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What is This?
The patient’s use of metaphor within a palliative care setting: Theory, function and efficacy. A narrative literature review

David Southall  Worcestershire Acute Hospitals NHS Trust, Worcester, UK

Abstract
Background: The modes of communication which patients use are seen as important within the sphere of palliative care and have been the focus of much research.
Aim: This literature review aims to identify and analyse one particular mode of patient expression, namely that of the figure of speech (trope) ‘metaphor’, and ask questions regarding metaphor’s therapeutic usefulness when engaging with the life-limited patient.
Data Sources: The investigation revolves around a literature review of academic papers which focus on the metaphorical ways in which patients speak of their condition.
Results: This paper provides the theoretical foundations for the patient’s metaphoric utterances. It also delineates the variety and diversity of metaphors used by patients and categorises them into broad groupings which encompass metaphors of war, journeying, personhood, the natural world and existential concepts.
Conclusions: The papers reviewed suggest that metaphoric communication allows sensitive subjects to be dealt with and provides benefits for patients. The results suggest that engaging with patients at the metaphoric level enables them to create new ways of viewing their situation and opens up the possibilities of new coping strategies. Finally, some developmental trajectories emanating from the reviewed papers are suggested, which will allow the efficacy of metaphor to be explored further within a palliative care setting.

Keywords
Metaphor, metaphoric, figure of speech, trope, Ricoeur, palliative care, terminal care, hospice

Introduction
It is well recognised that the language used by patients to describe their condition and experience is important. The notion that all language, including that of the patient, is replete with figures of speech is also well documented and is seen to be crucial in gaining a correct understanding of situations at the level of the clinical encounter. This paper seeks to provide a review of the use of metaphor within medical, nursing and healthcare literature as it relates to palliative care. Metaphors are one sort of figure of speech commonly used by patients within palliative care settings and are modes of expression which convey complex thoughts, feelings and emotions by the transference of one term to another. Aristotle, the argument about the metaphoric has revolved around whether metaphor is merely ornamental to already existing thoughts or words, or is actually creative and constitutive of thoughts and words. The former is expressed by Locke, who views metaphors as an ‘abuse of language’ which ‘insinuates wrong ideas’. The latter is exemplified by Ricoeur, who sees metaphor as a mode of creating new realities. Thiselton gives a good historical survey of the critical debate, from Aristotle to modern and post-modern theorists (such as Ricoeur, Derrida, Lacan and Lyotard), which incorporates and exemplifies proponents of both ‘ornamental’ and ‘constitutive’ schools of thought.
including medicine and health sciences. This interest has been generated by applying the linguistic insights of a number of theorists to patient-based interactions and is particularly prominent within the fields of psychotherapy, psychology and social studies. The aim of this review is to analyse papers in which the figure of speech of metaphor is recognised within a palliative care setting and to answer three specific questions:

1) What theoretical foundation of metaphor is used and what is its operative mechanism? This will entail an identification of the principal theoreticians of metaphor within each paper and an understanding of how the author(s) perceive(s) metaphor to act within a palliative care setting.
2) What types of metaphors are generated by patients, and can these be categorised into discrete groupings?
3) What do the papers conclude with regard to the usefulness and role of metaphor?

We begin by delineating the method we use for a narrative literature review. We will then produce a tabulated set of results which answers, in a preliminary way, the questions above, before embarking on a detailed discussion and categorisation of the topics identified. The final section provides some developmental trajectories which might be pursued if work on metaphor is to proceed within a palliative care framework.

Method

It was envisioned that a high-quality narrative review would be produced using a systematic procedure. There is little need to re-invent new approaches for narrative literature reviews and so a mixed-methodological approach drawn from the work of Rigby et al.7 and Duke and Bennett8 was utilised for our study. The former is based on the work of Hawker et al.,7(fn22) whilst the latter was a newly generated methodology which took into account various narrative review strategies.9(112) These approaches were adopted due to the fact that the current study’s purpose was to identify and review both qualitative and quantitative research papers, and Rigby and Duke’s work showed evidence of being able to elicit useful results.

Study aim

The threefold aim of the study was to locate published papers which utilised the trope (i.e. figure of speech) of metaphor within palliative care settings; to identify the theoretical foundations and operative mechanism of metaphor within each paper; and to report on the findings of each study with regard to the usefulness of metaphor in promoting the patient’s well-being. In order to do this we adopted a systematic search strategy; a process for the inclusion and exclusion of papers; and a critical appraisal of included papers.

