

# **A 'battle' or a 'journey'? Metaphors and cancer**

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**CASS**

Corpus Approaches  
to Social Science

CASS: Briefings

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## About CASS...

The ESRC funded Centre for Corpus Approaches to Social Science (CASS) is a research centre based at Lancaster University which aims to bring the methods and benefits of the corpus approach to other disciplines.

## From the Centre Director

The corpus approach harnesses the power of computers to allow analysts to work to produce machine aided analyses of large bodies of language data - so-called *corpora*. Computers allow us to do this on a scale and with a depth that would typically defy analysis by hand and eye alone.

In doing so, we gain unprecedented insights into the use and manipulation of language in society. The centre's work is generating such insights into a range of important social issues like climate change, hate crime and education. This series of briefings aims to spread the social impact and benefits of the work being done by the centre and, in so doing, encourage others to use our methods in future.

**Prof. Tony McEnery**

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***'She lost her brave fight.' If anyone mutters those words after my death, wherever I am, I will curse them.***

This is how Kate Granger, a doctor in her early 30s with advanced cancer, rejected the 'battle' metaphor that is often used for people who have died of cancer. Later in the same 2014 article for The Guardian newspaper, she added:

***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. [...]***

As part of a larger study on 'Metaphor' in End of Life Care (MELC) at Lancaster University ([ucrel.lancs.ac.uk/melc/](http://ucrel.lancs.ac.uk/melc/)), we have studied the metaphors that cancer patients use to talk about their experiences, in interviews and contributions to online forums.

Cancer: why metaphors?

Metaphor involves talking and, potentially, thinking about one thing in terms of another, on the basis of the perception of a similarity between the two, as when a breast cancer patient in our data describes herself as 'fast becoming a chemo veteran'.

Metaphors are often used to talk about abstract, complex, sensitive and subjective experiences in terms of more concrete, simpler, less sensitive and less subjective experiences. Illness, death and emotions are among the experiences that are often talked about metaphorically.

Metaphors matter because they 'frame' topics in different ways, which can affect our perception of ourselves and our experiences. The 'battle' metaphor for cancer has become controversial because of the framing it may impose on the patient's experience: it has associations of violence and threat; it casts the patient in the aggressive role of fighter; it suggests the presence of an enemy – the disease itself – inside the patient's body; and it associates not recovering with defeat.

However, the shortcomings of a particular metaphor can be overcome by using a different metaphor. The 2007 NHS Cancer Reform Strategy, for example, includes no instances of 'battle' or 'war', but instead adopts the metaphor of the 'cancer journey', with different 'pathways' delineated as models of care. The 'journey' metaphor frames the cancer experience very differently: the illness as a road to travel on, rather than an opponent; and does not involve the idea that not getting better is a failure on the part of the patient.

We aimed to address the following questions:

- To what extent and how do cancer patients use 'battle' metaphors to talk about their experiences?
- To what extent and how do cancer patients use 'journey' metaphors to talk about their experiences?
- How different are the 'framings' provided by these metaphors for the experience of having cancer?

We were particularly concerned with whether and how different metaphors may place the patient in an 'empowered' or a 'disempowered' position, and with the resulting emotional associations.

### Why corpus linguistics?

Our questions required the systematic analysis of large amounts of language data from cancer sufferers. We collected:

- Interviews with 29 patients diagnosed with advanced cancer, for a total of 100,859 words;
- Online forum contributions on a cancer support website by 56 patients, totalling 500,134 words.

The adaptation of an existing corpus analysis tool for the purposes of metaphor analysis allowed us to identify and study a larger number and variety of metaphors than would have been possible by 'manual' analysis alone.

We identified 971 instances of 'battle' metaphors and 786 instances of 'journey' metaphors in our data. This means that both types of metaphor occur between once and twice per 1,000 words. An example of each is given below:

***I have kind of prepared myself for a battle with cancer.***

***[W]e are on the Bowel cancer journey.***

Both types of metaphor appear more often in the online forum data than in the interviews, perhaps due to the greater freedom of expression allowed by the relative anonymity of contributing to online forums.

A qualitative analysis of our data shows that 'battle' metaphors are not necessarily negative and 'journey' metaphors are not necessarily positive conceptualisations of cancer. Both types of metaphor can be empowering or disempowering for patients, depending on who uses them and how. Sensitivity to individual differences is therefore important in healthcare.

### **'Battle' metaphors**

Our study provides evidence of the possible negative consequences of 'battle' metaphors, especially when they express and reinforce a sense of disempowerment.

