The Use of Metaphor in Discourse About Cancer: A Review of the Literature

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Imagery and metaphors are used throughout health communication and can be particularly powerful in discourse about cancer. Providers, patients, and the media may use descriptive language to convey the impact and experience of the disease. This article reviews the literature on metaphor in discourse about cancer and its effects. Also, the positive and negative effects of popular cancer-related imagery, such as military and journey metaphors, are explored. Metaphor can be used in nursing, through thoughtful use of imagery, to improve patient-centered care. By noting the imagery used by patients to describe their experiences with cancer, nurses can find a common language for connecting with patients and can advocate for greater awareness and more sensitive communication by other healthcare providers.

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Heath communication often relies on imagery and metaphors to illuminate and explain. Metaphors are infused throughout the language of the U.S. healthcare system, particularly related to cancer. Healthcare providers and researchers may employ metaphor to make unfamiliar concepts more accessible to the public, whereas patients and family members use metaphor to share their illness experiences (Gibbs & Franks, 2002). This article will review the literature on metaphor in discourse about cancer and the current use of metaphor in cancer-related health communication. Popular metaphors will be explored, particularly images of cancer treatment as a war or journey. Also, in an effort to encourage the use of imagery and figurative language for improving patient-centered care, the significance of metaphor to nursing care will be discussed.

Health Communications Tool

The use of figurative language in discourse about cancer serves multiple purposes. Metaphors make unfamiliar or abstract concepts more accessible by comparing them to ideas already possessed in a cognitive framework (Czechmeister, 1994; Kirklin, 2007; Skott, 2002). The language allows for the reconciliation of “the experiential and the existential” (Czechmeister, 1994, p. 1226) by providing a relationship that creates meaning. Healthcare providers can harness that explanatory power of metaphor when presenting medical concepts that are unfamiliar to their patients (Casarett et al., 2010; Kirklin, 2007; Penson, Schapira, Daniels, Chabner, & Lynch, 2004; Reisfield & Wilson, 2004). Physicians who use analogies and metaphors in their illness explanations are considered to possess stronger communication skills by patients (Casarett et al., 2010). Creating a common language can enhance the therapeutic relationship by serving “as the basis for the shared understanding of clinical reality” (Reisfield & Wilson, 2004, p. 4024).

Patients with cancer also bridge communicative gaps by revealing aspects of their illness experiences through metaphor (Bowker, 1996; Domino, Affonso, & Hannah, 1992; Gibbs & Franks, 2002). Creating and sharing metaphors allow patients to make sense of their suddenly chaotic world (Byrne, 2008; Reisfield & Wilson, 2004), communicate emotions or experiences that are otherwise inexpressible (Skott, 2002), or exercise control through the imagery they choose (Bennett, Laidlaw, Dwivedi, Naito, & Gruzelier, 2006; Bowker, 1996). Patients may use multiple, even contradictory, metaphors to contextualize personal narratives, which reflect an internal struggle to reconcile and find meaning in their disrupted lives (Gibbs & Franks, 2002).
However, understanding metaphors can present unique challenges. Although many images are used because of their cultural familiarity (Czechmeister, 1994; Jobst, Shostak, & Whitehouse, 1999; Rancour, 2008; Skott, 2002), the individual reasons behind choosing a metaphor are context-specific and, therefore, open to misinterpretation (Byrne, 2008; Harrow, Wells, Humphris, Taylor, & Williams, 2008; Reisfield & Wilson, 2004). For example, to “fight cancer” may carry diverse meanings depending on patients’ prior experiences, prognoses, belief systems, and values (Penson et al., 2004). Therefore, healthcare providers should not assume that two patients who use the same analogy share the same definition. Despite the possibility of misunderstandings, specific images often are referenced in conversations about cancer.

The Military Metaphor

The United States has waged an explicit “war on cancer” since the National Cancer Act was passed in 1971, authorizing the creation of the National Cancer Institute (Gross & Miller, 2010; Penson et al., 2004). Despite controversy about its appropriateness, the martial imagery pervades the language of health care (Czechmeister, 1994; Luker, Beaver, Leinster, & Owens, 1996; Williams Camus, 2009). War analogies are among the most prevalent tools used by the mass media to explain the disease process and describe advances in cancer research to nonscientific audiences. This excerpt from Williams Camus (2009, p. 475) provides an example.

