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Fighting Metaphors in Palliative Care Conversations:
Exploring Frequency and Meanings

Aidan May

An Undergraduate Thesis

Presented to the Faculty of The University of Vermont

In partial fulfillment of the requirements for a degree with honors
of Bachelor of Science

Committee:

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Chair: Lisa Schnell, PhD.

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Abstract

Fighting metaphors have been critiqued both inside and outside the field of palliative medicine, and while the use of a fighting metaphors to describe disease has been studied, limited investigation into the prevalence and significance of these metaphors in the palliative care setting has been done. Some studies have critiqued biomedicine for pushing fighting metaphors onto patients. To study the trends in the usage of fighting metaphors in the palliative care setting, I analyzed verbatim transcripts of palliative care conversations from the Palliative Care Conversation Research Institute (PCCRI), which included patients, family members, and clinicians. I identified 176 instances of fighting metaphors and analyzed the trends in the occurrence and usage of the metaphors. Use of fighting metaphors was variable in terms of the speaker, subject, and object of the metaphor. My research indicates that patients and family members initiated and used the metaphor more frequently than clinicians in palliative care conversations. Fighting metaphors were used to express goals of care, demonstrate empathy, and express identity. My findings indicate that fighting metaphors have a wide range of uses in a palliative care setting and do not appear to be pushed onto patients by clinicians.

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I would also like to acknowledge the support of my parents, Sandy and Peter May. Your love and unconditional support have been so meaningful throughout this research process. This thesis is a testament to the curiosity you have nurtured in me for as long as I can remember.

Finally, I want to acknowledge the participants in the PCCRI that allowed to me to complete this thesis, particularly the patients and family members. Their vulnerability, honesty, and life stories made for a dataset that was an honor and privilege to work on.

Chapter 1: Introduction

The Fighting Metaphors

In this thesis, I will explore the role of fighting metaphors in palliative care conversations. Fighting metaphors include terms like “fight,” “battle,” and can be used to describe a metaphorical fight against a nonhuman adversary, including disease or infection. Through my work as a research assistant in the Vermont Conversation Lab, I was able to listen to the recordings of palliative care conversations between healthcare professionals, patients with advanced cancer, and, sometimes, their family members. Previously, I had read about the use of fighting metaphors in the context of cancer and the HIV/AIDS crisis in the writings of the literature professor, Susan Sontag. Listening to palliative care conversations, the presence of fighting metaphors caught my attention. I decided to embark on a thesis where I could investigate how common the metaphors were in the conversations, who used the metaphor, and how they were used.

A Note on Terminology

This thesis explores the use of the fighting metaphor, a metaphorical lens that occurs in medicine to view disease, symptoms, and other entities as a fight or battle. The fighting metaphor is also sometimes referred to as the “military metaphor” or the “violence metaphor.” While these terms do not necessarily reflect the exact same usage as the fighting metaphor, they are commonly used in the literature to describe a very similar phenomenon. These terms appear in the writing of this thesis, as they are another means of describing the fighting metaphor. The term “fighting metaphor” is used the most frequently, although the term “violence metaphor”

was also used, typically for variability in the vocabulary I used. I recognize that not all fighting metaphors are inherently violent.

Significance

Palliative Medicine

In the field of palliative medicine, providing high quality communication is key goal of care (Ferrell et al., 2018), and metaphor plays an important role in such complex, high-stakes communication (Casarett et al., 2010). Some literature in palliative medicine discusses the role of fighting metaphors in palliative care conversations (Southall, 2013), however specific study into the role and usage of the metaphors in the palliative care setting is limited. Deepening our level of understanding of who uses this metaphor and how they use it would add to our current empirical understanding of palliative care communication. Having a better understanding of how such fighting metaphors are used by different parties might help palliative care healthcare providers to engage in more nuanced conversation with patients and families, which, in turn, could help to better understand the sources of their suffering.

English Literature and Memoirs on Death and Dying

Susan Sontag was one of the first to critique the fighting metaphor expression and significance in biomedicine. In *AIDS and Its Metaphors*, Sontag (1989) argues that fighting and militaristic metaphors are common in discussions of HIV/AIDS and cancer, and that those metaphors tend to place blame and undue responsibility on patients for having the willpower to combat their disease. In the memoir *Being Mortal*, concerning dealing with death and dying, the physician Atul Gawande (2017) critiques the use of the metaphor as reflecting the tendency in

biomedicine toward the denial of death and the desire to avoid death at all costs. Gawande counters this tendency, arguing, “Death, of course, is not a failure. Death is normal. Death may be the enemy, but is also the natural order of things” (2017, p. 3). In a reflective piece by a cancer patient who is also cancer psychologist, author Karen Hurley (2014) grapples with fighting metaphors after her own cancer diagnosis, discussing how the metaphor can be both beneficial and damaging to patients. Hurley discusses how the metaphor can stigmatize patients as “losing” a fight, but also notes how fighting metaphors can be a means to “honor” patients and the lives they lived. Dhruv Khullar (2014), in an article for *The Atlantic*, also argues against the use of the fighting metaphor, noting how the metaphor has been internalized by many patients and clinicians due to its frequent usage in the field of medicine as a whole. He notes that, “by describing a treatment as a battle and a patient as a combatant, we set an inherently adversarial tone, and dichotomize outcomes into victory and defeat” (p. 1).

