

A project at Lancaster University has been connecting linguistics, computer science and healthcare. **Elena Semino** explains how the experience of researching metaphors for cancer has been rewarding, challenging, moving, and occasionally entertaining too.

Metaphors and

cancer



Much of what happens when we are ill involves spoken and written communication. We speak about our symptoms to family, friends, nurses and doctors; we read information online, in books, on medication packets, etc.; nurses and doctors discuss our symptoms and treatment among themselves and write notes and reports for one another. Getting better partly depends on all those different types of communication working well, so that we get the best possible diagnosis, care and treatment. In addition, our own well-being throughout the experience can be affected by how our illness is talked about, in informal or medical interactions, in charity campaigns, in the media, and so on.

At Lancaster University, we have studied the language that is used to talk about cancer today in the UK, and particularly the metaphors that are used by healthcare professionals, people with cancer, and family carers looking after a loved one with cancer. The study involved a large team consisting of myself, four other linguists (Veronika Koller, Andrew Hardie, Zsófia Demjén and Jane Demmen), a computer scientist (Paul Rayson) and a palliative care researcher (Sheila Payne).

Why study metaphors and cancer?

People who are ill with cancer are often expected, or encouraged, to ‘fight’ their cancer in order to survive. When someone dies of cancer, they are sometimes described as having lost their ‘battle’ with the disease. Both ‘fight’ and ‘battle’ are examples of metaphors that are

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Metaphors involve talking and, potentially, thinking about one thing in terms of another, where the two things are different but we can see them as similar in some way. For example, being ill with cancer and fighting a battle are different things, but we can see them as similar. Among other things, both are difficult and dangerous; both can make us feel anxious; both can lead to death. However, metaphors do not simply reflect pre-existing similarities between things. They can also create similarities. The Fight metaphor for cancer, for example, can make us see the cancer as an evil enemy, and not getting better as a defeat. Linguists and psychologists say that different metaphors frame the experience of cancer in different ways, highlighting some aspects while

backgrounding others. When metaphors work well, they can help us to understand things or even feel better about them. When they work badly, they can confuse us or make us feel worse.

The metaphors we use for cancer have been the topic of a lot of discussion, both in academic books and papers, and in the media. In particular, many people have criticised the use of metaphors such as the ‘fight’ against cancer, because it can increase people’s anxiety or even make them feel guilty if they don’t get better. Writing in the *Guardian* newspaper in April 2014, Kate Granger, a doctor with incurable cancer, says: *‘She lost her brave fight.’ If anyone mutters those words after my death, wherever I am, I will curse them.* [...]

I do not want to feel a failure about something beyond my control. I refuse to believe my death will be because I didn’t battle hard enough. (The Guardian, 25/4/2014)

Kate Granger is not alone in feeling like this, and many healthcare professionals in the UK are aware of the potential negative consequences for patients of the Fight metaphor. As a result, recent policy documents in the National Health Service do not use this metaphor, but talk instead about cancer as a ‘journey’. Journey metaphors do not involve an enemy, nor victory or defeat, and are therefore felt to be more positive for patients than Fight metaphors. All of this, however, leads to some questions that linguists can help answer: what metaphors are actually used by people involved with cancer from different perspectives? And what evidence is there that some metaphors are better for patients than others?

Our study

In order to answer those questions, one needs, first and foremost, large quantities of relevant language data. With funding from the UK's Economic and Social Research Council (grant ES/J007927/1), we collected a dataset or 'corpus' of interviews with, and online forum contributions by, members of the three groups I mentioned earlier: patients with advanced cancer, family carers, and healthcare professionals. In total, our corpus contains approximately 1.5 million words.

Even with a team as large as ours, a corpus of this size cannot realistically be read in its entirety several times in order to find all the metaphors. Instead, we analysed a 90,000-word sample from the corpus 'manually', by reading it and applying our criteria for what counts as an instance of metaphor (including both metaphorical expressions and similes). We then used the computer-assisted methods of Corpus Linguistics to analyse the rest of the data on the basis of the findings of our analysis of the sample data. In this way, we arrived at some answers for the questions we asked at the beginning.

What metaphors do people with cancer use to talk about their experiences?