After the cancer’s invasion of the body, the immune system launches an offensive to beat the disease. The army of killer T cells and stealth viruses fight the tumour cells. However, this is not enough to wipe out or eradicate the invader completely, especially if it has spread throughout the body becoming lethal. Thus, a bigger arsenal of weapons, consisting of magic bullets and blunt instruments, target the enemy. If the cancer is still resistant to the cancer-fighting tools, other weapons are injected to attack the disease or to boost the body’s own defences. This attack may eventually lead to defeating the disease although it also involves serious side-effects as healthy cells are also destroyed by the weapons.

The image of fighting cancer is applicable because it indicates the seriousness and invasiveness of the disease process (Reisfield & Wilson, 2004). The violence conveyed by the military metaphor also communicates a “sense of terror and fear, a sense of disconnection, a sense of captivity” (Penson et al., 2004, p. 709) that patients often experience when they are diagnosed. Despite the fact that cancer results from an internal process gone awry (Mukherjee, 2010), patients often imagine their disease as a foreign enemy that has invaded and terrorized their bodies (Harrow et al., 2008; Jobst et al., 1999; Luker et al., 1996; Reisfield & Wilson, 2004; Sim, 2008; Skott, 2002). Despite its popularity, the military metaphor has been criticized by scholars, care providers, and patients for its implied meaning of treatment at all costs (Byrne, Ellershaw, Holcombe, & Salmon, 2002; Sontag, 1978). The pervasive use of violent imagery surrounding cancer assigns a moralistic and punitive value to the disease and, by extension, to the people facing it (Czechmeister, 1994; Penson et al., 2004; Sontag, 1978). Martial, destructive descriptions are considered a reinforcement of medicine’s masculine, paternalistic emphasis on the disease process rather than the illness experience as a whole (Byrne, 2008; Mathews, Lannin, & Mitchell, 1994; Penson et al., 2004; Reisfield & Wilson, 2004). The idea of initiating war, which is destructive and violent, to save lives also seems counter-intuitive to many healthcare providers (Al-Saleem, 2007; Fein, 2003; Harpham, 2007).

In addition to philosophical problems, the military metaphor can negatively affect patients. The prominence of military language may result in patients suppressing their more distressing emotions in an effort to display a positive fighting spirit. This can lead to increased isolation and disempowerment when patients are silenced from expressing the full range of their emotions (Byrne et al., 2002; Donovan & Mercer, 2003). Patients who view their cancer as an enemy rather than a challenge often exhibit maladaptive coping that may require intensive psychosocial support (Luker et al., 1996). In addition, patients with cancer who face a terminal prognosis are harmed by the ideal of conquering what is, for them, an unbeatable disease (Harpham, 2007; Luker et al., 1996; Penson et al., 2004). Because wars require winners and losers, patients with cancer may see themselves losing or failing (Fein, 2003; Harpham, 2007; Reisfield & Wilson, 2004). That philosophy can manipulate them into continuing medically futile treatment regimens, rather than seeking hospice services and benefiting from interventions that improve the quality of the time they do have (Fein, 2003; Reisfield & Wilson, 2004).

Martial imagery can be reframed to focus on the experience of living with cancer (Luker et al., 1996). The patient’s battle then becomes about learning how to reassert control in the face of unexpected illness, with the construction of metaphors reflecting an internal effort to understand the experience on one’s own terms (Bowker, 1996; Harpham, 2007). When the illness experience is reframed, other images may emerge.

The Journey Metaphor

The idea of cancer as a journey emphasizes the illness experience as part of a larger narrative. Understanding cancer in the context of a longer life journey shifts the focus from a physical battle against disease to the illness experience and patients’ holistic needs (Byrne, 2008; Coreil, Wilke, & Pintado, 2004; Crane-Okada, 2007; Gibbs & Franks, 2002; Rancour, 2008; Reisfield & Wilson, 2004). This metaphor also avoids the concept of “failing” treatment; patients who face terminal illness have simply arrived at a different destination. The journey metaphor allows each patient’s narrative to travel along its own path, adjusting and responding to new directions (Arman, Rehnsfeldt, Lindholm, & Hamrin, 2002; Byrne et al., 2002; Gibbs & Franks, 2002; Sim, 2008). Patients who understand their illness in the context of a journey also tend to view the experience more positively (Coreil et al., 2004). Hospice patients have used journey imagery through poetry and art to alleviate suffering and create the possibility for spiritual growth (Byrne, 2008; Öhlen, Bengtsson, Skott, & Segesten, 2002).