Table 1. Search ‘hits’ for i) a generic search [metaphor and palliative care] and ii) a thesaurus-linked search [metaphor and palliative care/terminal illness/hospice care/end-of-life care].

<table>
<thead>
<tr>
<th>Database</th>
<th>(i) Generic Search</th>
<th>(ii) Thesaurus-linked search</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDLINE</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>CINAHL</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>PsychInfo</td>
<td>5</td>
<td>6</td>
</tr>
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<td>AMED</td>
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<td>12</td>
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<tr>
<td>BNI</td>
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<td>9</td>
</tr>
<tr>
<td>EMBASE</td>
<td>11</td>
<td>10</td>
</tr>
</tbody>
</table>

Search strategy

The first phase of the literature review involved a wide-ranging database search to identify papers which linked ‘metaphor’ and ‘palliative care’ within their title, abstract, or keywords. This process was undertaken in two stages. The first phase was a generic database search (using six electronic databases) for the terms ‘metaphor’ and ‘palliative care’ using appropriately selected search engines. The engines selected were: MEDLINE; CINAHL; PsychInfo; AMED; BNI; and EMBASE. The second stage was a thesaurus-linked electronic database search (under the direction of a specialist health librarian) in which ‘palliative care’ and ‘metaphor’ were linked to specific keywords within the thesaurus of the database, including ‘palliative care’, ‘terminal illness’ and ‘hospice care’. The hits elicited from first and second phases are shown in Table 1. After the elimination of duplicates, the total number of papers containing the search terms within the title, abstract or keywords was 45.

Inclusion and exclusion of papers

The 45 papers identified via the search strategy were assessed in light of the strict assessment criteria. These criteria are listed in Table 2. Due to the nature of the topic under consideration, it was vital to include qualitative and empirical research papers, but also to broaden the scope to include practice reports which had highlighted the use of metaphor in patient care. All papers had to explore ‘metaphor’ as the main and substantive topic in the body of the work. Crucially, all papers for inclusion had to have a patient orientation and not be a consideration of the use of metaphor among nurses or other health professionals. In total, 13 papers were excluded due to their content relating to health care professionals; 15 were excluded because metaphor was only a partial or tangential feature of the article; and three
Table 2. Inclusion and exclusion criteria for the articles generated by literature search.

<table>
<thead>
<tr>
<th>Included</th>
<th>Excluded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative and quantitative research papers</td>
<td>Papers which tangentially deal with ‘metaphor’ as part of a wider study of palliative medicine</td>
</tr>
<tr>
<td>Peer reviewed articles in established printed journals</td>
<td>Papers in which the word ‘metaphor’ does not appear in the abstract</td>
</tr>
<tr>
<td>Papers examining palliative care and metaphor within the main argument of the paper</td>
<td>Papers in which the word ‘metaphor’ appears in the abstract</td>
</tr>
<tr>
<td>Papers in which the word ‘metaphor’ appears in the abstract</td>
<td>Papers in languages other than English</td>
</tr>
<tr>
<td>Papers published in the English language</td>
<td>Papers with no clear theoretical foundation of metaphor, implied or explicit</td>
</tr>
<tr>
<td>Papers with a clear theoretical foundation of metaphor, implied or explicit</td>
<td>Papers dealing with professionals’ utilisation of metaphor without a patient focus</td>
</tr>
<tr>
<td>Papers with a patient focus</td>
<td>Editorials on metaphor and reports on practice</td>
</tr>
<tr>
<td>Qualitative and quantitative research papers</td>
<td>Papers in which the word ‘metaphor’ appears in the abstract</td>
</tr>
<tr>
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</tr>
<tr>
<td>Papers in which the word ‘metaphor’ appears in the abstract</td>
<td>Papers which tangentially deal with ‘metaphor’ as part of a wider study of palliative medicine</td>
</tr>
<tr>
<td>Papers published in the English language</td>
<td>Papers in which the word ‘metaphor’ does not appear in the abstract</td>
</tr>
<tr>
<td>Papers with a clear theoretical foundation of metaphor, implied or explicit</td>
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</tr>
</tbody>
</table>

were excluded because they were in a language other than English. This left a total of 14 papers which met the inclusion criteria satisfactorily.