Medical Anthropology

Some in the medical anthropology field focus on the use of fighting metaphors by clinicians, critiquing such use as an outgrowth of the culture of biomedicine. For example, Cheryl Mattingly (2011) argues that biomedicine prioritizes control over patients’ bodies and over natural processes, viewing bodies as machines that need technological intervention. Mattingly observes that this view of the body as a machine results in a “fight” for control over it. Such sources focus on fighting metaphors in clinical discussions as originating from clinicians and the culture of biomedicine.

Review of the Relevant Literature

Empirical research into the use of fighting metaphors has produced mixed appraisals of the metaphor. Some studies of the use of fighting metaphors in clinical conversations with patients found negative correlations. A quantitative palliative care study of pain levels found that cancer patients with chronic pain who ascribed the meaning of the pain as an “enemy” (p. 11) (oftentimes discussing an attack or battle) were more likely to report higher pain and depression scores (Barkwell, 1991). In this case, coping with pain through a violent lens was associated with worse patient wellbeing. This study does not necessarily suggest a causal (or reverse causal) relationship between the use of fighting metaphors and increased pain and depression. It is likely that an increase in pain and depression is coupled with the use of these metaphors. However, it is possible that a militaristic or battle framing might also heighten attention to pain and discomfort. They likely play off each other. Hendricks et al. (2018) investigated how fighting metaphors in stories about patients with cancer were thought to impact study participants’ (lay people and students) emotional appraisal of the patient. They found that those who read about a patient undergoing a “battle” thought that the patient would have more guilt and would be less likely to be at peace with their disease than those whose story was framed as a “journey.” The study also notes that disease appraisals are motivated by several factors beyond just the metaphor used, and that the patients’, “specific illness situation, their tendencies toward challenges or competition, or their prior life experiences” (p. 277) may influence the effect the metaphor has on the disease appraisal.

A further study found that patients who internalized the idea of “fighting” their disease were more likely to conceal their suffering from their family and provider (Byrne et al., 2002). The study authors found that clinicians who encouraged their patients to fight their disease were

unwittingly leading them to internalize the cause of their pain. The study also noted that the use of this metaphor may be a defensive strategy used by clinicians to prevent themselves from having to face their patient's full emotional distress. Casarett et al. (2010) found that physicians who included metaphor in their discussions were ranked better by their patients on their communication skills. Hardy (2012) discusses how metaphor can "fill the space created by uncertainty" (p.1). Hurley (2014) discusses how "the battle metaphor also calls to mind one of the paradoxes of society— that war is one place where people march towards uncertainty, towards death rather than deny it. The choice not to run, but to stand and fight in the face of an implacable enemy is one way to not feel victimized by death, to align oneself with stories of heroes, to give one's life in a search for meaning, to find honor even in loss" (p. 313). Hurley discusses how fighting metaphors encourage patients to become engaged and feel some sense of control over their journey. While not an effective metaphor for all, fighting metaphors may be effective for understanding and coming to terms with disease for some. Semino et al. (2017) shares a similar conclusion, arguing that the fighting metaphors are not inherently negative. They argue that fighting metaphors in healthcare situations should not necessarily be judged simply by their type, but rather by their function. For some patients, fighting metaphors could be a way to give their diagnosis and life a deeper sense of purpose. However, for other patients, viewing their disease as a "battle" might negatively impact their health and mental wellbeing. Using fighting metaphors with some patients may empower and encourage them, whereas for other patients the metaphor may be daunting and incite guilt.

Some research also exists into the identification of the metaphor within datasets of conversations and discussion about health problems that patients are experiencing. For example, Semino et al. (2017) analyzed two online discussion boards for patients with cancer, using initial

human coders to identify specific instances of the use of the fight metaphor and subsequent automated word lookup to identify use of militaristic phrases identified by the coders. Similarly, Demmen et al. (2015) used a dictionary of words associated with fighting metaphors in order to allow semi-automated detection of fighter talk from a dataset of over 1.5 million words exchanged between patients, clinician, and family members from interviews and online forums. Some of the most common terms identified in this study included “fight”, “battle”, “kick”, and “struggle”. The study also found that the frequency of particular words differed amongst stakeholder groups, with some groups (i.e., the patient, family, or clinician) being more likely to use a particular phrase or term to refer to their disease. These two studies offer insight into how metaphor can be coded and identified from transcripts. In their reviews of the literature, study authors also indicate that little study has been done into specific conversational occurrences of fighting metaphors within palliative care discussions between clinician and patient.