Military and journey metaphors are two of the most widely used analogies in health communications, but patients and
healthcare providers also provide their own unique images to describe the experience of having cancer.

**Other Metaphors Used in Discussions About Cancer**

Metaphors that describe the illness experience are specific to individual and context (Coulehan, 2000; Crane-Okada, 2007; Reisfield & Wilson, 2004). Patients often rely on images of natural disasters to convey the sense of chaos and disruption that occurs when they are diagnosed (Bowker, 1996; Crane-Okada, 2007; Kristjanson et al., 2006). The disease can be personified (Bowker, 1996; Gibbs & Franks, 2002; Reisfield & Wilson, 2004; Sim, 2008; Williams Camus, 2009) or given animal- or plant-like qualities (Harlow et al., 2008; Mathews et al., 1994; Williams Camus, 2009), communicating an intuitive sense of cancer as a living entity. The term cancer is derived from the Greek word for crab, conjuring images of "cancers, like crabs, creeping away the flesh and the lives of patients" (Skott, 2002, p. 231).

The experience of cancer pain also can become a metaphor for the illness. Pain is closely linked with cancer in palliative-care literature, more so than with other life-limiting illnesses (Flemming, 2010; Kumar, 2011). The palliative model of care emphasizes a holistic approach, understanding how pain can be transformed from a single symptom to an experience that consumes mind, body, and soul (Mino & Lert, 2005). This total pain concept views pain as a metaphor for the dying body, and posits that understanding pain requires understanding the whole patient. Such an individualized approach allows the provider to interpret pain along each individual patient’s illness trajectory and understand how total pain affects friends and family (Mino & Lert, 2005). The link between pain and cancer can be particularly relevant for family caregivers, who may equate increased pain with advancing disease and, therefore, with impending death (Ferrell, Cohen, Rhiner, & Rozek, 1991; Ferrell & Dean, 1995; Ferrell, Rhiner, Cohen, & Grant, 1991; Flemming, 2010). Viewing pain as a holistic metaphor transforms the body to a metaphoric site; as pain characteristics change, the illness experience changes (Byrne, 2008; Donovan & Mercer, 2003; Flemming, 2010; Gibbs & Franks, 2002; Harrow et al., 2008; Ohlen et al., 2002).

Healthcare providers rely on their own imagery in discourse about cancer. Physicians have complex relationships with metaphors, aware that they can be useful tools in communicating with patients (Casarett et al., 2010), but acknowledging that a one-size-fits-all approach to personal communication is inappropriate and ineffective (Coulehan, 2000; Fein, 2003; Penson et al., 2004). Oncologists justify their hesitation about disclosing terminal prognoses by using violent imagery to describe the impact of such disclosures on their patients (Gordon & Daugherty, 2003; Kirklin, 2007). Scientific media often refer to cancer research in terms of puzzles, riddles, or mysteries (Williams Camus, 2009), but this emphasis on solving a disease process neglects the human experience of illness (Penson et al., 2004). The thrill of decoding riddles and composing puzzles also is tempered when faced with a patient whose cancer is terminal (Williams Camus, 2009). An emphasis on finding solutions rather than providing holistic care increases the risk that the “physician managing a patient’s care in the treatment phase retreats away from that same patient during the palliative phase of care—when The Riddle cannot be solved” (Ragan & Goldsmith, 2008, p. 211). The metaphors that healthcare providers rely on to describe their practice, their patients, and the care that they provide can reveal much about the values and norms to which they subscribe (Aita, McIlvain, Susman, & Crabtree, 2003).