Results and discussion

The results from the analysis of the 14 included papers are tabulated in Table 3. This depicts in nuce a variety of data, including: the methodological approach and genre of the paper; the main theorists utilised by the authors concerned; the range of metaphors exploited by patients; and the research finding or assertions of the paper in question. This last point is important because whilst some studies were qualitative or quantitative (n=4) and were able to give some evidence for their findings, other studies (n=10) were analyses of thinking on the subject of metaphor within healthcare and, as such, made assertions based on theological or philosophical epistemological processes. The main body of the present section will revolve around answering the three questions set out in the introduction to this review in a systematised form.

Theoretical foundations and operative mechanism of metaphor

All but one of the papers included explicitly utilised a theoretical foundation for metaphor and supported this via recourse to some of metaphor’s principal theoreticians. It will be noted that 13 major theorists are referenced in the results table. Whilst it is impossible to offer detailed discussion of each position, it is possible to produce a synthesis of theoretical positions which bear a family likeness to each other. It will also be noted that only three works appear more than once: Lakoff and Johnson (six times), Sontag (twice) and Erickson (twice). As a starting point we will describe the thinking of Lakoff and Johnson and those to whom they connect theoretically, and then move on to examine Sontag’s position. These two works occupy two poles of a spectrum and will enable us to locate the other theorists’ (including Erickson’s) positions.

Lakoff and Johnson, Ricoeur and Aristotle

Lakoff and Johnson, Ricoeur and Aristotle belong together as a family group.

Aristotle’s Poetics defined metaphor as ‘the application of an alien name by transference’ and Ricoeur uses this to contend that metaphors are: (a) fundamental to human expression; (b) disclosive and revelatory, transforming the past and creating ‘new realities;’ (c) untranslatable and complete expressions in themselves; and (d) polyvalent and convey a surplus of meaning.

Lakoff and Johnson agree with Ricoeur and suggest that far from metaphors being devices of ‘poetic imagination’, they are ‘pervasive in everyday life, not just in language but in thought and action’, providing a source of coherence in our understanding of the world and helping us to understand something abstract (e.g. love) in terms of something concrete or physical (e.g. falling). They conclude that metaphors provide ‘the only ways to perceive and experience much of the world.’

Susan Sontag

Susan Sontag’s work Illness as Metaphor takes an opposing view to that of Lakoff and Johnson and asserts that metaphors are not to be welcomed. For her, the ‘healthiest way of being ill is one purified of (and) resistant to metaphoric thinking’. Sontag dismisses the way in which cancer is seen as mysterious and intractable in scientific terms and challenges the punitive notions attached to the ideas of illness. However, she rather proves the point which Lakoff and Johnson make: that metaphors (for good or ill) are pervasive and everyday way of thinking and speaking about the world. For several reviewers, Sontag’s treatise is unconvincing and ethically unhelpful, and the two authors (within the present review) who make use of Sontag’s work do so to demonstrate how pervasive metaphors are in speech.

