart 2014). Indeed, Skelton et al. (2003) re-

ported that while patients described pain with concrete metaphorical expressions like *dull*, *stabbing*, and *sharp*, physicians exclusively used a more elusive metaphoric description *severe*. In spite of this, chronic illnesses tend to embody feelings like persistent pain and frustration that strip health care workers from their role and authority, and to help their patients they venture into figurative language. For example, chronic neuropathic pain was recommended to be explained by pain nurses with a metaphor of over-sensitive burglar alarm at the house (van Wilgen & Keizer, 2012). Similarly, an oncologist was reported to describe a lengthy treatment by saying: “A long run. A marathon. You have to pace yourself” (Casarett et al. 2010).

While reports indicate that health care workers do employ metaphor’s power as expressive language tool, its erratic use can be misleading, generating confusion and unwanted emotional response in patients (Stewart 2014). Some examples have been reported: “Others [patients] thought the metaphors conveyed a playful tone that was inappropriate given the seriousness of cancer treatment, and that such a tone demonstrated a lack of respect” (Krieger 2013). Casarett et al. (2010) reported a clinician to have drawn an analogy between cancer and diabetes or hypertension, attempting to get across the message that cancer should be viewed as something the patient can live with. Despite the good intention, comparing diseases with each other can be misleading from the patient’s perspective.

Sontag (1991, original 1978) wrote perhaps the most vocal criticism of metaphors directly propagated or at least silently accepted by professionals in the health care system. She particularly investigated cancer that attracted the war metaphor (ibid., chapter 8):

*There is the ‘fight’ or ‘crusade’ against cancer; cancer is the ‘killer disease; people who have cancer are ‘cancer victims’ [...]. Cancer cells do not simply multiply; they are ‘invasive’ [...]. Cancer cells ‘colonize’ from the original tumor to far sites in the body [...]. Rarely are the body’s ‘defenses’ vigorous enough to obliterate a tumor that has established its own blood supply [...].*

On the treatment of cancer, Sontag (1991, chapter 8) continues: “Patients are ‘bombed’ with toxic rays. And chemotherapy is chemical warfare, using poisons. Treatment aims to ‘kill’ cancer cells.” Sontag argued that metaphor affects the patients’ illness experience in negative ways and could hinder effective treatment: “The metaphors and myths [...] make people irrationally fearful of effective measures such as chemotherapy, and foster credence in thoroughly useless remedies such as diets and psychotherapy” (ibid., chapter 1).

## 2 Lakoff and Johnson’s Conceptual Metaphors

While health care workers’ often use of metaphor is often intentional and premeditated, few of the metaphors detected from the patients’ narratives can be described novel or even obvious. Rather, most of patients’ metaphors are in forms of phrases or idioms that appear as if the speaker was not fully conscious of the metaphor underlying his or her language. Considering for example the sentence: “The idea of that therapy really struck me as something I wanted” (Gibbs and Franks, 2012). The metaphor of *striking idea* literally implies physical contact, but one could argue that it rather is an ornamental way of describing the moment of clarity in decision making with no real relevance to the patients illness experience.

Linguistic theorists Lakoff and Johnson (1980a) rejected the notion that metaphors are simple decorations of language, suggesting instead that they reflect how the human mind understands the abstract domain of the environment through the physical environment that can be seen, head or touched. In support of this idea, Lakoff and Johnson (1980a) presented a wealth of examples of conceptual metaphors, in which a single abstract concept was described with many phrases from a certain physical object, experience, movement or direction. For example, table 1 lists common phrases in English and in Finnish that gravitate towards the conceptual metaphor *love is a journey*. Lakoff and Johnson’s (1980a) theory of conceptual metaphors suggests that these phrases—in which the *journey of love* crosses roads and paths of different quality, sometimes coming to a dead-

end; which can be proceeded or be halted; and which can be travelled by foot, train, vehicle or boat—display an essential process of human understanding. Abstract ideas and emotions are conceptualized with the help of material and other types of readily perceptible entities. When patients recorded metaphors are categorized in conceptual metaphors, the journey metaphor predominates, so that many illness metaphors depict the disease as an obstacle or difficulty in the *journey of life*, like in the utterance “Cancer was something I needed for me to get through,” or when caregivers described their clients “going downhill” (Gibbs and Franks, 2002; Golden et al. 2012, respectively).

