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Series Title: The Power of Narratives

Articles in the series:

Part 1: Narratives and Nurse Education

Part 2: Metaphors and Narratives

Part 3: Advocacy and Narratives

Part 4: The Practitioner's Narrative

Part 5: Narrative Inquiry: where do we go from here?

Part 2: Metaphors and Narratives

1. **Keywords:** narrative inquiry, metaphors, nurse education
2. **Standfirst:** This article entitled 'Metaphors and Narratives' is the second of five in our series and explores the use of metaphors in narrative inquiry.

The use of metaphors in health and social care narratives will be critically explored. Student reflections of listening to metaphors will be presented to illustrate how these can inform personal development and professional practice.

3. **Headline: The Power of Narratives: Metaphors and Narratives**

5. **Key Points**

- 1 Narratives have the power to inform thinking.
2. The use of metaphors can reveal the meaning of health and illness.
3. Through reflection, metaphors and the figurative language of communication can resonate with us as professionals and inform professional practice.

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7. Abstract

Throughout history, metaphors and figurative language have been used in health and social care to aid communication, visualise illness and conceptualise thinking. The meaning and resonance of their utility in narrative inquiry will be critically explored. Student reflections of metaphors heard throughout their engagement with personal stories of health and illness during their programme will be presented.

Article

Metaphors

The etymology of '*metaphor*' arises from ancient Greek, the word '*metapherō*' meaning to '*carry across*'. Linguistically, a metaphor is an example of figurative speech which makes a comparison or an analogy between concepts. In their seminal text, Lakoff and Johnson (2003, p. 36) define a metaphor as '*a way of conceiving of one thing in terms of another*', with the aim of furthering understanding and thinking.

There are an insurmountable number of examples of metaphors used in everyday language. Some examples are provided here:

'All the world's a stage, and all the men and women merely players. They have their exits and their entrances'. William Shakespeare

'Their heart is made of gold'

'The mind is an ocean'

'They think the world revolves around them'

'The world is your oyster'

Metaphors are frequently used as a mode of communication across health and social care settings, and their utility lies in the fact they are potential '*resources for individual expression, explanation and sense-making*' (Demjén and Semino, 2016, p. 396). In telling stories about illness, metaphors can aid these narrative descriptions and capture personal and societal views of a response to a diagnosis and the associated narrative journey. Even the description of the trajectory through illness as a '*journey*'

suggests there is a path that one must navigate following a diagnosis, so that one is able ‘to construct new maps and new perceptions of their relationships to the world’ (Frank, 2013, p. 3).

There is a plethora of examples which use militaristic language to describe the illness trajectory: ‘*He died after a long fight*’, ‘*She lost the battle with cancer*’, or which serve to convey or reflect an individual’s emotional response to illness: ‘*down in the dumps*’, ‘*felt like a lead balloon*’. Microbes which result in disease are frequently referred to as ‘*invaders*’. In the attempt to try and find meaning to illness during the COVID pandemic and harness a collective response, metaphors such as ‘*fighting the virus*’, we must ‘*shield*’ ourselves were frequently heard. The lay description of a myocardial infarction captures illness as an enemy: ‘*heart attack*’, an evil intent or force which is somehow external to the body. The utility of metaphors is that they have the power of capturing the complexity of the physical, psychological, and sociological effects of illness, by reinforcing ‘*different ways of seeing and experiencing different aspects*’ (Demjén and Semino, 2016, p. 385).

Reflection Point

What metaphors have you heard during your professional practice?

Do you use metaphors in your communication with people?

Why do you think patients, their significant others and professionals use metaphors?

However, whilst metaphors may aid professionals and those receiving care to articulate complex disease trajectories or diagnoses, the use of metaphors to communicate illness has been criticised. Sontag’s (1991) seminal text: ‘*Illness as Metaphor and AIDS and Its Metaphors*’, challenges the use of war or militaristic metaphors believing they risk imposing a narrative position by communicating a sense of regret or disappointment if the individual subsequently succumbs to illness or a poor outcome or implying that the individual’s ‘*fight*’ has been a personal defeat and that they are somehow culpable.