The remainder of the cited theorists

There is some difficulty in categorising the remaining theorists as they are drawn from a range of academic disciplines. However, there is a clear division between those who propose a philosophical mechanism for metaphor and
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Aims of the study</th>
<th>Methodology</th>
<th>Theorists of metaphor utilised by the study</th>
<th>Metaphors examined</th>
<th>Research findings/ assertions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berry</td>
<td>2007</td>
<td>To explore family members’ perspectives of pain and pain management for their terminally ill relatives</td>
<td>Semi-structured interviews</td>
<td>Blumer</td>
<td>Pain as a metaphor for illness, the disease progression and eventual death</td>
<td>Pain, as a metaphor for illness and death, constructs meaning for family members</td>
</tr>
<tr>
<td>Byrne</td>
<td>2008</td>
<td>To examine the language of spirituality in palliative care with reference to metaphor and story</td>
<td>Review of literature Theological reflection</td>
<td>Lakoff and Johnson Kovecses</td>
<td>The role of metaphor in 'the map of dying'. Illness conceived of as being 'between day and night' The martial or war metaphor Journey Seasons and growth</td>
<td>By listening to metaphoric speech, physicians may gain an insight into the patients' understanding of illness and make sense of their questions Patients using metaphor may be able to recreate and strengthen their identity Metaphor enhances the quality of communication offering growth</td>
</tr>
<tr>
<td>Cassarett et al.</td>
<td>2010</td>
<td>To determine whether the use of metaphors in difficult conversation is associated with better patient ratings of their physicians’ communication skills</td>
<td>Observational study and analysis of audio-recorded interviews</td>
<td>Lakoff and Johnson Sontag</td>
<td>Agricultural ('seeds, weeds’ etc.) Military Mechanical Sports ('marathon rather than a sprint')</td>
<td>Physicians who used more metaphors gained higher ratings for their communication skills Patients reported less trouble understanding clinicians who used more metaphors Metaphors offer an easy way to improve communication between clinician and patient Metaphor of home can enrich our understanding of the goals of palliative care to 'bring the patient home' Metaphor helps construct a conceptual image of situations which are difficult to describe in rational ways The metaphor of home can provided new ways of thinking about the caregiver’s role in the patient’s life</td>
</tr>
<tr>
<td>Dekkers</td>
<td>2009</td>
<td>To explore the positive connotation of the term 'home' in palliative care</td>
<td>Philosophical analysis</td>
<td>Aristotle Ricoeur Lakoff and Johnson Bachelard</td>
<td>Home as house Home as one’s own body Home as psychosocial and spiritual concept ('the origin of human existence')</td>
<td>The metaphor of home can provide new ways of thinking about the role of the patient in the patient’s life</td>
</tr>
<tr>
<td>Husband and Broaddhus</td>
<td>1984</td>
<td>To describe a clinical intervention which helped families overcome fears of communicating with their sick children</td>
<td>Practice report observations</td>
<td>Erickson</td>
<td>Loss Death Life</td>
<td>Metaphors can overcome the barriers of communicating Metaphors can be therapeutically effective and can engage the patient in thinking of a resolution</td>
</tr>
<tr>
<td>Hutchings</td>
<td>1998</td>
<td>To suggest a mechanism for metaphor as a creative figure of speech</td>
<td>Reflective review of selected articles and concepts</td>
<td>Breslin</td>
<td>Death and dying Travel and journey</td>
<td>Metaphors allow the sharing of truth in safe ways Metaphors are inventive, creative and open to multiple meanings Metaphor is a healing modality</td>
</tr>
<tr>
<td>Klein</td>
<td>2007</td>
<td>To narrate and describe the eliciting of client generated metaphors in order to explore the perceptions of the clients current difficulties</td>
<td>A narrative analysis of a patient intervention</td>
<td>Erickson</td>
<td>Nature Freedom Death</td>
<td>Metaphors can promote open discussion in the face of significant illness and the prospect of death Metaphors can offer acceptance of the inevitable and openness of communication</td>
</tr>
<tr>
<td>Author</td>
<td>Year</td>
<td>Aims of the study</td>
<td>Methodology</td>
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</tr>
<tr>
<td>Kuchan</td>
<td>2001</td>
<td>To examine the role of metaphor in contemplative prayer</td>
<td>Philosophical and theological analysis</td>
<td>Winnicott</td>
<td>Mother Safety Security Strangers and refugees Adrift on the ocean Political metaphors Journey and losing one's way The gate</td>
<td>Metaphors work as part of an inter-textual web to illuminate situations and allow for new ideas to emerge</td>
</tr>
<tr>
<td>Mayo</td>
<td>1996</td>
<td>A description of the experience of group art therapy with special reference to metaphor</td>
<td>Reflection on practice</td>
<td>Cox and Theilgaard</td>
<td></td>
<td>Metaphors helped patients make significant changes and renew significant relationships Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left Metaphors can lead to creative insights into ourselves and the world</td>
</tr>
<tr>
<td>Lindsay</td>
<td>2003</td>
<td>To suggest that metaphor and story have therapeutic roles for the patient</td>
<td>Reflective review of the concept of story and metaphor</td>
<td>Kittay</td>
<td>Dragons</td>
<td>Metaphors can lead to creative insights into ourselves and the world Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left</td>
</tr>
<tr>
<td>Richardson and Grose</td>
<td>2009</td>
<td>To understand how patients and carers use metaphors to describe palliative day services</td>
<td>A secondary analysis of interview data</td>
<td>Lakoff and Johnson</td>
<td>Vulnerability, impotence and illness Security ('a rock in a changing world') Family Journey Transition Force/ assault/ fighting Travelling/ journey Light/ shadows/ colour Change/ finality</td>
<td>Metaphors can lead to creative insights into ourselves and the world Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left</td>
</tr>
<tr>
<td>Spall et al.</td>
<td>2001</td>
<td>To examine the sources and function of metaphor in relation to death, dying and bereavement</td>
<td>Focus group discussions and follow up questionnaires with professionals</td>
<td>Lakoff and Johnson Sontag</td>
<td>Force/ assault/ fighting Travelling/ journey Light/ shadows/ colour Change/ finality</td>
<td>Metaphors can lead to creative insights into ourselves and the world Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left</td>
</tr>
<tr>
<td>Strang et al.</td>
<td>2004</td>
<td>To examine the health professionals’ responses to the question ‘How would you define the concept of existential pain?’</td>
<td>Qualitative and quantitative interviews</td>
<td>Heidegger</td>
<td>'Existential pain’ is used as a metaphor for suffering</td>
<td>Metaphors can lead to creative insights into ourselves and the world Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left</td>
</tr>
<tr>
<td>Taylor</td>
<td>2007</td>
<td>To report on the use of metaphor by dying patients and the decision to use it as a therapeutic tool</td>
<td>Practice report</td>
<td>Lakoff and Johnson [implied]</td>
<td>The difficult road The soup of despair The locked box</td>
<td>Metaphors can lead to creative insights into ourselves and the world Neurophysiologically metaphor integrates the iconic mode of the right cerebral hemisphere and the linguistic mode of the left</td>
</tr>
</tbody>
</table>
those who are more practice-based. We will describe the former group first.

