Investigating the use of ‘violence’ metaphors by patients, family carers and healthcare professionals involved in end of life care

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Metaphor in End of Life Care Project (ESRC grant ES/J007927/1)
Presentation overview

• The ‘Metaphor in End of Life Care’ project: background, aims and research questions.

• Data and methodology.

• ‘Violence’ metaphors used by patients, family carers and healthcare professionals involved in end of life care in the UK.
Metaphor and end of life care

• The way in which the experience of end of life (care) is talked about can shed light on people’s views, needs, challenges, and emotions, as well as identify areas with a potential for increased anxiety and/or misunderstanding.

• Our project aim overall is to investigate how members of different stakeholders groups (patients, unpaid family carers and healthcare professionals) use metaphor to talk about their experiences, attitudes and expectations of end of life care (e.g. palliative treatment; preparations for dying).
Metaphor

• Metaphor: talking and, potentially, thinking about one thing in terms of another, where some form of similarity can be perceived between what is said and what is referred to.

• Often used to communicate about experiences that are subjective, complex and/or sensitive, including death and the emotions around death (e.g. Kövecses 2000).

• Different metaphors ‘frame’ a topic in different ways, and are often conventional.
  – ‘I’m sorry to hear your sister is going through the cancer battle’
  – ‘we are on the Bowel cancer journey.’
‘Violence’ metaphors and (terminal) illness

• ‘Military’/ ‘War’/ ‘Battle’ metaphors are conventional in relation to illness, and difficult enterprises generally.

• They have been widely criticised, especially in relation to cancer (e.g. by Sontag 1979: 64).

• They have been systematically avoided in some recent official documents in the UK: e.g. the 2007 NHS Cancer Reform Strategy contains no references to ‘war’, ‘battle’ or ‘fight’, but talks about a cancer ‘journey’, with clinical ‘pathways’ of care.
Research questions: ‘violence’ metaphors and end of life care

• What are the relative frequencies and types of ‘violence’ metaphors used by patients, carers and professionals involved in end of life care?

• What similarities and differences are there in the ‘violence’ metaphors used by each stakeholder group?

• What evidence is there for positive or negative effects of the ‘violence’ metaphors used?
### Data: the MELC corpus

1.5 million words; 92,000 manual sample

<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>Carers</th>
<th>Healthcare Professionals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-structured Interviews</td>
<td>100,859</td>
<td>81,564</td>
<td>89,943</td>
<td>272,366</td>
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<tr>
<td>Online forum posts</td>
<td>500,134</td>
<td>500,256</td>
<td>253,168</td>
<td>1,253,558</td>
</tr>
<tr>
<td>Total</td>
<td>600,993</td>
<td>581,820</td>
<td>343,111</td>
<td>1,525,924</td>
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</tbody>
</table>
Methodology

1: Intensive manual analysis of 92,000-word sample corpus, using a well-established method (Metaphor Identification Procedure (‘MIP’); Pragglejaz Group 2007), assisted by a collaborative online annotation tool

2: XML export

3: MELCdb interface (Stephen Wattam, Lancaster University)

4: USAS semantic tagger used to concordance domains in whole corpus (Rayson et al. 2004; http://ucrel.lancs.ac.uk/wmatrix/)

5: Exported to MS Excel for manual analysis
USAS tags containing ‘violence’ metaphors

G3 ‘Warfare’ (includes ‘fight’ as a verb, and ‘battle’)
A1.1.2 ‘Damaging and destroying’ (includes ‘break’ and ‘burst’)
E3- ‘Violent/angry’ (includes ‘hit’, ‘aggressive’ and ‘attack’)
S8+ ‘Helping’ (includes ‘defend’ and ‘protect’)
S8- ‘Hindering’ (includes ‘fight(s)’ as a noun)
X8+ ‘Trying hard’ (includes various forms of ‘struggle’ and ‘battle’)

Defining what counts as ‘violence’

• In a prototypical violence scenario, a human agent intentionally causes harm to another human; weapons may or may not be involved, e.g.:
  ‘fighting with health authorities and PCTs [primary care trusts] for a reasonable level of funding’
  ‘it [the illness] hits people in many different ways’

• Less prototypical scenarios include a threat of violence, consequences of violence and/or non-prototypical participants, e.g.:
  ‘I am destroyed by it’ [the illness]
  ‘Coming to terms with such devastating news is not easy.’
‘Violence’ metaphors: raw frequencies by stakeholder group

- Patients: 971
- Carers: 887
- Professionals: 410
‘Violence’ metaphors: frequency per 1,000 words

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency per 1,000 words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>1.62</td>
</tr>
<tr>
<td>Carers</td>
<td>1.52</td>
</tr>
<tr>
<td>Professionals</td>
<td>1.19</td>
</tr>
</tbody>
</table>