**Table 1. The conceptual metaphor *love is a journey* (Lakoff and Johnson 1980a). Similar Finnish phrases are also presented.**

Conceptual metaphor	English	Finnish
LOVE IS A JOURNEY	Look how far we've come.	Olemme päässet yhdessä pitkälle.
	We're at a crossroads.	Olemme tulleet tienhaaraan.
	We'll just have to go our separate ways.	Meidän täytyy vain lähteä omille teillemme.
	We can't turn back now.	Emme voi enää kääntyä takaisin.
	I don't think this relationship is going anywhere.	Minusta tämä suhde ei johda minnekään.
	Where are we?	Mihin olemme päätyneet?
	We're stuck.	Olemme jämähtäneet paikoillemme.
	It's been a long, bumpy road.	Olemme kulkeneet ylä- ja alamäkiä.
	This relationship is a dead-end street.	Suhteemme on umpikujassa.
	We're just spinning our wheels.	Poljemme paikallamme.
	Our marriage is on the rocks.	Avoliittomme on kivillä.
	We've gotten off the track.	Suhteemme on raiteiltaan.
	This relationship is foundering.	Suhteemme on uppoamassa.

### 3 Purpose and Aims of the Study

The purpose of this study is to apply Lakoff and Johnson's (1980a) conceptual metaphor theory for the use of nurses communicating with patients, with the aim of providing Finnish nurses evidence-based view into metaphor and it's potential for their work. Two subsequent study objectives are pursued to achieve this aim: (1) to search through the research literature for relevant articles on the use of metaphor in health communication and (2) to apply previous research to aid in interpreting meanings of conceptual metaphors in a Finnish patient's illness narrative.

### 4 Methods and Implementation of the Study

#### 4.1 Participants, Recruitment and Data Collection

Participants for the study were recruited via an announcement published in a cancer patients' organizations newsletter. The announcement was published during autumn year 2014 with a following text:

*"Is your illness a story to tell? I am tape recording illness narratives for thesis work in nursing (Jyväskylä University of Applied Sciences). The interview is free-form and warm spirited. In the study I will pay special attention in your narrative's language structure. The interview will last 1–1.5 hours. The recorded narratives can help people who recently have fell ill. Please be in contact!"*

The announcement was aimed for recruitment of 3-5 subjects with cancer experience for an interview, which would later be tape recorded and transcribed by the author. Subjects included should have personal illness experience on any type of cancer, and they should have the ability for oral communication. Eligible subject's family members could also participate in the interview. The number of subjects, not exceeding 5, were planned to be fulfilled with *first-come, first-served* basis.

## 4.2 Research Methods

### 4.2.1 Database Search for Background Literature

Background articles for this study were retrieved from three reference databases. References in Finnish language were searched from Medic-database, while Cochrane and CINAHL (Cumulative Index to Nursing and Allied Health Literature) -databases were used to find research articles in English language. CINAHL-database was also used to investigate trends in the use of the search term *metaphor\** in the context of nursing. These enquiries were performed for the three previous 10-year periods. To normalize for the increase in total number of publications related to nursing, similar enquiries were made for the generic search term *nurs\**. The period 1984-1994 was set to 100 and results from the following decades were examined for trends in the nursing research community for metaphor studies.

### 4.2.2 Interview Method

Prior to the interview, subject background factors which are considered relevant in the context of metaphor research were surveyed with a separate questionnaire. These factors were subject's age, level of education, time of cancer diagnosis, type of cancer and status of the disease (Appendix 1, in Finnish). A three-part interview was conceived for this study. In the first part of the method, the subject would fill a 15-dimensional questionnaire that characterizes his or her health-related quality of life (HR-QoL). The dimensions of the questionnaire address the subject's mobility, vision, hearing, breathing, sleeping, eating, speech, elimination, usual activities, mental function, discomfort and symptoms, depression, distress, vitality and sexual activity (15-d instrument, n.d.). The questionnaire was intended to be employed in this method to test whether perceived quality of life affects subject's use of figurative language.