So why then are metaphors used by recipients of care and those providing it? Perhaps it is because the content of a metaphor captures more poignantly the complexity of a personal experience which individuals find difficult to express literally or because there is a perception that their metaphor will make explicit the profound meaning embedded within it. Students from all fields of nursing on the BSc (Hons) / RN programme at the University of Cumbria complete a module during their second year of study, entitled ‘*Learning from the Lived Experience*’. The module invites students to engage with narratives from a range of different genres, which includes personal accounts from guest speakers.

Alice and Paul (with kind permission, names changed to protect anonymity) were invited to share their story. Alice was diagnosed with a cerebellar stroke which resulted in complex neurological limitations of mobility, speech, and cognition. She experienced a period of delirium. Her husband, Paul, sat at her bedside for long periods and during the session with the students, shared two metaphors. The first metaphor described the first time he visited his wife, Alice, on the ward following her initial admission to the Emergency Department:

'The most horrific thing for me was when I first went in the day after, and I didn't have a clue what I was gonna get the other side of the door. It was the heaviest door, as I did not know what I was going to get. Walking through it was one of the hardest things I have ever done you know not because I didn't want to do it, 'cos, I didn't know what I was going to get'

In the second metaphor, Paul summarised the totality of his experience as he sat for long hours at Alice's bedside:

'The stroke is like a train. Alice doesn't care where she is going on this train. She is not interested, and everyone else on the train has been on this train a thousand times before, so they are happily doing what they are doing, and I am here on my own. My wife's ill and I don't know a damn thing. I can't control the speed of the train and I can't control its destination. I've got no information and that's what I'm living with'.

Adele Taylor, now a third-year student on the Adult nursing pathway, reflects on Paul's metaphors and the impact it had on her personally and professionally:

Paul used two profound metaphors and analogies which have remained with me. He stated that when he arrived at the ward to visit his wife for the first time, a nurse at the nurses' station remained seated at the desk. When Paul enquired which room his wife was in, the nurse pointed in the general direction and left Paul to navigate his way to his wife's bedside alone. Paul said that when he arrived at Alice's door, it *'was the heaviest door he had had to open as he did not know what he was going to get'*. As soon as he spoke those words, it felt like my heart sank. For me, it highlighted that the simplest of omissions, the slightest oversight, and the task-focused approach, can significantly impact how a patient or a relative feel during a highly emotional time of their life. When reflecting on this metaphor, I thought back to my previous profession as a retail manager. If a customer enquired as to where the strawberries were, I would not simply point and state the aisle number, I would walk the customer to the strawberries and use the opportunity to ask if they needed to know where any other product was and, if time allowed, ask about their day. Then it struck me: why do we not do this in healthcare? Surely, ensuring relatives of patients have someone to walk with to the bedside is the simplest form of kindness we can afford all relatives and may make a lasting impression and create a positive experience for our patients and their relatives.

For me, the second metaphor Paul used, shone a spotlight on how easy it is for us to become accustomed and perhaps desensitised to the cacophony of ward activities, the constant buzz of machines and people, as we as professionals work collectively to care for our patients. You could argue that we could be forgiven for not having the time to walk relatives to every patient, that the mountain of tasks restricts us from doing so. Paul said, *'it felt like he was on a train journey, where everyone else on the train had been on that journey a hundred times before'*, yet Paul and Alice had not. He continued that they did not know what all the stops would be on the train journey, and they did not know when they would get off, yet everyone else did. This powerful metaphor resonated with me, and although I like to think that I am mindful of this when I care for patients by harnessing my own lived experience as a patient, I can fall foul of my own standards when a shift feels particularly tough.