The ambiguity and lack of empirical study found thus far around the use of fighting metaphors in health-related discussions are a strong indicator of the need for further study. A correspondence in the *American Journal of Bioethics* argues that in the palliative care setting fighting metaphors can reduce the emotional, moral, and psychological aspects of patients’ disease experience (Trachsel, 2016). The author notes that fighting metaphors can serve as reminder of the brutality and sterility of medicine today. The perceptions about the positive versus negative associations of such metaphors in health-related conversations are clearly mixed. Some studies have suggested that harm may be associated with use of this metaphor whether by patient and clinician. Others have found an association with wellbeing. These conclusions have mostly been made based on studies of groups of cancer patients currently undergoing treatment, but not with groups of patients receiving palliative care. The possible impact of these metaphors,

within the palliative care setting, has not been studied extensively. A review of literature focusing on the patient's use of metaphor in palliative care only identified four qualitative or quantitative studies that investigated the impact of metaphor on patients (Southall, 2013). The review also noted that many studies in this area are reflections or reviews of previous literature, with few conducting original empirical research into this field. It should also be noted that this review focused on metaphor as a whole in palliative care, and thus an even smaller subset of the research focused on fighting metaphors.

Fighting metaphors can clearly be a significant aspect of disease communication and conversation. With an ever-increasing focus on cutting edge treatments for cancer and other progressive diseases, language may play a vital role in how patients perceive their role in the journey. Palliative care conversations can oftentimes be one of the most vulnerable and consequential discussions for patients. Exploration into how the use of fighter talk by both the patient and provider will shed insight into how these discussions can be improved for patients at the end of life.

Research Questions

This senior honors thesis aims to explore a few questions regarding fighting metaphors. In the context of the palliative care conversations, how does use of the fighting metaphor vary between patients, family members, and clinicians? Of those social actors, who is the most likely to initiate the metaphor? What are the different ways in which the metaphor is used in these palliative care conversations? How do the subject and object of fighting metaphors vary? What are the patterns that exist between user, object, and subject of fighting metaphors? What are the

themes and conversational functions associated with use of fighting metaphors in these conversations?

Methods

Dataset

The transcribed conversations analyzed were sourced from the Palliative Care Communication Research Institute (PCCRI), a 2015 multisite (academic medical centers in New York and California) cohort study that enrolled 240 patients who had been diagnosed with life-ending cancer and 54 specialty palliative care clinicians (Gramling et al., 2015). The study data included verbatim-transcribed audio recordings of palliative care consultations, involving patients, family members, and clinicians. Specialty palliative care clinicians included palliative care physicians, nurse practitioners, physician assistants, medical students, and chaplains. Audio recordings were transcribed verbatim, resulting in a dataset of 363 unique conversations. Some patients had multiple conversations with their palliative care team, resulting in more conversations than patients. The dataset provided strong raw conversational data about naturally occurring clinical consultations, as participating parties were not instructed to answer specific questions or provide specific information during the conversations. All patient data was de-identified, including names, locations, and other identifying characteristics.

IRB and Ethical Protections

Analysis of the PCCRI dataset fell under secondary analysis of de-identified data. The original PCCRI study was approved by Institutional Review Boards at all study sites. My thesis

advisor, Robert Gramling, is the principal investigator for the PCCRI and ensured that my methods followed all appropriate policies and procedures.

Before data analysis, I completed two Collaborative Institutional Training Initiative (CITI) trainings, GCP – Social and Behavioral Research Best Practices for Clinical Research, and IRB - Human Subjects Research. My certificates of completion are included in the appendix. These trainings ensured that I was aware of best practices surrounding confidentiality and protections of human subjects and data while working with such a sensitive dataset.

Theoretical Frameworks

This thesis was rooted in speech act theory, a theoretical framework that views speech not just a vehicle to express a person's thoughts and feelings, but also as constituting a variety of other actions (Green, 2021). This theoretical framework, first introduced by the philosopher J.L. Austin (1962), expands the view of language and speech as simply a descriptive of the speaker's thoughts and feelings, to viewing speech as a means to accomplish or encourage a variety of possible actions. Speech act theory is rooted in the idea that speech is a tool, used for "requests, warnings, invitations, promises, apologies, predictions, and the like" (Green, 2021). Although speech act theory is not explicitly mentioned in the palliative care research literature that I have read, there is evidence in the literature that palliative care conversations are times to express ideas and convey emotions, but also times to do other things with speech, like convey information, reassess, establish goals, and facilitate communication among parties (Daubman et al., 2020; Ferrell et al., 2018). Speech act theory provides a helpful viewpoint on conversation in the palliative care setting as not just a time of conveying meanings but a time of actions as well.

Analytical Methods

Initial analysis of the dataset began with my reading of a sample of the 363 transcribed conversations from the Palliative Care Communication Research Institute and identifying instances of fighting metaphors in the transcripts. In addition to my own understanding of terms used in the interviews, I also paid attention to terms noted in the scholarly literature, particularly in Semino, et al. (2017, p. 3). The lexicon of terms associated with fighting metaphors that I generated is as follows:

- Battle (battled, battling)
- Beat (beaten, beating, beats)
- Hammer (hammered, hammers)
- Hit (hitting)
- Fight (fighting, fighter, fought)
- Kick (kicked, kicking, kicks)
- Knock (knocked, knocks, knocking)
- Punch (punched, punches, punching)
- Weapon (weapons)

Using this lexicon of terms, I completed *de novo* identification of the terms using the raw txt. files that contained the transcripts and the “find” function. At each instance of the term being used, the code <VM> was placed at the beginning of the sentence to indicate that a fighting metaphor had been used. These sentences were then collected into an Excel spreadsheet, where key pieces of information on each instance were collected. These included the term used, the user of the metaphor, and the conversation in which the metaphor was used. Use of the <VM> tag will allow for analysis of the dataset using Python by future researchers.