The second part of the method was a semi-structured interview. Kleinman et al. (1978) aimed to extract the 'patient's model' of illness in order for clini-

cians to be able to treat beliefs, cultural and social meanings the patient has attached to his or her disorder. Similarly to the 'clinician's model', their method of interviewing addresses patient's illness from points of view of symptoms, pathophysiology, temporal course and treatment. The interview questions conceived by Kleinman et al. (1978), which were also used as a framework in this interview, were as follows:

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?

In the third part of the method, nine cards printed with conceptual metaphors chosen from the research literature were presented to the subject, and the subject was asked to choose one or more cards that he or she related most with regard to his or hers illness narrative (*metaphor card association part* from here on). This part of the method was designed to directly address the subjects' attitudes towards conceptual illness metaphors. The tone of the chosen conceptual metaphors were deliberately selected so that both positively and negatively-toned metaphors are presented. The interviewer subsequently invited the subject to clarify why he or she chose a given card or cards, and what does the subject feel about the



other cards. The playing cards were printed with the following nine metaphors:

- My illness is natural
  
- My body is broken
  
- There are ups and downs in my illness
  
- My illness is unknown to me
  
- I fight against my illness
  
- I got lost when I fell ill
  
- My illness is mine
  
- My illness teaches me
  
- My illness is an obstacle

### **4.3 Data Analysis**

Each transcript of the semi-structured interviews were analyzed for metaphor number and quality. Metaphors were identified following three rules proposed by Schmitt (2005): (1) Metaphor is a word or a phrase, which can be understood beyond the literal meaning. (2) The literal meaning stems from an area of physical or cultural experience. (3) This experience is transferred to a second, often abstract, area. Identified metaphors were subjected to categorization under conceptual metaphors (Gibbs and Franks 2002). The outcome of the metaphor card association part of the interview was examined in light of the conceptual metaphors that were identified in the semi-structured interview. It was postulated prior to the interview that conceptual metaphors detected from each subject's narrative should be similar to the one chosen by the subject in the metaphor card association part.

## **5 Ethical Considerations**

### **5.1 General Principles, Record Keeping and Data Handling**

The aims and organization of this study were guided by the International Council of Nurses' code of ethics (ICN 2012). This code of ethics embodies nurses' respect for human rights, for clients' right for dignified treatment as well as for equality in terms of culture or disability (ICN 2012). The participants of the study are recruited based on a voluntary basis and participation requires active willingness for it. Each subject signs a contract that indicates informed consent and specifies the rights of the author for the use of tapings and transcriptions (Appendix 2, in Finnish).

The subject background form will be linked to the taped material using a running number. Care will be taken to keep personal information of the subjects, such as name, phone number and exact date of birth, that might come up at before or after the interview, unconnected to the research material. At the beginning of the interview the subject is encouraged, in case he or she feels so, freely to abstain from filling a questionnaire or part of questionnaire, and to uphold information he or she does not want to disclose in the interview. One digital copy of the interview is stored in digital format on the author's external computer disk. The tapings from the disk and any transcriptions made from them are disposed of by the end of year 2015.

### **5.2 Quality Controls**

This study is an exploratory investigation of a novel method to collect patient narratives for metaphor analysis. Two quantitative parts of the method are (1) a formal 15-dimensional HR-QoL in the first part of the method and (2) quantification of metaphors from the narratives in the second part. The reliability of the QoL questionnaire has been previously tested (15-d instrument). In the semi-structured interview the investigator is assumed to have an impact on the resulting narrative, resulting in weaker reliability than if using tightly-structured frame. In other words the quantity of metaphors can

greatly differ from one subject to another, and thus the quantity of metaphors can be used only for a rough estimation of frequency, for example on a scale ranging from “none” to “rare” to “frequent”.