Blumer works with the concept of symbolic interactionism in which meaning itself is one of the interpretative processes used by the person. Likewise, Kovesces develops a ‘cognitive linguistic theory of metaphor’, and Bachelard uses a phenomenological approach. Kittay’s treatise suggests that metaphor provides a way of learning something new about the world as a tool for ‘rearranging the furniture of the mind’. 

Those theorists who relate theory to practice include Erickson and Breslin, who use metaphors in a therapeutic way by imbedding them in stories and attempting to bypass the client’s consciousness. Likewise, Winnicott uses metaphors to change embedded and entrenched thought patterns.

Summary

The above description suggests that the authors of the articles included in our review drew on theorists who bear a family resemblance to Ricoeur and Lakoff and Johnson. That is to say that metaphor is conceived of as a tool of innovation and creation. By using metaphor, the patient creates some new understanding of their world at the present time; and with that comes a new perceptual framework with regard to possible solutions to the challenges they now face.

The variety of metaphors generated by patients: a categorisation

Table 3 documents the types of metaphors described in each paper. A provisional categorisation of the metaphors used by patients is given below, along with actual examples.

Military metaphors

Military metaphors relate to the perceived battle going on, usually inside the patient’s body. So Casarett et al. documents patients’ speech in terms of ‘the host’s immune system as a defending army’, and the treatment itself is described as a bullet or a missile that is being aimed at the target. Byrne notes that the martial metaphor is very adaptable to cancer: ‘there is the enemy (cancer), the commander (physician) and the combatant (patient), allies (the healthcare team) and formidable weapon (chemical biological and nuclear)’. However, she does suggest some drawbacks to this metaphor: it is overly masculine, power-based and potentially violent. It also suggests that ‘fighting cancer is only a matter of fighting hard enough’, with the concomitant impression that patients fail treatment rather than the treatment failing the patients.

Metaphors of journeying

Metaphors of journeying are commonly called upon to facilitate the expression of patients’ situations and may give opportunities for personal growth (spiritual or otherwise), exploration and hope. Indeed the hospice movement, historically, takes some of its ethos from this metaphor, being perceived as a ‘resting place for travellers on a journey, a place of healing for those wounded in battle’. This journey takes the form of a folkloric quest in which the brave hero battles against the odds. Here are two important points: a) it is clear that the categories I have created overlap and are thus only provisional (so a journey may well involve a battle or a feat of physical struggle); and b) these metaphors can run deeply within the psyche of human experience, the quest being an archetype of human experience. At other times the journey is more straightforward: ‘they have had to go on a path that is not quite near yours’; ‘[it’s] like climbing a mountain; don’t really know what to expect when you reach the top, turning the corner might alter your perspective’. The movement and plot of a journey ties in nicely with recent work on the importance of patients’ illness narratives and is a tool used by patients and practitioners alike to elicit new ways forward.