Listening to Paul's lived experience really brought home to me how important it is to keep the patient at the centre of everything we do. Since hearing Paul's story, I have made a concerted effort to walk all relatives to the patient's bedside. In doing so, it not only improves communication and relations between relatives and patients, but it also instils a sense of personal fulfilment, which has a positive snowball effect on my practice. The beauty of it all is that what Paul's metaphors teach us is not an impossible task. They serve as a timely reminders that small acts are well within our scope of everyday practice; with some simple, quick wins that will have an indelible impression.

I will keep those metaphors close to me throughout my practice, and using my own metaphor, I will endeavour to always walk with people I have the privilege to meet. I am indebted to Paul and Alice for sharing such a personal story.

Adele continued to reflect on the use of metaphors when she was a patient:

I am no stranger to metaphors, and admittedly, I have a penchant for using them in my everyday life. However, after having first-hand experience as a patient, I can appreciate the lasting effect that a misplaced metaphor can have, even if the use of a metaphor seems an opportunity to assuage the fear or unease a patient may be experiencing. Whilst I was pregnant at 30 weeks, unbeknownst to me, the sudden excruciating pain I had was a ruptured renal aneurysm; I was internally bleeding. Thanks to the valiant efforts of the myriad of professionals involved in my care that day, my baby, and I survived. Waking up in the Intensive Care Unit, I was told by various professionals that I was incredibly lucky to survive and my child and I *'survived against all odds'*, as I had lost fifty per cent of my blood volume and alongside an emergency caesarean section, I had an emergency nephrectomy. Five days after the operation, I was rushed to the theatre to insert a central line as I was in septic shock. It was clear that I had been lucky, and I initially felt it.

As the months rolled by after my discharge, I constantly ruminated. I relived that time over and over again. Evidently, my vicissitudes of fortune had waned, and I needed some support with my

deteriorating mental health. I was later diagnosed with post-traumatic stress disorder (PTSD). Whilst in the throes of my PTSD, I had a self-belief that my body had failed me, I had failed my child, and I could not shake the feeling of deep-seated worthlessness. I chose eye movement desensitisation and reprocessing as my preferred therapy. In those sessions, some metaphors came to the fore. When exploring the themes, I recounted to my therapist the language professionals used when caring for me. In hindsight, I now know these to have been metaphors. All professionals involved in my care told me ‘*I was so strong*’, ‘*I defied all the odds*’, and used phrases like ‘*you’re a fighter*’. As it transpired, this is not what I felt, and I struggled to live up to the pedestal I had been unconsciously placed on.

Fast forward nearly six years, and I am now in my third year of an Adult Nursing degree. I have had the fortune of studying at a university that provides a wholesome student nursing experience. As part of year two, we had a module, ‘*Learning from the Lived Experience*’, which evinced a mixture of emotion and emphasised the power in patients’ narratives. We had the privilege of having some humble yet phenomenal guest speakers, all of whom were able to express their narratives in their own unique way. Their experience, paired with my own, have given me a deeper understanding of the impact of language and the use of metaphors on someone’s life, long after they have left my care.

Katy Watkinson, currently a third-year student Mental Health nursing also reflects on Paul’s metaphor:

As nurses, we are educated to be able to provide the best care for our patients. Often, we can become pre-occupied with the condition at hand, especially if our patient is in a critical condition, and this can distract us from considering ‘the bigger picture’. The truth is, most of the time, we do not just have one patient to care for. When caring for an individual, we may also be caring for their children, their siblings, their parents, or their partner, however a lot of the time, these people are almost forgotten about, or at the sidelines of the care being provided. Personally, I have never had to deal with someone I love who has been diagnosed with a stroke, therefore I recognise that I cannot fully empathise with the feelings expressed by Paul when providing an account of Alice’s experience. I can, however, relate to being on a busy train, travelling to an unfamiliar destination. As a train passenger, you put your trust in the train driver. They know how to drive a train, how to control the speed, and how to get to where they are going. If there are any delays, they announce it on the tannoy, so that none of the passengers start to panic. As nurses, we need to be the train drivers. It saddens me to know that during this incredibly stressful and scary time, Paul felt as though he was alone and uninformed. Reflecting on my own experiences in practice, I can understand that the nurses involved in Alice’s care would have believed that they were doing everything they could to provide the best care, but in doing so, Paul was almost disregarded. Hearing his metaphor about the train journey, strongly reinforced the importance of the involvement of families in a patient’s care. Had the nurses regularly given Paul up to date information that was easy for him to understand at the time, he may have felt