Schmitt (2005) has specifically addressed quality controls of qualitative parts of metaphor research. In short, trustworthiness of metaphor study is ensured through reflection, firstly on the results in terms of their limits and range, and secondly on subjectivity during the interview and during metaphor identification. This reflection should be thoroughly documented and reported. In this study, documentation is made through tape recording and interview notes that guarantee adequate documentation. Moreover, discussion and theory that arises from the results of the study should be coherent and relevant to practical work. Subjectivity in interpretation is alleviated when investigator’s need for interpretation is recognized, standardized interpretation procedure is developed and the interpretation process is shared in groups. The approach proposed by Schmitt (2005) will be followed in this study provided that it is practically possible.

## **6 Results**

### **6.1 Study Subjects – a Case Study**

The newspaper announcement used to recruit voluntary participants attracted a single study subject. The interview was performed in full at the subject’s house, where the subject’s spouse also participated. Questions were addressed to both the subject and the spouse. Since the study consisted of only one interview, only results from the semi-structured interview and the metaphor card association parts are considered. The subject’s background information and results of the 15-d QoL questionnaire are omitted from the analysis to keep the subject’s identity unknown.

## 6.2 Study Method

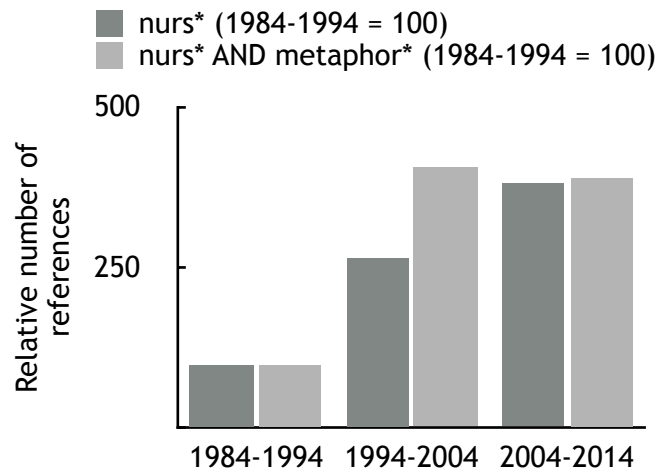
In this study, a three-part method was conceived, including a 15-dimensional quality of life questionnaire, a semi-structured interview and a metaphor card association part where the study subject was asked to choose from nine conceptual metaphors printed on individual cards. The couple that participated in the study felt positive about the interview. The interview lasted for 64 minutes in total, falling well into the 1–1,5 hour approximation made in the newspaper announcement with which the participants were recruited.

## 6.3 Literature Search

In database enquiries made in December 2014, Medic-database gave seven hits with the Finnish word *metafora*. Abstracts of these references were examined and none of them were considered relevant for this study. Cochrane database was searched using search terms *metaphor\**. This produced one article, which was considered non-relevant to this study based on its abstract. CINAHL-database delivered 1713 references with the search term *metaphor\**. With a combination of terms *nurs\** and *metaphor\**, the results were narrowed down to 657 references. These references were considered first based on title and then on abstract. Some additional research articles were attained from reference lists of these articles. When number of articles retrieved with the generic search term *nurs\** was compared to results using a search term *nurs\* AND metaphor\**, the relative number of articles concerning metaphor was found to have increased during the 10-year period between 1994 and 2004, and slightly increased between 2004 and 2014 (figure 2). This result clearly shows increased interest in figurative language within the nursing research community during the last two decades.

## 6.4 Metaphors in the Subject's Illness Narrative

A total of 105 metaphors were identified from the subject's narrative that arose from the semi-structured interview. Life, time, illness, illness symptoms, emotions, dying, pain, treatment of disease and clinical methods were concepts that, among some others, were figuratively compared to 23 differ-



**Figure 2.** Number of references retrieved from CINAHL-database with two search strategies in three 10-year periods. For comparison, the period 1984-1994 was set to 100.

ent physical concepts, which mostly were obscure objects or ill-defined living things. The metaphors were divided into three types following metaphor groups defined by Lakoff and Johnson (1980b) (table 2). In short, 'ontological' metaphors include expressions that consider abstract concepts as objects or living things. Ontological metaphors were clearly the most abundant type of metaphors in this subject's narrative. Considered together, in these