Using this method, 610 preliminary instances of fighting metaphors were identified. Following this preliminary identification, I conducted an exclusion process on each instance. Instances were excluded if they described actual violence to another individual, interpersonal

fights not directly related to the illness, and many common phrases that were not inherently violent, including the terms “kick in”, “knock out”, “heart beating”, and others. Terms that focused on an individual or group discussing their disease or illness journey using fighting terms were thus the included data. This resulted in a final dataset of 176 instances of fighting metaphors.

Throughout the identification process, I took notes on the trends observed in the dataset, which were recorded in a lab notebook, as well as in the spreadsheet containing the identified instances. Following the identification of the instances worthy of study, a matrix was constructed to observe trends in the metaphor. This matrix grouped instances by user (who said it) and the subject and object of the metaphor. I also took notes on the patterns of usage, themes, and functions of the metaphor in the transcripts. Finally, I analyzed and wrote about individual instances of fighting metaphors, bringing together these analytical threads.

Reflexive Statement on Researcher Identity and Preparation

As a biochemistry major, I came into this project with a great deal of curiosity, and little experience analyzing conversation. Pieces of literature, including Susan Sontag’s *Illness and Metaphor* (1978) and *AIDS and Its Metaphors* (1989) first introduced me to the idea of fighting metaphors. Throughout the course of this thesis, I took care to use my novice background in the field of palliative care research as a driving force, not a hindrance. Asking big questions, noticing trends, and using empathy and curiosity were key tenants of my thesis process. Coming into this work as an outsider, I did my best to avoid jumping to conclusions on the trends in these data. While some scholarly sources as mentioned previously were critical of fighting metaphors in clinical contexts, the complexity and tenderness of the conversations I analyzed drove me to

avoid judgement on the language being used. I believe that palliative care thrives when clinicians meet patients and families where they are at. So, it is important to know how much both clinicians and patients are initiating and using fighting metaphor and how they are using them.

Thesis Statement

In analyzing the PCCRI palliative care conversation transcripts, I found that the fighting metaphor is commonly used and that it is initiated in these conversations by patients and family members at least as often as it is by healthcare professionals. The meanings, feelings, and themes conveyed, and the conversational functions served through the use of fighting metaphors were complex and varied by the speaker and the conversational context. They did not merely serve to assert the control of biomedicine or of biomedical clinicians over the body. The patient was most frequently identified as the one doing the fighting, although other common fighters included clinicians, and family members. The object of the fighting was most often unnamed, but was oftentimes cancer. Object of fighting also included fights for things like quality. Conversational functions served by using fighting metaphors included making a positive assertion about the patient's identity or efforts, showing commitment to the wellbeing of the patient, mirroring what was said to show attention and connection, and emphasizing goals for the future and care received.

Organization of Manuscript

This thesis is organized into the six chapters, the first being the introduction. The second chapter explores how conversational initiation and use of fighting metaphors varies by the type of speaker. The third chapter explores how the subject of fighting metaphors, or the individual

“doing the fighting” varies. The fourth chapter explores how the object of fighting metaphors varies, and identifies trends in what, if anything, is identified as that which is being fought against. The fifth chapter explores the conversational themes and functions of fighting metaphors and trends that exist in patterns of user, subject, and object of the metaphor. The sixth chapter is the concluding chapter, and discusses the conclusions and limitations of this study.

Chapter 2 - Initiation of Fighting Metaphors

Introduction

The Issue of Initiation

Given concerns in the literature about biomedical assertion of control over bodies through fighting metaphors, the question of who initiated and who used such metaphors in the palliative care conversations was of particular interest. This chapter helps to aid in the understanding of trends in the usage of these metaphors by clinicians, and by patients and families. Before exploring how fighting metaphors are used, it is vital to understand who is using the metaphor.

Reflection

Exactly who was using fighting metaphors was one of the things that most interested me in this thesis. While I expected to see frequent use of the metaphors by patients and families, investigation into when and how the metaphor was used by clinicians was fascinating. So much of what I had read pointed towards a negative attitude towards fighting metaphors, but it was fascinating to see the variety in how it was used, particularly by clinicians.

Review of the Literature

I was unable to identify previous work describing the typical initiator of fighting metaphors. However, study into the trends of those who use the metaphor does exist. A 2017 study that examined online discourse around cancer explored the varied usage of the metaphor by both health professions and patients (Semino et al.). The study found that patients were

significantly more likely than health professionals to use fighting metaphors in their online discussions of cancer. The study found that patients used fighting metaphors 35% more often than the health professionals.