Metaphors of personhood

Metaphors of personhood revolve around the identity of the patient in line with their relationships to other human beings. Kuchan relates Melissa’s motherhood metaphor in which she pictures herself in a rocking chair on the lap of Jesus, who takes the role of her mother, where ‘it feels nice and warm’. More explicitly, some patients see themselves as the archetypal mother. This can, at times, have a jealous orientation: ‘I don’t mind if my husband does remarriage, but I don’t want her in my house looking after my kids. Seeing to my kids. That feels all wrong. I shall always remarry, but I don’t want her in my house looking after my kids. That feels all wrong. I shall always be looking after them. I ain’t never leaving my kids’. At other times it has a sacrificial thrust: ‘better me than one of those big punch bags in my face and I’m back down again’. The latter example links with a sporting metaphor in which another patient described himself as being in a marathon and not a sprint.

Personhood extends to areas other than motherhood, with some patients seeing their new identity as that of an
alien, so Mayo speaks of a patient who had ‘adopted the mentality of a refugee and a stranger’.

Existential or ideological metaphors

Existential or ideological metaphors relate to concepts and abstracts rather than concrete ideas, although they may embrace the physical world. Our analysis of papers shows reference to metaphors referring to freedom, safety, change, impotence, finality, death and dying. Death is often depicted as sleep or the end: ‘I’ll just drift into sleep before your very eyes’; ‘it feels like I have come to a full stop’.

Metaphors of the natural world

The natural world provides the backdrop for a number of metaphors used by patients. The cycle of the seasons depicts how times vary in terms of their difficulty and challenges. Byrne notes that there is an Australian therapeutic programme called ‘Seasons of Growth’ built around this theme.

Metaphor enhances communication and understanding

All of the papers asserted that the use of metaphor enhanced the patient’s communication and understanding. This included both the understanding between patient and professional and the self-understanding of the patient with regard to his/her condition.

With regard to the patient/professional interaction, ‘by listening to patients’ metaphorical speech, physicians may gain an insight into their understanding of illness and make sense of their questions’. The converse is also true, as Casarett et al. show in their comprehensive qualitative paper concluding that ‘physicians who used more metaphors elicited better patients’ rating of communication … the use of metaphors and analogies may enhance physicians’ ability to communicate’. This has a clear benefit for patients who, because of the use of metaphors, may now better understand their condition, but the corollary must also be true (following Byrne), that the professional has a better understanding of the patient’s situation.

This enhancement of communication is picked up in a different way in a number of papers and relates to the way in which metaphors overcome the barriers of communication. Husband and Broaddhus demonstrate the therapeutic effectiveness of metaphor in relation to children’s literature. For them, the pattern is that of problem identification, followed by a metaphor presenting a workable solution, which then requires a personal attachment of the relevance of the metaphor by the patient.

This is a common assertion amongst the papers reviewed, with others speaking of metaphors promoting discussion, illuminating situations and allowing the emergence of new ideas and leading to creative insights into ourselves and the world. Lyndsay’s idiosyncratic paper on ‘dying dragons’ suggests that metaphoric constructs also enhance learning ‘through the creation of mental images that help to establish connections between known and unknown’, which assists with understanding new or unfamiliar concepts. There is a sense here that in the face of complex phenomena, ‘rational concrete language reaches its limits, and in order to grasp the complexity one must resort to metaphor’.

This may indeed be why people turn to poetry and the poets in times of dislocation and crisis. However, this creation of new ideas and concepts is not all the patient’s responsibility. Several articles speak of the co-construction of
metaphors by patient and professional together.\textsuperscript{11,20,27} This is where the professional ‘unconsciously feeds metaphors into the session and a subsequent metaphor appears to have been generated solely by the client’.\textsuperscript{20(348)} Spall exemplifies this via a case study in which, because the professional was ‘talking with her hands’ and moving them around and around, the client ended up describing their situation as ‘like a stew in a saucepan’.\textsuperscript{20(349)} The metaphor which emerged proved useful for the patient in promoting further thinking about their situation.