**Table 2.** Frequency of metaphorical concepts used by a Finnish cancer patient in the patient's illness narrative.

Metaphor Class	Percentage
Ontological	84
Structured experience or movement	11
Orientalational	5

metaphors diagnosis of disease, the illness itself and treatment were conceptualized as objects that could be *received*, *owned* and *lost* (table 3). As a living thing, the illness appeared as a mental image of an *enemy* that *comes*, *chooses* and *takes away* (table 3). Metaphors that fall into the class of "structured experience or movement", including roughly every tenth of all detected metaphors, depict abstract concepts as common experience or activity, like when *life* was considered *a journey*, or when *death* was viewed as an act of *leaving* (table

**Table 3. Examples of metaphors identified from a Finnish cancer patient's narrative on the illness experience. [lit] = literal translation.**

Conceptual metaphor	Transcript excerpt	Excerpt translation
Life is a journey	<i>ja meil on elämä jatkunu</i>	<i>and for us life has continued</i>
	<i>mut nyt ku on pysähtyny, niin</i>	<i>but since one has stopped, then</i>
Cancer is an object / moving object	<i>mullon syöpä</i>	<i>I have cancer</i>
	<i>mut se [syöpä] on niinku pysähtynyt toistaseks</i>	<i>but it [cancer] has halted for now</i>
Cancer is dirt	<i>[lääkäri] sano et tää [ohutsuoli] näyttää ihan puhtaalta</i>	<i>[the doctor] said that this [small intestine] looks pretty clean</i>
Diagnosis is an object	<i>sillonku mä sain tän diagnoosin</i>	<i>When I got this diagnosis</i>
Medication is an object	<i>he anto sit piikin</i>	<i>Then they gave me a shot</i>
Emotion is an object	<i>hän [puoliso] otti sen niin raskaasti</i>	<i>[the spouse] took it hard</i>
Cancer is a living thing	<i>[syöpä] tuli yhtäkkiä</i>	<i>it [cancer] came suddenly</i>
	<i>[syöpä] valitsee sit kenen valitsee</i>	<i>it [cancer] then chooses whoever it chooses</i>
	<i>tää mahasyöpä on just semmonen et se melkein vie</i>	<i>this stomach cancer is one that likely takes you</i>
Treatment is a living thing	<i>seuraavaks tulee kipupiikki</i>	<i>next comes the shot for pain</i>
Cancer is an enemy / battle	<i>ne [verisolut] tappaa nämä syöpäsolut</i>	<i>those [blood cells] kill these cancer cells</i>
	<i>jos se [syöpä] nyt iskee, uudestaan</i>	<i>if it [cancer] would now strike again</i>
Dying is leaving	<i>toiset [lähtevät] ennemmin ku toiset</i>	<i>ones [pass away] earlier than others</i>
Dying is moving	<i>mut ei sul vielä mitään kiirettä, tuu perässä sit joskus</i>	<i>but you do not have to hurry, you can follow me at some point</i>
Cancer is nutrition	<i>saattaa olla et se [syöpä] muhii siellä vielä</i>	<i>it might be that it [cancer] is still baking in there [lit]</i>
Cancer is a verbal message	<i>ku se [syöpä] viimeks todettiin</i>	<i>when it [cancer] was last pronounced [lit]</i>
Pain is fire	<i>mul rupes vatsa polttamaan oikeen hirveesti</i>	<i>my stomach started burning horribly</i>
Bad lab value is up	<i>nyt tää [tutkimustulos] on vähä noussu</i>	<i>now this [lab value] has elevated a bit</i>

1; table 3). Orientational metaphors were the least abundant type of metaphors, consisting of metaphors such as *laboratory values are up* or when *weight dropped* (table 1; table 3).

In the metaphor card association part, which was the final part of the interview method, the subject and the spouse were asked to choose from nine conceptual metaphors that were printed on cards and laid on the table in front of them. Any number of cards could be selected. The patient chose a single card, which read: “My disease is teaching me”. This card, together with the card that read: “There are ups and downs in my illness,” was also collected by the subject’s spouse.