The cancer patients represented in our data use a large variety of different metaphors to talk about different aspects of their experiences (NB: extracts from our online data and interview transcripts are reproduced exactly as in the original; all names have been changed):

1. You have a lot to dig in and fight for and I know you can and will. Dust yourself down and prepare for the battle girl.

2. So sorry to hear what your partner is going through. MM [Malignant melanoma] is a hard road to travel both physically and mentally.
3. Imagine it a bit like a scary fairground ride ... it might be scary in places, but it will eventually stop and you can get off ... be strong, be brave and you'll be ok
4. This journey is not a sprint but a full blown marathon but with the right endurance training one you can win.
5. They [a lot of medical staff] look on us all as just another appointment, and into the sausage machine we go.
6. Am I pathetic wanting that or what but I feel like a prisoner with all the rules about don't eat this don't do that.

As these extracts show, patients use, amongst others, Fight metaphors (example 1), Journey metaphors (example 2), Fairground metaphors (including the simile in example 3), Sports metaphors (example 4), Machine metaphors (example 5) and Imprisonment metaphors (example 6). Moreover, they use these metaphors to do different things, such as: encouraging one another (examples 1, 3 and 4), sympathising with one another (example 2) and expressing their frustration with the illness (example 6) or with the doctors and healthcare system (example 5). These metaphors also differ in how they frame the patient within the experience of illness, especially in terms of agency. In example 3, the patient is presented as active and empowered ('with the right endurance training you can win'), whereas in example 6 the patient is in a more passive and disempowered position ('I feel like a prisoner').

Are some metaphors always good or bad for patients?

We contrasted particularly Journey metaphors in our patient data with what we call Violence metaphors, which include Fight metaphors. We wanted to see whether there is evidence that Violence metaphors are bad for patients, and Journey metaphors a better alternative.

We found plenty of evidence to suggest that Violence metaphors can reflect and reinforce feelings of disempowerment, anxiety and even guilt:

- 7 It's sad that anyone, but especially younger people like yourself, find themselves with this battle to fight.
8. I feel such a failure that I am not winning this battle.

Example 8, in particular, shows the potential negative consequences of seeing lack of recovery as defeat; the patient can feel responsible for the failure of treatment, which is not their fault.

On the other hand, some other patients use Violence metaphors in ways that present them as determined, proud and empowered in their experience of illness:

9. My consultants recognised that I was a born fighter.
- 10 Cancer and the fighting of it is something to be very proud of.

Similarly, Journey metaphors are used in different ways by different people. Some patients use them to position themselves in an empowered role and to suggest an optimistic attitude and a sense of companionship with others:



“... when patients describe themselves as ‘fighters’, they tend to place themselves in a position of control over what happens to them. However, when doctors use a similar metaphor, they sometimes place themselves in a higher hierarchical position, and the patients in a subordinate role.”

- 11. The rocks in our paths are easier to handle when we’re all in it together ... the best people to help you are the ones who’ve been there before or are heading there with you.
- 12. This river is my path for now but I’m quite excited about the next one. My journey may not be smooth but it certainly makes me look up and take notice of the scenery!

However, other uses of Journey metaphors place the patient in a disempowered position, and suggest feelings of frustration and a lack of control:

- 13. Cancer is a journey, some people have similar experiences to others on that journey, but by and large the

journey has many twists and turns that means no two people go the exact same route. I think it is like trying to drive a coach and horses uphill with no back wheels on the coach.

- 14. How the hell am I supposed to know how to navigate this road I do not even want to be on when I’ve never done it before.

In other words, Violence metaphors can clearly be harmful for many patients, but can be positive and empowering for others. Conversely, Journey metaphors can be positive for many patients, but negative and disempowering for others.

Contrasts in metaphor use between patients and healthcare professionals

By comparing the metaphors used by different groups of people in our data, we can also identify contrasting attitudes and areas where conflicts or misunderstandings may arise. For example, I have already mentioned how some patients find a sense of meaning, purpose and pride in seeing themselves as ‘fighters’ against the disease, even when the situation does not leave much room for optimism. In contrast, some of the healthcare professionals we interviewed used Fight metaphors to talk about attitudes in very sick patients that lead to a ‘bad’ or ‘difficult’ death:

- 15. They want to keep fighting fighting fighting [...] So those are the sorts of deaths that are that are difficult

In other words, in this case patients and healthcare professionals use very similar metaphors to refer to the desire and attempt to live longer.