\textit{Metaphor enables the verbalisation of difficult and sensitive subjects}

One of the specific modes of metaphorical operation relates to the verbalisation of sensitive and difficult areas. In her detailed and complex article, Karen Kuchan details the way in which metaphors work as part of an inter-textual web which allows patients to speak of their situation in illuminating ways in order to create new ideas.\textsuperscript{16(2)} Her various case studies (which predominantly endorse a religious and spiritual orientation and centre on contemplative prayer) deal with patients’ metaphorical expressions as they relate to the concept of the divine. Irrespective of the particularity of the religious orientation of this paper, Kuchan shows that metaphorical speech gives one patient new insight into the concept of compassion.\textsuperscript{16(11)} This echoes Taylor’s findings in a practice report: ‘Metaphor provides a gentle way in … This means a family can talk about something very complicated and it might only be at the end of the conversation that you relate the metaphor to what is happening’.\textsuperscript{22(19)} The majority of the articles reviewed suggest mechanisms on this trajectory: metaphor allows for the expression of complex ideas as an augmentation to rational, concrete linguistic forms.

However, there is another element of metaphor which allows for verbalising sensitive issues, and that is the way in which metaphors can bring distance to the patient’s situation. The idea is that by avoiding the stark language of death and dying, metaphor allows people to speak about their illness and the future in a new way.\textsuperscript{22(19)} Spall et al. make this case: ‘People may use metaphors to avoid using words like cancer or death. They can thereby express how they feel without using words which will make them feel uncomfortable, e.g. “it feels like I have come to a full stop,” rather than “I am going to die”’.\textsuperscript{20(349)} Hutchings expands on this and likens metaphor to \textit{a dance of many veils}, describing it thus: “To use the language of the poet, we want to dance with many veils, veils that allow our patients to peek through to their prognosis without being blinded. We want to share a truth without the glare of reality.”\textsuperscript{14(282)} For her, it is the multiplicity of metaphorical meanings, and the patient’s safety in expression, which are key to the dance of veils.

\textit{Metaphor produces benefits for patient care}

One further assertion regarding patients’ use of metaphor relates to pain management. Berry contends that by reframing pain metaphorically there might be a reduction in the barriers to pain management for caregivers and patient. Her study revolves around the perceptions of relatives of the patient in response to the patient’s pain. She found that pain, ‘controlled or not, remained an indicator of the resident’s disease progression and overall status’,\textsuperscript{9(24)} and asserts that ‘the interpretation of adequate pain management is critical to family members’ constructing meaning around their relative’s pain’.\textsuperscript{9(26)} In this study she points out something which is under-explored in the literature, namely the unhelpfulness of some metaphors. For example, one relative, for whom pain was a metaphor for death, speaks of the patient’s pain getting worse, and comments there is nothing that can be done because it ‘is kind of indicative of where things are going’.\textsuperscript{9(24)} Thus the link between pain and death meant that inadequate pain relief was sought for the patient; a feature which Berry thinks can be minimised by professionals explaining the cause of pain to families.\textsuperscript{9(26)}

\textit{Summation}

Within this section we have provided an analysis of the reviewed papers which delineates their theoretical foundation on metaphor. Most papers rely on theoreticians who propose a view of metaphor as \textit{creative and revelatory} and in which metaphorical utterances are viewed as having multiple meanings. The metaphors themselves can be placed into broad categories which illustrate how patients might speak of their condition. That some key motifs emerge from this, like \textit{war} and \textit{journeying}, should not minimise the range of potential metaphors which can be created by the patient within any given situation. Finally, there seems to be general broad agreement within the papers as to the mode of action of metaphorical utterances, i.e. what metaphors actually do. They seem to enhance communication; allow sensitive subjects to be dealt with, providing benefits for patients in these areas; and, when tackled aright, might possibly impact on the area of pain management.

\textit{Developmental trajectories: Furthering the work on metaphor within palliative care}

The papers included within this literature review demonstrate that there is an emerging literature with regard to the usefulness of metaphor in dealing with patients within a palliative care setting. This small but significant body of work makes assertions, based on certain theorists of metaphor, which – if proven correct – could be applied to palliative care and provide benefit for the patient. It would, therefore,
be disappointing if such a useful device as metaphor were not used to its maximum effect within this client group, given the contentions discussed. In order for metaphor to be used successfully, we suggest the following as possible developmental trajectories.