While few other studies used empirical means to study trends in the usage of the metaphor, critiques in the field of medicine point towards a desire in the field to avoid its usage. Social critiques, both inside and outside of medicine are common. Susan Sontag famously denounced the usage of fighting and militaristic metaphors in discussion and treatment of cancer in her seminal essay *AIDs and Its Metaphors* (1989). Critiques by physicians also exists. A 2017 commentary notes a, “healing profession that is permeated with violence sometimes necessary, often unintentional, and almost always unrecognized” (Shapiro). Both externally and internally, the use of fighting metaphors in medicine is generally viewed unfavorably. This in contrast to external usage of the metaphors. Study into cancer advertising indicates that fighting metaphors are commonly used in marketing and communications for cancer charities and other organizations (Taylor & Knibb, 2013).

In study of palliative care conversations, the idea of mirroring language has been both suggested and observed in the literature. A 2011 article noted the benefits of applying techniques from Motivational Interviewing, in which the can clinician offer reflective statements and mirror language (Pollak et al.). Another best practices guide for palliative care conversations suggests mirroring as a means to encourage patients to reflect and, “articulate their thoughts and feelings about the future” (Daubman et al., 2020). Mirroring can be a way to promote quality communication and encourage patients to build on their thoughts. Repeating words or phrases encourages reflection.

A linguistic analysis of physicians repeating back patients answers in the palliative care setting also demonstrated the utility and benefits of mirroring. Jenkins et al. (2021) found that when physicians repeated back patient's phrases about their pain, physicians provided, "a no-obligation opportunity for patient-led confirmation, disconfirmation, or expansion of pain descriptions, particularly when the pain matter is new, revised, or has been problematic to report" (p. 1). Mirroring can open the door for deeper and more meaningful conversations in the palliative care setting.

The current literature suggests that clinicians are generally less likely to use fighting metaphors than their patients. Reduced usage of fighting metaphors appears to be influenced by social critiques, as well as from attitudes within the field of medicine. Understanding exactly how and when the metaphor is used, particularly by clinicians in the palliative care setting has not been explored thoroughly.

Research Question

This chapter seeks to answer the questions: Who initiated fighting metaphors in palliative care conversations? Who used fighting metaphors in these conversations? Did initiation and use of fighting metaphors vary between clinicians and patients and their families? Did clinicians initiate and use such metaphors more often than patients and families did?

Theoretical Framework and Analytical Method

In study of metaphor initiation and the speaker of the metaphor a key theoretical framework was the idea that the initial user of a fighting metaphor was significant, as they were shaping the conversation and discourse moving forward. The significance of fighting metaphors

in shaping patient's views on their disease, as discussed in Casarett et al. (2010), suggests that because fighting metaphors are so meaningful, that the first user, and thus initiator of the metaphor could shape the discussion moving forward. The significance of the first user of fighting metaphors was also aided in linguistic and palliative care theory around conversational mirroring, in which clinicians repeat patient phrases to improve the quality of conversation. Jenkins et al. (2021) indicated that mirroring language in the palliative care setting can be a way to establish clinician understanding of what the patient has said, and for the patient to expand on what they have previously stated. Speech act theory also aided in analysis, as initiation and usage of fighting metaphors by different parties demonstrated various actions and assertions of ideas (Green, 2021). Viewing initiation of fighting metaphors as significant through the lens of both speech acts and the inherent importance of the metaphor was crucial for analysis. These theories of mirroring and the significance of initiation were crucial in my analysis of fighting metaphors for this chapter.

Analysis of the usage of the metaphor and its initiation relied on tags from the main dataset. As discussed more thoroughly in chapter one, each instance in which a fighting metaphor was used was denoted with an identifier that indicated whether the clinician, patient, or family member had been speaking. In conversations where both the clinician and patient or family member used the metaphor, the transcripts were analyzed again to identify who first used the metaphor in the conversation.

Thesis Statement

Usage of fighting metaphors in the PCCRI palliative care conversations varied in frequency and use between clinicians and patients or families. Patients and family members were

more likely to initiate fighting metaphors and used them more often in comparison with healthcare providers. In conversations where both parties used fighting metaphors, clinicians typically mirrored the language of the patient or family. In these conversations, mirroring language provided a way for the clinicians to empathize with patients and phrase the goals of palliative care within the patient's view of their disease and prognosis.

Findings

Use by patient/family

Out of the total 176 instances of fighting metaphors studied, there were 111 instances (63%) of fighting metaphors used by patients or family members. Of these 111 instances, 49 (44%) occurred in conversations where only the patient or family used the metaphor, and 62 (56%) occurred in conversations where both the clinician and patient or family used the metaphor. There were 70 instances of the use of the metaphors by the patient (63%), and 41 (37%) instances of the metaphors used by a family member.

The 111 instances of fighting metaphors occurred in 73 conversations. In the 73 conversations studied, in which the metaphors were used by the patient or family members, there were 49 conversations in which the patient or family used the metaphor. There were 36 conversations where fighting metaphors were only used by the patient or family member.

Use by clinician

Clinician usage of fighting metaphors was less frequent. Among the 176 events, there were 65 (37%) recorded instances of the metaphors in which it was used by a clinician. Amongst these 65 instances, 46 (71%) occurred in conversations where only clinician used the metaphor.

There were 19 instances in conversations where both the clinician and patient or family used the metaphor.

