Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.

~ Dylan Thomas

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Metaphors for ‘good’ and ‘bad’ deaths in interviews with hospice managers

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As part of the ESRC-funded project ‘Metaphor in End of Life Care’, we asked fifteen hospice managers: ‘How would you describe a good death? How would you describe a bad death? Can you provide any examples from your experience?’

So today’s questions:
• What do metaphors do in these narratives?
• What might be the implications of that?
Overview of the interviewees’ responses

It is essential to give patients options, and to try to fulfill their wishes.

Most people wish to die at home, but hospice care can actually provide patients and their families with a better overall experience.

A ‘good death’ is a matter of perspective.

‘Bad deaths’ can occur in hospices but they are a minority and often involve difficult and challenging circumstances.

‘Good’ deaths result from successful interventions.
How did professionals say what they said?

• Interviewees express their views about good and bad deaths using:
  a) general statements about the characteristics of a ‘good’ or ‘bad’ death
  b) generic narratives about types of people and experiences
  c) narratives about specific individuals.

• Metaphors feature most frequently in (a) and (b), as well as (c) but only in the case of ‘bad’ deaths.

• Metaphors are more frequent and more elaborate in narratives of a ‘bad death’
What is metaphor?

Talking and, potentially, thinking about one thing in terms of another.

Metaphor

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

“there is some tension or discord and it almost gets amplified”

We apply a well-established analytical method (Pragglejaz Group 2007) in order to identify the metaphors that were used by interviewees to describe the characteristics of a good death.
Metaphors of a ‘good death’

‘being at peace’; ‘having peace’
‘being pain-free’, ‘being symptom-free’
(cf. Carpentier and van Brussel 2012)

Metaphors to do with movement and journeys
(cf. Lakoff and Turner 1989, Dempster 2012)

‘having open discussions’, ‘talking openly with the family members about what was happening’
“I guess as a professional I'd like to see them comfortable and not suffering any form of distress or agitation that the patient comfortable, the family erm at peace with the journey as it's going and where things have got to erm and that you know they can go through a natural normal grief. That to me would be a good death.”
“I think a good death is where the patient and the family have reached an understanding that the death is going to come and that they're where they want to be and that they're as comfortable as they can be erm and that that the death happens in a peaceful way.

[...]
she [the patient’s daughter] was able to accept that it was the end so I think that's what you would call a good death. Where both the patient and the family have reached the stage of saying this is now where where it needs to end.
Metaphors of a ‘bad death’

‘where there is some tension or discord and it almost gets amplified’

‘you can't quite reach into the scared place to support them’; things hidden or in the background

‘they've landed up there’; emotions and situation out of control

‘for some people their life is a struggle or a battle or a series of conflicts that never quite resolve, and I suppose it's logical to say if their life's been like that, why would their death be any different?’; ‘can’t settle’;

‘they haven't accepted yet that they're going to die’; help or support pushed away’;
for some people their life is a struggle or a battle or a series of conflicts that never quite resolve, and I suppose it's logical to say if their life's been like that, why would their death be any different? Erm so they are the deaths that I think that are psychologically difficult where somebody where somebody not only doesn't want to address it, cos people can die OK not having addressed it and be OK. But it's where they've not addressed it but actually there's a lot of fear in the background or a lot of battling in the background. And so you'd get this kind of horrible overlay of pretending it's not going on, but actually they're really scared and you can't quite reach into the scared place to support them, because they won't let you, but you know it's there. So I find those deaths really ... difficult, where the conversations that needed to happen haven't happened where the support's been pushed away or where you couldn't work out how to provide the support and you see people very very afraid in ... in the act of dying.
So I think ... dying you know where we can't get the symptoms completely under control erm dying perhaps where they didn't really want to die but circumstances they've landed up there erm and somebody who really still hasn't reconciled themselves and they want to keep fighting fighting fighting and therefore they want all the stops pulled out to keep them going. So those are the sorts of deaths that are difficult.”
I see her daughter professionally and she carries that distress still two years later and I think will carry it ... maybe always and it will I suspect colour her vision of how her death might be or how her father's death might be in the future

the nursing staff have been erm paralysed or overwhelmed by seeing somebody so fearfully dying
Summary – What do metaphors do here?

• Metaphors minimally help to describe the elusive ‘good’ or ‘bad’ death.

• Metaphors express evaluation:
  – Good deaths are described in terms of ‘peace’ and ‘freedom’ (facilitated by hospice staff)
  – Bad deaths are described in terms of their counterparts: ‘struggle/battle’
  – Good deaths involve openness
  – Bad deaths results from things in the background that are invisible and hard to reach
  – Metaphors ‘normalize’ good deaths (as described by professionals) as the natural and desired ‘part’ of life through journey metaphors that also describe life in general.

• Metaphors occur more and are more varied in ‘bad death’ narratives
  – This could reflect that such stories are even more sensitive/’emotional’, than those of good deaths. They are more difficult to talk about
  – This could be a way of expressing evaluation, without criticizing the professional or the patient/carers.
Metaphorical evaluations of deaths as good or bad are (naturally) linked to professional roles, challenges and views. This makes them important but less obvious than explicit evaluation and so more difficult to question.

Both ‘good’ and ‘bad’ deaths are particular (but very consistent) framings of what patients experience and these framings may influence how professionals interact with patients and carers.

But, these framings may not be shared with patients/carers
- e.g. a good death may be one where the patient fought until the end; acceptance of death may equate to giving up.

Higher frequency of metaphors in bad death narratives could indicate that bad deaths are harder to talk about, even for professionals – this might be helpful in training.

Future research:
- compare with narratives of patients and carers to see differences
References


Thank you!!

For more information:
http://ucrel.lancs.ac.uk/melc/

Any questions or comments?

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Summary

• In good death narratives, metaphors are used to express:
  – The ways in which patients having a good death feel (e.g. ‘at peace’, ‘pain-free’)
  – Explicit conversations and shared awareness that the patient is close to death (‘open discussions’), which contribute to the ‘good’ experience in the professionals’ view

• The also serve to structure these narratives by expressing states and changes in the patient’s and family’s experience, grief, overall success in dealing with end of life, in terms of movement and journey metaphors.
In bad death narratives metaphors are used to describe the circumstances leading to bad death and its consequences:
- emotional and physical context (e.g. out of control)
- the family’s and patient’s relative attitude to the circumstances (e.g. tensions amplified, battle)
- psychological distress that cannot be controlled (e.g. can’t settle)
- things not being in the open (hidden, in the background)
- lack of patient’s ability to influence their circumstances (e.g. landed up there)
- the aftermath of a bad death (e.g. paralysed, carry that distress)