## **7 Discussion**

### **7.1 On the Study Method**

In this study, a three-part interview method consisting of a quality of life questionnaire, a semi-structured interview and a metaphor card association part was suggested to draw out metaphors employed by patients to express and cope with illness. The method was based on approach suggested by Kleinman et al. (1978), which has recently been employed to successfully elicit patient illness narratives for metaphor research (Schuster et al. 2011). In this study, a metaphor card association part was included to show whether the patient’s conscious choice of a written metaphor would correlate with conceptual metaphors detected in his or her narrative. Testing the method was, however, limited due to lack of participants. Instead of a qualitative report in the form of a case study examining illness metaphors from a single Finnish patient’s narrative is presented.

### **7.2 Metaphors in the Illness Narrative**

In this study an assumption is made that metaphors in patient’s illness narrative, which are often banal and appear as unconsciously used, have a purpose in the patient’s coping process. In contrast to expressive metaphors of-

ten used by health care workers, few of the metaphors found in patients' illness narratives are consciously built, novel innovations, but instead are selected from a pool of common phrases and idioms in language. Following Lakoff and Johnson's (1980a) theory on conceptual metaphors, this unconscious selection of metaphors can be seen to reflect how the human mind tries to make sense of abstract concepts, such as illness, using the perceivable physical environment. At the same time, metaphors embody patients' emotional struggle in face of illness.

The total number of metaphors detected in this study is in line with previous studies where metaphors were quantified from illness narratives (Gibbs & Franks 2002; Golden et al. 2012). Patients clearly use metaphoric expressions abundantly when describing illness. However, it is not known how *illness* invites metaphors compared to various other abstract concepts. Gibbs and Franks (2002), as well as Golden et al. (2012) reported journey metaphors to be most abundant type in female cancer patients and dementia patients together with their caregivers, respectively. In this study, however, ontological metaphors that describe illness in terms of objects or living things were detected most frequently (table 2.). This difference might indicate a culture-specific use of metaphor types in patients with different native language. However, as frequencies of metaphors are highly subjective to the investigator's definition of metaphor, the result should be considered a curiosity that needs to be confirmed in further studies.

### 7.2.1 Illness Ownership

The patient's use of language indicated ownership of illness: Instead of cancer residing *in the body*, the patient narrated of *having* cancer. This difference is commonplace in language, but quite remarkable when the meaning of disease ownership is literally considered. McClelland and Huttlinger (2013) noted similar expression of disease ownership in narratives of asthma patients, who were reported to frequently make a gesture of bringing their hands to their chest with the verbal expression. When asked about it they specifically told to have meant ownership or possession of the disease



(ibid.). In Finnish, it is noteworthy that switching between the two forms of expression would be simple and almost unnoticeable (Compare *Minussa* on syöpä to *Minulla* on syöpä). Despite this, the form indicating illness ownership is consistently used.

During the final phase of the interview, when the patient was asked to choose a card that is illustrating the patient's illness experience, he was meditating on the card that read "My illness is mine". The patient eventually did not choose the card, but satisfied by saying "It of course, it's really not mine, it's both of ours." This meditation was not further explored, but it indicates the complexity of the concept of illness ownership. Cancer occupied the body of the patient, but ownership of the illness was shared within the relationship. Illness ownership, however, does not extend to other actions one could potentially take with physical objects in one's possession: language does not seem to imply we could for example give away, lend or defend illness. No downsides in the use of illness ownership metaphor have been reported. Therefore, McClellan and Huttlinger (2013) suggest that nurse's objective in health communication should be to support this metaphor to aid the patient in *taking possession* of the disease.

### 7.2.2 Illness as a Journey

In the catalogue of metaphors extracted from the patient's narrative, life appeared as a journey that cancer has stopped, but since then the journey has continued (table 3.). The patient's spouse also mentioned being "at this point of life", stressing that there is both past and future ahead in their journey of life. The spouse's choice of card that read "There are ups and downs in my illness," further strengthens the image of a journey.