There were 37 conversations where the metaphor was used by a clinician. Of these 37 conversations, 24 (65%) were conversations where the metaphor was only used by clinician throughout the course of the conversation.

Use by both clinician and patient/family

There were 68 instances of the fighting metaphor in conversations where both the clinician and the patient or family used the metaphor. There were 13 conversations where both parties used the metaphor. Within these conversations, 19 (28%) instances came from the clinician, 30 (44%) from the patient, and 19 (28%) from a family member. The metaphor was first used by the patient or a family member in 12 out of the 13 (92%) conversations where both parties used fighting metaphors. There was only one instance where the clinician used the metaphor and was followed by the patient using the metaphor. Initiation between patient or family member was evenly split, with five instances of the metaphor being initiated by the family member, and seven by the patient themselves.

Themes in clinician and patient/family usage

The design of the study relied on de-identification of all those who spoke during the conversations. Thus, patient, family member, and clinician names were not included. While there were unique numbers assigned for each individual patient-participant (without identifiers), clinician identification was not possible between conversations. Thus, the use of fighting metaphors by clinicians cannot be looked at with the same level of certainty as patients since the

same clinician could have been involved in multiple conversations. The 37 conversations in which a clinician used fighting metaphors do not correspond to 37 unique clinicians, as it is likely that clinicians conversed with multiple patients in this subset of conversations.

Exploration of the conversations where both parties used fighting metaphors demonstrated frequent mirroring (13 conversations and 68 instances of the metaphor used in the context of mirroring) and utilization of fighting metaphors by the clinician. As discussed in Pollak, *et al.* (2011), mirroring proved to be a way for the clinician to affirm patient sentiments and demonstrate understanding. Some of these instances of “mirroring” reflect a time when the clinician is seeking clarification of a topic that the patient or family has brought up. In this case, the patient had been coughing for some period of time and chose to bring it up in the context of a fighting metaphor.

Patient: You know, you and I have been fighting this battle for a few minutes. Either you are gonna win or I am.

Family member: What battle?

Patient: <coughs>

Family member: Are you all right?

Clinician: What battle are you fighting?

Patient: That cough battle

In this instance, the clinician was utilizing the fighting metaphor to clarify something that the patient had said. The patient had been utilizing the term battle to refer to their struggle with their coughing and the clinician was seeking to clarify the meaning here. The vagueness of

fighting metaphors is a common theme across the dataset. Patients commonly utilize the term “battle” and “fight”, without much context. In these cases, the provider might not seek clarification (in which there is no use of the metaphor by them), but in cases such as this, the clinician does seek clarification. Discussion of the general use of fighting metaphors, without the clarification of the clinician, will be discussed in chapter four.

In most of the instances, however, the utilization of the metaphor by the clinician following the patient's or family's initial use isn't one of clarification, but rather one of mirroring. In some cases, the clinician framed the themes of palliative care within the metaphorical lens of violence. This family member was expressing that the patient was planning to continue treatment and had little intention of “giving up”.

Family member: She's made it clear to me she wants to fight really hard on everything.

Clinician: I have a pretty good sense of what you want. The one thing I'm not totally sure about -- I wonder if we could talk about briefly is we're going to continue fighting and hoping that everything goes well with your treatment, but what happens if it doesn't.

In cases such as this, the clinicians likely use the metaphor to bridge the gap between fighting metaphors and the goals of their medical treatments. In the example above, the family member's indication that the patient's desire to “fight really hard” was likely indicative that the family was persistent in the treatment of the patient's cancer.

For patients in this study, their late-stage cancer meant it would be a life-limiting condition. Thus, the physician's desire to "talk about briefly is we're going to continue fighting and hoping that everything goes well with your treatment, but what happens if it doesn't" is likely a way to utilize the metaphor to bring up the difficult topic of cancer that doesn't respond to treatments. By framing the palliative care conversation within the metaphor already being used, the topic of death or ceasing treatment might be more palatable. Instead of dismissing the idea of fighting all together, clinicians are inviting a conversation into what may happen if things do not go according to plan.

In other cases, the mirroring of fighting metaphors is a way to discuss goals with the patient. In the example below, the clinician utilizes fighter talk to hone in on one of the key tenants of palliative care: establishing priorities. The patient introduces a sense of doubt about continuing to fight, suggesting that their attitudes towards pursuing treatment might be changing. This provides an excellent opportunity for the clinician to both mirror the language, but also learn more about the patient's goals.

Patient: And that conversation has changed because six months ago, you know, it was worth it to fight.

Clinician: And what I would encourage you to think about is you, through all of this, you are fighting but to think about what you are fighting for.

For many of the instances of fighter talk, the object of the fight is not made clear by the patient. When the object is not made clear, clarification of what is being fought can occur. But in

this situation, the clinician invited the patient to consider exactly what they are fighting for. Rather than the focus being on the object, the clinician is focusing on the driver of the “fight”. In situations such as this, the clinician is encouraging the patient to reframe or reconsider the fighter talk they are utilizing. The clinician suggesting that the patient consider the purpose of their fight forces them to place a driver or reason for the fight. In some instances of the general “fight”, the patient may have never done that before. Reconsideration of the metaphor might be shifting away from the mentality of defeating the cancer or could be focusing on symptom management. Contextualizing and reframing fighting metaphors seems to be a clear theme in instances where both the clinician and patient or family uses it.