Firstly, whilst the literature reviewed is significant, it is noteworthy that there is a relative lack thereof, and indeed many of the papers discovered in the literature search related to the use of metaphor amongst health professionals rather than in direct patient interactions. It is also noteworthy that of the 14 papers, a significant number were reflections, reviews or philosophical analyses (n=10), whilst only four were qualitative or quantitative studies. It is not that only one type of research is needed; after all, in a field of study which incorporates a wide range of academic disciplines, it is essential to have a variety of research. However, there does seem to be a paucity of evidence-based research (either quantitative or qualitative) to substantiate the bold claims of many of the studies. Such research is not beyond the bounds of possibility and practicability, and we suggest that redressing the balance and undertaking more qualitative and quantitative endeavours would only strengthen the position of the papers in this literature review.

Secondly, and closely allied with the first point, a more rigorous definition of terms is necessary. Nowhere in the literature surveyed is there an adequate definition of metaphor. Nor is there much precision regarding the way in which metaphor differs from or exhibits similarities to some other figures of speech (e.g. analogies, narratives, personifications). It seems to us that unless one is clear about terms (and one can be clear about terms), it is difficult to circumscribe the trope and defend the view that a metaphor is a metaphor. Similarly, there is need for a rigorous theoretical position with regard to how metaphor functions. We have shown that the theoretical underpinnings of the work of metaphor in palliative care have emanated from secondary literature, particularly Lakoff and Johnson. This is satisfactory, but again, to substantiate the bold claims for the function of metaphor it may be necessary to have more substantial theoretical underpinnings gleaned from primary theoreticians such as Paul Ricoeur. It will be noted that Ricoeur is indeed amongst the theorists in Table 3, but use of his theories tends to come from those schooled in the humanities and philosophical disciplines rather than those within the medical and palliative care setting. A thorough-going Ricoeurian model applied to palliative care may bring benefits and flags up the need for inter-disciplinary academic working.

Thirdly, the prevalent view in the papers included suggests an overwhelmingly positive function for metaphor within palliative care. Here – and this is where the lack of a robust theoretical underpinning might hamper debate (and a rigorous theory might bring benefits) – there is a need for more clarity about the risks of engaging with the patient’s metaphoric usage (already alluded to by Berry above). Indeed, Ricoeur’s post-modern theory on metaphor notes the risk inherent in any form of language utterance, in that it is capable of multiple meanings: for comfort or for upset. A metaphor which might bring solace to one person might be a marker of terror for another; this metaphorical function should not be discounted, especially in the context of possible distress caused to the life-limited patient. So, for example, ‘the dance of veils’, which has been viewed positively by Hutchings as a way of addressing the patient’s situation circuitously, may be viewed entirely differently: namely, as an avoidance of ‘the real’ and a way for professionals to collude in the repression of emotions. This would, therefore, be contrary to the argument that metaphor use is a way of ‘sharing the truth without the glare of reality’. A clear post-modern theoretical underpinning for this work would allow for further exploration of these possibilities.

Finally, work needs to be done on the way in which figures of speech interact. If metaphor is a powerful device for creating new possibilities in palliative care patients, then what other tropes and genres are there, and how might they interact? Already there is an emerging literature on the use of narrative in palliative care. How might this complement the study of metaphor; indeed, how might these two modes act in tandem? What of the use of poetry and art, of analogies and allegories? These ways of viewing the world are perhaps best not seen in isolation, and a more integrative view of metaphor’s position within the tropes might prove beneficial.

In conclusion, the articles within this review have demonstrated the desire to show the usefulness of metaphor within palliative care. The studies have utilised theories of metaphor which view the trope as a creative and revelatory one, and have applied this to patient care. They have also shown something of the varied natures of the metaphors used by patients and the way in which they are thought to function. In my view (both theoretically and in practice) these points are well made, yet there is need for more evidence-based research, a rigour in defining terms, and a robust model for the operative mechanism of metaphor (amongst other tropes) if this trajectory of development in the use of metaphor is to be maintained and augmented.

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References
1. Whilst outside the specific parameters of this study, readers are directed to Kellehear A (ed.). The study of dying: From...
autonomy to transformation. Cambridge: Cambridge University Press, 2009; of particular importance are the essays by Kellehear and Skelton, which pick up some of the metaphoric categories delineated below.


7. Rigby J, Payne S and Froggatt K. What evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions? A literature review. Palliat Med. 2010; 24(3): 268–285.