**Metaphors and Nursing**

Nursing has historically been synonymous with patient-centered care (Byrne, 2008; Czechmeister, 1994; Donovan & Mercer, 2005). Nurses have been compared to dance instructors partnering with their patients to achieve quality of life (King, 2001) or to guides providing points on a compass during the illness journey (Crane-Okada, 2007). Nurses can use metaphor in the therapeutic relationship to improve patient care. If nursing is focused on the lived experience of health and illness, language and imagery can be tools that allow nurses to access the patient’s world (Czechmeister, 1994; Mino & Lert, 2005; Ohlen et al., 2002). Listening carefully to a patient’s illness narrative reveals rich details about their emotions, beliefs, and values related to having cancer (Bowker, 1996; Byrne, 2008; Czechmeister, 1994; Reisfield & Wilson, 2004; Skott, 2002). Nurses also can take note of the metaphors that patients use, giving them a common language with which to establish a mutual therapeutic relationship (Bowker, 1996; Byrne, 2008; Mathews et al., 1994; Penson et al., 2004; Rancour, 2008; Sim, 2008) and providing information about which metaphors to avoid (Casarett et al., 2010; Luker et al., 1996). Nurses also should be aware that contradictory metaphors used by patients may not reflect misunderstanding or inconsistency, but instead demonstrate an ongoing effort to cope with a constantly shifting landscape (Gibbs & Franks, 2002). Verbal expression is not the only method for communicating metaphor; seemingly nonsensical decisions may hold intentional or symbolic meaning for the patient (Coulehan, 2000). The narratives and imagery offered by family caregivers also can be important clues about quality-of-life issues surrounding the patient (Ferrell, Cohen, et al., 1991; Ferrell, Rhiner, et al., 1991). Regularly reassessing the language and imagery used by patients and family members can reveal changing information needs throughout the cancer experience (Van Der Molen, 2000).

Nurses also can incorporate metaphor into their advocacy efforts. Awareness of the imagery used to describe cancer can lead to a more intentional language choice that respects the needs of patients and educates the public about avoiding stereotypes (Harrow et al., 2008; Mosher & Danoff-Burg, 2009; Williams Camus, 2009). Although physicians may be reluctant to disclose terminal prognoses, nurses can assess patients’ level of understanding about their condition, as well as any desire for additional information. Hesitation by physicians to discuss those issues may be based on assumptions about what patients need or want,
or even the doctors’ own distress about disclosing potentially harmful information (Gordon & Daugherty, 2003; King, 2001; Kirklin, 2007). Through communication, nurses can ensure that comprehensive and honest information is reaching their patients and advocate for more holistic psychosocial support throughout the cancer journey (Gordon & Daugherty, 2003).

Conclusion

Language can be a powerful tool in health care. Because the use of metaphor may differ among providers and patients, developing evidence-based knowledge of communication themes and strategies is important. Focus groups and thematic interviews with patients, families, and healthcare providers would foster the development of a theoretical framework for understanding communication processes and barriers between patients and healthcare providers. The qualitative methods also would contribute to the development of patient-centered outcome measures for additional research.

Metaphors have the potential to create meaning if they are used sensitively and respectfully. Providers and patients may use metaphor to contextualize and translate inaccessible experiences. In addition to creating shared meaning, metaphors also can be persuasive. The images and words chosen to describe a phenomenon highlight certain aspects and obscure others, often revealing a particular ideology (Williams Camus, 2009). Sharing values and beliefs through metaphor can be an influential method of reframing concepts, such as cancer, through the deliberate selection of imagery and language. Although popular comparisons such as cancer as battle or cancer as journey may be persuasive, the images and words chosen to describe experiences can be harmful information. The qualitative study of the experience of self-hypnosis or Johrei in metastatic breast cancer using interpretative phenomenological analysis. Contemporary Hypnosis, 23, 127–140.


Implications for Practice

- Nurses should follow the lead of their patients in discourse about cancer. Using metaphors without regard to patients’ interpretation can result in isolation and miscommunication.
- Metaphor can provide opportunities to develop a common language between patient and care provider, enriching and deepening the therapeutic relationship.
- Additional research about imagery in cancer discourse can assist healthcare providers in accurately identifying and measuring patient-centered quality-of-life outcomes in oncology care.

References


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**For Exploration on the Go**

The Oncology Nursing Society offers resources for patients and caregivers through The Cancer Journey, a support Web site relying on the journey metaphor as a theme. Find out more information on the cancer journey by opening a barcode scanner on your smartphone. Point your phone at the code and take a photo. Your phone will link to the content automatically.


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