more prepared and less anxious about what was happening around him, also giving him an active role in the care of his wife. In my own future practice, I will remember the metaphor of the train, speeding forward to an unknown destination, and make it part of my daily duty to provide the correct and appropriate information to patients and their families. This is to make sure that an individual's personal 'train journey' happens at a comfortable pace, and whilst we cannot always predict the destination, we can ensure that any delays or 'bumps on the track' are announced as soon as they occur, so that every passenger feels seen, heard, and cared for.

Reflection Point

Reflect on Paul's metaphors and consider what messages are relayed about professional practice?

How do your own reflections resonate with those of Adele and Katy?

Consider how your practice might change because of reading these metaphors.

What is it about a metaphor that has longevity in its impact on professional practice?

Adele and Katy offer powerful reflections of the personal learning which has taken since meeting Paul and Alice, and it is clear that these metaphors had resonance and longevity for them professionally. So why do metaphors like these appear to capture the meaning of an experience in such a powerful way? Perhaps it is because there is something inherent about the poignancy of these descriptions and the imagery portrayed that all professionals could relate to. Metaphors capture our attention and seem to frame an experience by selecting '*some aspects of a perceived reality and make them more salient in a communicating text*' (Entman, 1993, p. 52). However, Adele felt that when the professional used metaphors like she '*was so strong*', had '*defied all the odds*', and was '*a fighter*', she '*struggled to live up to the pedestal*' she '*had been unconsciously placed on*'. Reflecting on the use of militaristic metaphors introduced earlier, it is argued that whilst Adele recovered and she indeed, proved herself to be '*a fighter*', the expectations of the professionals were unnecessarily burdensome and adversarial. On these occasions, the professional is subliminally imposing a response or outcome, and in doing so deciding the narrative path and destination for the individual, when in fact this is not theirs to own. Homogenising the lived experience of illness using these familiar metaphors, risks placing expectations on patients and their significant others, thus compromising person centred care and potentially leading to empathic failures. As practitioners we need to be aware that metaphors may reinforce stigma and dehumanise through objectifying the human experience, they can '*confuse, deceive and offend*' (Tate, 2020, p.23). To offer an example, the narrative discourse related to dementia can lead a person to be described as '*an empty shell of their former self*', the diagnosis of which '*is a fate worse than death*'. These metaphors not only dehumanise and disempower people but can become socially acceptable and used as defining diagnostic labels.

Metaphors can help visualise and capture the complexities of health care and may facilitate understanding and communication. For Adele and Katy, listening to Paul's metaphors and analysing the narrative threads, facilitated their understanding of the meaning of Paul's experience. The emotions and feeling evoked contributed to what could be described as transformational learning. As professionals, we give privilege to the empirical and theoretical evidence base for practice and yet the same attention is not always paid to metaphorical language and how it may positively or adversely impact on communication. Trogen (2017, p. 1412) supports this stating that as professionals we '*should be just as rigorous with our words*'.

Summary

Metaphors can support patients and their significant others in their articulation of experiences, helping to conceptualise and visualise illness. When these personal metaphors are shared, they help us understand the narrative threads of the lived experience, their interpretation of which can have a profound effect on professional practice as Adele and Katy's reflections illustrate.

For the professional, they can be a vehicle to support the communication process. However, as discussed, we need to ensure that metaphorical language is used thoughtfully and with careful, considered attention. Metaphors will be remembered, they have longevity and poignancy, and as such we should use them consciously.

In nurse education, engaging in the interpretation of metaphors, learners can further enhance their understanding of the narrative threads which inform an individual's lived experience.

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