However, the patients use these metaphors to express a positive evaluation while the healthcare professionals use them to express a negative evaluation of the same attitudes and behaviours.

Moreover, when patients describe themselves as ‘fighters’, they tend to place themselves in a position of control over what happens to them. However, when doctors use a similar metaphor, they sometimes place themselves in a higher hierarchical position, and the patients in a subordinate role:

- 16. You are now the general and you see your troops killed in battle.

This particular writer is clearly concerned for his patients, but uses a metaphor that emphasizes their disempowerment as compared with doctors. A sense of frustration with this imbalance of power is in one case expressed by a patient in our corpus via a lengthy Fight metaphor:

- 17. I’m very sorry you haven’t been given the opportunity, Anna and it must be dispiriting when you are battling as hard as you can, not to be given the armour to fight in, but maybe as Samantha says, the side-effects would have been so unpleasant.

Here the patient’s determination to get better is positively described as ‘battling as hard as you can’, while the perception that doctors are not providing the most effective treatment is described as not being given ‘the armour to fight in’.

Humorous metaphors

Analysing our data can be mentally and emotionally challenging. Our corpus involves people who are faced with very difficult circumstances, and their stories are often harrowing. We knew this would be the case before we started, but that did not necessarily make things easier when it came to analysing the data.

However, we were also struck by how much cheerfulness, solidarity and mutual encouragement one can find, particularly in the patient online forum. Because contributors know that others on the forum are in a similar situation to themselves, they feel free not just to express their darkest thoughts, but also to tease and amuse one another, including by using humorous metaphors. For example, several contributors use humorous metaphorical descriptions of their consultants (in the examples below, the relevant phrases are underlined):

18. Paid a spontaneous visit to the Head Booby Hunter today to find his final opinion
19. Off to see The Wizard of Onc today – to fetch my 4th cycle of Temodal
20. Off for a bloodtest later, so gotta make myself purrrrrrrty for the vampire



Comic descriptions such as these seem to have the function of demystifying a difficult situation and strengthening a sense of intimacy and complicity with other contributors to the online forum.

What can we, as linguists, say to healthcare professionals?

We have had many constructive and inspiring interactions with healthcare professionals, at conferences and other events, in hospitals and hospices, and on social media. We have found an enormous amount of interest and openness for what we, as linguists, have to say about healthcare communication on the basis of our analysis.

Our main overall message is that metaphors can be both beneficial and harmful in communication about illness, but no metaphor is inherently good or bad for everyone. While it would be unwise for a doctor or nurse to introduce metaphors such as the ‘fight’ against cancer, it would be equally misguided for such metaphors to be censored. Similarly, while Journey metaphors are unlikely to be harmful to patients, there should be no expectation that they will suit everyone. Rather, metaphors should be seen as resources for communication and thinking, and patients should be enabled and encouraged to select and use the metaphors that work best for them.

To facilitate this, we have created a ‘Metaphor Menu’ – a selection of quotations from people with cancer that exemplify the widest possible variety of metaphors, including, among others, Music metaphors, Nature metaphors and Household metaphors. We are currently exploring ways in which the Menu can be made

available to patients with new diagnoses, to help them find the best way of coping with the disease by means of the linguistic descriptions that they find most appropriate. ¶

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Find out more

Books

Mark Johnson (1980) *Metaphors We Live By*, Chicago: University of Chicago Press.

Elena Semino (2008) *Metaphor in Discourse* Cambridge: Cambridge University Press.

Susan Sontag (1979) *Illness as Metaphor*, London: Allen Lane.

Articles

Elena Semino, Zsófia Demjén, Jane Demmen, Veronika Koller, Sheila Payne, Andrew Hardie and Paul Rayson (2015) *The Online Use of Violence and Journey Metaphors by Patients with Cancer, as Compared with Health Professionals: A Mixed Methods Study*. In *BMJ Supportive and Palliative Care*.

Online

The website of the ‘Metaphor in End-of-Life Care’ project can be found at <http://ucrel.lancs.ac.uk/melc>

This article is also available free online at <http://spcare.bmj.com/content/early/2015/03/05/bmjspcare-2014-000785.abstract>