Difference statistically significant at $p < 0.05$
Types of ‘violence’ metaphors

The following are used in ‘violence’ metaphors by members of at least 2 of the 3 stakeholder groups, and with a minimum frequency of 10 by members of at least 1 group:

Aggressive  Attack  Battle  Beat  Beat_up  Blow  Break  Break_down  Confront  Cruel  Cut  Devastate  Fall_apart  Fight  Hit  Kick  Knock  On_[someone’s]_side  Protect  [Rank titles, e.g. ‘Brigadier’, ‘Captain’]  Shatter  Shoot  Struggle  Tackle  War  Win

All forms of a word included together, e.g.:
‘fight’ = fight/fights/fighting/fought/fighter
Most frequently used ‘violence’ metaphors per 1000 words by members of each group

![Graph showing the frequency of various 'violence' metaphors used by different groups: Patients, Carers, and Professionals. The y-axis represents frequency, and the x-axis lists metaphors such as Aggressive, Attack, Battle, Beat, Beat_up, Blow, Break, Break_down, Confront, Cruel, Cut, Devastate, Fall_apart, Fight, Hit, Kick, Knock, On_X_side, Protect, Rank_titles, Shatter, Shoot, Struggle, Tackle, War, and Win. Each group has a different colored bar for comparison.]
Fighting the battles: Patients

- **Patient against the disease:**
  ‘I don’t intend to give up; I don’t intend to give in. No I want to **fight** it. I don’t want it to **beat** me, I want to **beat** it.’
  ‘I’m ... also **sharpening** my **weapons** in case I have to do **battle**’

- **Patients against the professionals:**
  I will **fight** for **Avastin**.
  I now have another thing to **beat** my surgeon **up** about
Patients are being hit and kicked ...

- Patients are the recipients of violence, being ‘hit’ or ‘kicked’ by the illness and/or its emotional effects:
  ‘you reach a point where fatigue kicks in’
  ‘emotional things can take a long time to hit home.’

- and also by the treatment for the illness:
  ‘Deep breath, before the big wave hits you!’ [chemotherapy]
  ‘my drugs have started to kick in’
Mainly toward the disease:

‘Colorectal tumours are treatable and survivable, but the earlier and the harder you hit them, the better your chances.’

‘I am just doing what I have to do to try and kick this disease’s ass’

but also occasionally towards themselves, in the form of a self-motivating kick:

‘So I woke up this morning and gave a very large kick to myself!’
Fighting the battles: Carers

• Patient (and carer) against disease:
  ‘he’s vowed to fight, I’ve vowed to back him no matter what.’
  ‘My husband lost his battle after 10 ½ months’

• Carers against the professionals:
  ‘It seems to me that while my husband fights cancer, I am fighting the system.’
  ‘wondering why everything is a battle with the NHS.’
Carers experience violence and the effects of violence

- **Being ‘hit’ by the illness:**
  ‘It *hits* indiscriminately and without remorse.’

- **and later by bereavement:**
  ‘it does get easier. Not better, but definitely easier. But it still *hits* like a _sledgehammer_ sometimes.’

  ‘I’m so sorry, you must be _devastated_.’
Fighting the battles: Professionals

- **Professionals against disease:**
  ‘You are now the **general** and you see your **troops** killed in **battle**’
  ‘sometimes one is **fighting** for patient survival against the odds’

- **Professionals against external forces/government:**
  ‘**fighting** with health authorities and PCTs [primary care trusts] for ... funding.’
  ‘it's a constant **battle** to get the funding’
Professionals protect and confront...

- **Protecting patients and families:**
  ‘I think we want to protect families from the reality’
  we (doctors) must focus on the protection of our patients and on advancing palliative care

- **Confronting death:**
  ‘What do you think about being confronted to repetitive situations of death’
  ‘we don't confront death head on, don't plan for it, and don't talk about it enough.’
... but are not themselves invulnerable

- **Protecting themselves too, e.g.:**
  ‘As medics, we tend to rationalise, as a tool to protect ourselves from the tragedies happening around us.’

- **and potentially vulnerable to emotion, e.g.:**
  ‘I can not cry in front of a patient, and I will not break down [sic] what ever the situation’
The combination of quantitative and qualitative methods we use enable us to find that a wide range of ‘violence’ metaphors are used regularly, by patients, carers and to a lesser extent healthcare professionals, to talk about end of life care.

The professionals’ lower use probably reflects:
- their awareness of the conscious avoidance of such metaphors in UK policy documents
- that they talk less about the topics for which patients and carers often use ‘violence’ metaphors.
Conclusions (2)

- Forms of ‘fight’, ‘battle’ and ‘struggle’ are the most frequently used ‘violence’ metaphors by patients, carers and professionals, but the scenarios vary according to their different roles in end of life care.

- Some ‘violence’ metaphors are used to express personal determination, solidarity and encouragement, which counters the arguments that they all have negative effects.
References