Another pattern in which fighting metaphors are not initiated by the care team is simply mirroring language without any further action. Repeating the phraseology of the patient or family member was common in the instances of fighter talk.

Patient: My state of mind is saying ain't no giving up, like to keep fighting.

Clinician: Okay, keep fighting.

This pattern of mirroring the usage of metaphor has been studied in the literature. A 2010 study found that physicians who used metaphor or analogy were more likely to be perceived as better communicators than those who did not (Casarett, et al., 2010). Building rapport with patients and forming relationships is a vital aspect of palliative care. Utilizing the same metaphors used by patient or family is just one way that palliative care clinicians might better build these relationships. This mirroring of language is also a method in which communication can be improved in palliative care. A 2021 study found that clinicians repeating patient answers

was a helpful means of discussing and addressing pain (Jenkins et al.). The study authors described this “mirroring” was a means for the patient to confirm their feelings in a no-obligation way. Mirroring was a method to invite growth and confirmation without the patient feeling obligated to expand upon what they had said previously.

The one instance of clinician-initiated fighter talk is also worthy of discussion. The initial use of the metaphor was not specific to the patient being a “fighter”, but rather was a discussion about the body “fighting” off an infection. Oftentimes when patients are dealing with serious illness, their immune system is decreased in its capacity to fend off infections, and thus this is a common conversation to have in the palliative care setting.

Clinician: Yeah, so part of the whole kidney and your autonomic system working together to control the blood pressure, so they're, they're trying to see if they can fight any infection, but, the truth is, they haven't found where, if there is a source of infection.

Family member: So, okay, so if he stops chemo, will his white blood cell count go back up so he can better fight the cancer that's in his system kind of thing?

Usage of the metaphor in conversations where it was only used by one party followed a general trend of vocabulary. As opposed to the mirroring observed in the conversations where both parties use the metaphor, these instances were not nearly as complex. Just as patients used the metaphor as part of their vocabulary, clinicians used it in a similar way. While the literature has suggested that clinicians are less likely to use the metaphor, critiques of it have not reached all in the field, and some may not see any reason not to use the metaphor.

Discussion

Unlike what one might expect from English literature or medical anthropological critiques of biomedicine, clinicians in the PCCRI dataset were significantly less likely to initiate or use fighting metaphors than patients or family members. This is similar to what Semino, *et al.* (2017) found in palliative care research on patient-clinician discussions of cancer and other serious illnesses. Semino, *et al.* (2017) found that health professionals (the majority of which were physicians) were less likely to use the fighting metaphor than patients were. I was unable to find other quantitative studies that explored usage of the metaphor by different parties. However, this reduced clinician usage follows more recent negative appraisals of the metaphor in the field of medicine, so it is possible that reduced clinician usage is because of reform in biomedical practice. In the mid-2000s, Penson *et al.* (2004), an oncologist discussed how, “Although the military metaphor may give the physician a “shield” behind which to work, this is rarely seen as a carapace that allows the vulnerable to grow, and the military metaphor is increasingly criticized because it reinforces and preserves male dominance and authoritarian relationships within the medical establishment” (p. 714). This article argues that while the fighting (or military) metaphor was highly engrained the culture of medicine, its usage did not always lead to positive outcomes and should be avoided.

In a more recent article, Tate (2020), a palliative care physician, argues that metaphor usage in the palliative care setting should be variable, and specific policies and guidance in metaphor usage should not be placed on clinicians. This argument focuses on the varied utility of metaphor in the palliative care setting. When clinicians were using the metaphor, particularly after patient or family initiation, they were using the metaphor to demonstrate empathy and understanding to the patient. Tate’s idea as metaphor usage as dependent on individual’s

circumstances and language mirrors the trend seen in the data. In cases of mirroring, clinicians used the metaphor in the context of how patients and families were choosing to communicate. Their usage of the metaphor was not random, but rather a reflection of what they had heard from the conversation.

Trends in usage of fighting metaphors mirror the crosstalk seen in the literature. On one hand, critique of the metaphor in the field of medicine mirrors a reduced usage of the metaphor by clinician. But while there is critique of the metaphor, it is still very much engrained in the culture of biomedicine, as argued by Tate (2020) and Mattingly (2011). We see this in the use of metaphor by the clinician, particularly when it is initiated by them. This balance of critique and usage in the field is well mirrored in the data analyzed in this chapter.

Clinician usage of the metaphor in the context of mirroring aligns with previous research indicating that mirroring language can be an important aspect of conversations, both in the context of palliative care and pain management. Pollak, et al. (2011) discussed the application of applying motivational interviewing techniques to palliative care conversations, in which mirroring is a key tenant. The article indicated that aspects of this technique could, “be used to improve the quality and efficacy of palliative care conversations” (p. 1). Mirroring in the palliative care conversations in this dataset indicates that use of this technique extends outside of a suggestion in the literature, but rather is commonly used in conversations.