Patients may find it hard to accept that they have to engage in a battle in the first place:

***It's sad that anyone, but especially younger people like yourself, find themselves with this battle to fight.***

They may feel that they are not given the means to fight successfully:

***It must be dispiriting when you are battling as hard as you can, not to be given the armour to fight in.***

If they apply the 'battle' metaphor to the terminal phase of the disease, they may feel guilty for something that is not their fault:

***I feel such a failure that I am not winning this battle.***

On the other hand, for some patients at least, 'battle' metaphors seem to function as a source of pride, motivation and a positive sense of self:

***Cancer and the fighting of it is something to be very proud of.***

***My consultants recognised that I was a born fighter.***

***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.***

In these cases, the metaphor contributes to a sense of empowerment on the part of the patient in the attempt to recover from the disease, or to live as long as possible.

### **'Journey' metaphors**

Our study shows that 'journey' metaphors can also vary in terms of (dis)empowerment and emotional associations, depending on how they are used.

In some cases, they express and reinforce feelings of purpose, control and companionship. Several patients use 'journey' metaphors to convey a sense of group solidarity with other cancer sufferers:

***The rocks in our paths are easier to handle  
when we're all in it together.***

One patient used a 'journey' metaphor to suggest that the experience of illness can have some positive aspects:

***My journey may not be smooth but it certainly  
makes me look up and take notice of the  
scenery!***

On the other hand, some uses of 'journey' metaphors suggest lack of acceptance of the illness, or frustration at not being in control. One patient compared being ill with cancer to:

***trying to drive a coach and horses uphill with no back wheels on the coach.***

Another patient wondered:

***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, our study provides enough evidence of the disadvantages and potential disempowering effects of 'battle' metaphors to support their exclusion from policy documents, and to discourage healthcare professionals from introducing them in interactions with patients. However, a blanket rejection of 'battle' metaphors and an uncritical promotion of 'journey' metaphors would deprive patients of the positive functions of the former and ignore the potential pitfalls of the latter.



Metaphors are resources for making sense of ourselves and of what is happening to us. When they work well, they can help us understand and cope with our experiences. When they work badly, they can cause misunderstandings and negative emotions.

However, our study shows that that no metaphor is always good or always bad: different metaphors work differently for different people. While the 'battle' metaphor is clearly unsuitable for many cancer patients, it seems to provide some with a sense of meaning, purpose and positive self-identity. Similarly, some patients seem to be comforted and motivated by the idea that they are on a 'cancer journey' with many travelling companions. For others, however, the idea of being on a journey seems to be associated with a sense of frustration and lack of control.

What matters, therefore, is that no particular metaphor is censored or imposed on anyone. Patients should be encouraged and enabled to use the metaphors that work best for them. This has implications for training and practice in healthcare communication. By developing the skills of noticing and attending to patients' metaphors, health professionals can be better positioned to question metaphors that seem to be negative or disempowering, and to accept or adopt metaphors that seem to work in positive, empowering ways.

To put our findings into practice, we have started to create a 'Metaphor Menu' for cancer patients - a collection of quotes from patients in our data and other sources that might be helpful to others. In its current version, the Metaphor Menu includes not just some individual examples of 'battle' and 'journey' metaphors, but also metaphors drawing from music, nature, games, fairground rides and the experience of dealing with unwanted guests. The idea is that, as in a restaurant, the Menu provides a variety of options: different people will find different options more or less appealing, but, ideally, each individual person will be able to recognize or discover one or more metaphors that are helpful for them. We are in the process of trialling the Menu in collaboration with two local cancer support groups in the North West of England, with a view to getting it more broadly adopted if it is found to be helpful.





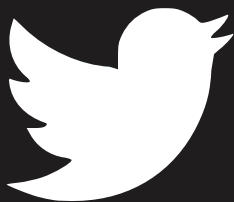
Part of our aim at CASS is to make Corpus Linguistics accessible, which is why we have created our **free online FutureLearn course**. With the course, we aim to demonstrate that corpus approaches can offer researchers from all disciplines unique, valuable insights into the use and manipulation of language in society. We provide all you need to start 'doing' Corpus Linguistics yourself.

This briefing should act as an introduction and companion to the course where you will begin to apply the concepts and methods mentioned here in a practical way relevant to your field of interest.

**The course is free, can be done from home, and comes with a whole range of content and support from world-leading scholars in the field of Corpus Linguistics. For more, visit:**

**[futurelearn.com/courses/corpus-linguistics](https://futurelearn.com/courses/corpus-linguistics)**

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**CASS: Briefings** is a series of short, quick reads on the work being done at the ESRC/CASS research centre at Lancaster University, UK. Commissioning work from internationally recognised academics in the field of Corpus Linguistics, *CASS: Briefings* set out to make cutting edge research easily accessible, providing a good introduction to the variety of vital and exciting research going on in the area of Corpus Linguistics.