In this particular case, the patient's consideration of cancer as an obstacle in the journey of life could have a real physical basis: The cancer lies in the small intestine, where it blocks the passing through of gastric contents or the gastroscopic equipment. Harrington (2012) considers journey metaphors to be most advantageous type for the patient: as many patients see both life

and illness as journeys, this imagery serves the purpose of putting the *illness journey* into the wider context of the *journey of life*. If achieved during health communication, such manipulation of mental imagery could well serve patients in coping with their illness.

### 7.2.3 Cancer - a Battle between Positive and Negative

As the etiology of the Finnish word *syöpä* [*cancer*] points to *eating*, cancer is universally seen as something eating within the patient (Skott 2002). Death is synonymous with cancer, almost like killing is synonymous to eating in the natural environment of human beings. Skott (2002) states:

*Eating as a metaphor is grounded in experience common to all mankind. We must all “eat” to stay alive. To be eaten from inside is a pervasion that evokes the dreadful experience of being threatened by death from within. It expresses fear more than it represents and explanation of the disease.*

Much contemplated are the conceptual metaphors where disease is seen as war, battle or fight. Sontag (1991a) criticized war metaphors that were closely linked to cancer, and Harrington (2012) still instructs nurses to avoid negative military connotations. Bowker (1996) speculates that patients struggle to achieve a *sense of control* to illness: Illness, such as “cancer undermines a patient’s sense of control and invokes images of mishap and calamity.” In turn, metaphors of “Insanity and chaos, natural disasters, cancer and character, battle, splitting apart or dividing” used to cope with the loss of control (ibid.). In this study, the patient’s narrative contained relatively few indications of mental images of war or battle. The patient did, however, mention cancer and other illnesses to *strike*. Furthermore, on the patient’s side of the battle were cells of the body’s immune system, which were *fighting* and *killing* cancer cells. The surprising scarcity of metaphors of war or battle, as well as the tone of the narrative as a whole, echoes a previous report in which a minority of women suffering from breast cancer saw cancer as an enemy, more frequently viewing it as a positive challenge

and a rather valuable life event (Luker *et al.* 1996). This is reflected by the patient's choice of card—one that read “My illness is teaching me”—in the final part of the interview. Having in mind Sontag's description of cancer metaphors in the 1970's, it is possible that a cultural shift of metaphoric expression reflects the changing attitude towards cancer as a treatable disease instead of a synonym to death.

## 8 Practical Lessons from Metaphors in Illness Narratives

In this study, patients' frequent use of metaphor has been shown from the research literature, and with a semi-structured interview, elucidated metaphors in an illness narrative of a native Finnish patient. Czechmeister (1994) writes that “Metaphor is perpetuated partly by the need to seek and express meaning and feeling on encountering a phenomenon such as illness”. An assumption can be made that patients use dual function of metaphors to express the nature of the illness, but also create mental imagery to aid their coping process. On the other hand, in this report the use of metaphor by health care workers has been examined from the research literature, with the finding that professionals in health care consider the expressive function of metaphor especially useful. Furthermore, as indicated in this report the nursing research community has shown increased interest in metaphor studies in the past two decades (figure 2).

What does patients' narratives teach to nurses on how to choose words and phrases in health communication? In oral health communication, health care workers can adapt their use of words and phrases according to the patients' use of language. However, when hearing patient's illness narratives, nurses struggle to offer meaningful support in the patients' coping process. Gaydos (2005) has suggested that with their presence and communication with patients, nurses are inevitably co-creators of patient's illness narrative, and that illness metaphor should be considered a part of this co-creation process. Also, Harrington (2012) advice of the use of illness metaphor that “Nurses should follow the lead of their patients in discourse about cancer.” A certain sense of agreement in the research literature exists of useful and

harmful types of metaphor. While Sontag's (1991a) criticism of illness metaphors not only of militaristic type, but in their entirety have been challenged with notions suggesting that metaphoric expressions of illness could harbor therapeutic value (Chzechmeister 1994), metaphors inducing a mental image of military, war or battle are still mostly considered non-productive (Harrington 2012). Journey metaphors, which have predominated in quantitative enquiries of illness narratives (Gibbs and Franks 2002; Golden et al. 2012) as well metaphoric expressions of illness ownership, are seen having good potential for conceptualizing illness in a positive way (Harrington 2012).

Lakoff and Johnson's (1980a) conceptual metaphors, which consists from groups of phrases and idioms, can give knowledgeable nurses valuable tools for the co-creation process of patients' illness experience. In case one considers the conceptual metaphor *illness is a journey* a constructive mental image for coping with illness, it might be possible for health care workers to reinforce this conceptual metaphor by using the phrases and idioms that fall into the language domain of *journey* (table 1, table 3). Undoubtedly, however, much premeditative practice and dedication would needed for such use of language for it to have a flow of natural communication. Furthermore, culture- and context-specificity of metaphors – indicated for example in this study with a high frequency of ontological metaphors in the Finnish language – requires further regional and anecdotal research to be made and appreciated.

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## Appendix 1. Subject background form (in Finnish)

 Täytä taustatietosi

Ikä:

- 17 vuotta tai nuorempi
- 18-39 vuotias
- 40-65 vuotias
- 65 vuotias tai iäkkäämpi

Sukupuoli:

- Mies
- Nainen

Koulutus:

- Peruskoulu
- Opistoaste
- Korkeakoulu

Syöpäsairauden toteamisesta:

- Alle vuosi
- 1-2 vuotta
- 2-5 vuotta
- 5-10 vuotta
- yli 10 vuotta

Syövän tai kasvaimen tyyppi:

- Rintasyöpä
- Suolistosyöpä
- Kohdun alueen syöpä
- Munuaissyöpä
- Verisyöpä (leukemia)
- Keuhkosyöpä
- Ihon syöpä
- Imujärjestelmän syöpä
- Haimasyöpä
- Eturauhasen syöpä
- Kilpirauhasen syöpä
- Muu syöpä

Syöpäsairauden tila viimeisimmän tiedon mukaan:

- Etenevä tai leviävä
- Pysähtynyt
- Parantunut

## Appendix 2. Study information sheet and agreement on the use of study material (in Finnish)

Tässä tutkimuksessa kartoitetaan syöpäpotilaiden sairauskokemuksia kielen rakenteen kautta. Tutkimuksen tarkoituksena on uuden tiedon tuottamisen kautta parantaa terveydenhuoltohenkilöstön ja terveydenhuollon asiakkaiden keskinäistä viestintää. Lisäksi tutkimuksessa pitkään sairastaneiden sairauskokemuksista etsitään sellaisia rakenteita, esimerkiksi kielikuvia, joiden avulla sairauden luonnetta voidaan välittää avuksi vastasairastuneille.

Tutkimuksessa on kolme osaa. Ensimmäisessä osassa tutkimukseen osallistuva täyttää 15 kysymystä sisältävän elämänlaatumittarin. Toinen osa on nauhoitettu puoliavoin haastattelu, jossa tutkimukseen osallistuva kertoo sairauskokemuksestaan tutkimuksen suorittajan kysymyksiin vastaamalla. Haastattelu perustuu laaja-alaisiin kysymyksiin, mutta tutkimuksen suorittaja saattaa kysyä myös tarkentavia kysymyksiä. Kolmannessa osassa tutkimukseen osallistuja valitsee kortteihin kirjoitetuista sairauskielikuvista omaa kokemustaan vastaavan ja kertoo valintansa taustoista.

Allekirjoituksella tutkimukseen osallistuja ilmoittaa osallistuvansa tutkimukseen vapaaehtoisesti ja antaa tutkimuksen suorittajalle luvan pitää yhden kopion haastattelun nauhoituksesta hallussaan, transkriptoida ja käyttää sitä ei-kaupalliseen tutkimuskäyttöön. Nauhoitus ja siitä tehtävä transkripti ovat tutkimuksen suorittajan käytössä vuosina 2014-2015. Tämän jälkeen nauhoitukset ja niistä tehdyt transkriptit tulee tuhota.

Lisätietoja tutkimuksesta ja tutkimustuloksista saat tutkimuksen suorittajalta:

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Paikka ja aika

Tutkimuksen suorittaja

Tutkimukseen osallistuja / nimenselvennys