Conclusion

Initiation of fighting metaphors in the studied conversations is indicative of trends and attitudes towards the metaphors in the field of medicine. Clinician usage of the metaphor occurred far less than amongst patients and families. Usage of the metaphor by clinicians outside

of the context of mirroring was similar in utility to patients and families, in that it was simply part of their vocabulary. Mirroring of the metaphor indicated that clinicians recognize the meaning that it can bring to patients in the palliative care setting. They used the metaphor as a way to shift conversations and aid patients in reframing their feelings toward their disease journey. They skillfully used the metaphor to emphasize goal setting, reevaluation of treatments, and to empathize with their patients. This finding points to a broader finding: that fighting metaphors are not always used to simply describe attitudes and feelings. The numerous examples above point to the ability of the metaphors to be used as a tool for clinicians and as a way for patients to clarify how they are feeling.

Chapter 3 – The Subject of Fighting Metaphors

Introduction

The Issue of Who is Fighting

Next, I turn to the issue of exactly *who* or *what* is doing the fighting. Use of the metaphor was not always a direct relationship between speaker and subject doing the fighting. In some instances the user of the metaphor was not the individual who was the one being portrayed as doing the fighting. Further, discourse and study of fighting metaphors has focused on the speaker using the metaphor, but little study thus far has focused on the subject being portrayed as doing the fighting. While oftentimes the subject is the patient, fighting metaphors' usage is more complex than that. In the PCCRI conversations, the family, the clinician, the body, and other entities are each described variously as the ones doing the fighting.

Reflection

The subject of fighting metaphors was not something that I had given much consideration to before embarking on my analysis. I had viewed patients as the sole fighter within the context of the metaphors. It was interesting to see how the subject of fighting metaphors can be so variable.

Review of the Literature

Little study into the specific subject of fighting metaphors exist in the literature. The primary focus of empirical medical literature has been on patients as the subject of the violence metaphor. Munday et al. (2020) focused on the use of metaphor in the description of pain

amongst patients. Southall (2013) explored solely how patients used metaphor in the palliative care setting. Both studies did not go beyond the patient as the fighter. Some critiques of fighting metaphors go beyond the patient as the subject, Reisfield and Wilson (2004) discuss clinicians, as well as drugs as subjects who do the fighting. Mattingly (2011) writes about clinician and family conflict in the context of fighting. Thus, while there has been research and discussion into the various subjects of fighting metaphors, the variability and occurrence of the different subjects is not evident in the literature. Exploration into the subject of fighting metaphors, particularly in the palliative care setting, does not exist in the literature. This chapter seeks to clarify how the subject of fighting metaphors can vary.

Research Questions

This will explore the question: What are the different subjects portrayed as doing the fighting when fighting metaphors are used in the PCCRI palliative care conversations?

Theoretical Framework and Analytical Method

This chapter seeks to investigate how the subject of fighting metaphors are variable within and across conversations, and the patterns in the usage of fighting metaphors that exist within the various subjects. Previous literature (Mattingly, 2011; Munday et al., 2020; Reisfield & Wilson, 2004; Southall, 2013), which identified subjects of fighting metaphors to include, patients, family members, clinicians, and drugs provided a theoretical framework for this chapter. These categorizations allowed me to explore the patterns and frequencies of subjects of fighting metaphors in the palliative care setting. Further, the assertion of a subject in fighting

metaphors aligns with the previously discussed theoretical framework of speech act theory (Green, 2021), in which making an assertion is in and of itself a speech act.

Analysis relied on constructing a matrix, in which each instance of a fighting metaphor was categorized based on subject and user of the metaphor. In instances where the subject was not clear, it was indicated in the matrix. This grouping allowed for different subjects of the metaphor to be easily identified and analyzed. Analysis of specific instances relied on reading the sentences surrounding the metaphor from the transcribed conversations.

Thesis Statement

In the PCCRI conversations, the subject of fighting metaphors were quite consistently focused on the patient being the fighter, or doing the fighting. There were limited instances of other individuals (clinicians or family members), as well as other entities, such as drugs and treatments, as the subject of fighting metaphors.

Findings: The Subjects Doing the Fighting

The Patient

Among the 176 instances of fighter talk, 127 of them (72%) represented the patient as the one who is doing the fighting (or being a fighter). Of these 127 instances, 62 (49%) were used by the patient themselves. There were 30 instances (24%) where the metaphor was used by a family member, where the patient was the subject. Further, there were 35 (28%) instances where the metaphor was used by a clinician, where the patient was the one doing the fighting.

The patient as the subject represented most of the data, but was not always ascribed by the patient themselves. Nearly half were times where the patient identified themselves as the one

doing the fighting. Some instances were times where the patient clearly described the action of fighting. In the example below the patient describes a desire to do other things besides fighting.

Patient: I don't want to be fighting it all the time.

In other instances, patients did not describe themselves as doing the action of fighting, but rather identified themselves as fighters. This idea of being a “fighter” will be discussed in chapters four and five. In the example below, the patient indicates that they are a fighter.

Patient: Because I'm a fighter.

Patient self-description as being the one fighting represented a large portion of the subjects identified, but there were also instances where other parties noted that the patient was the subject of a fighting metaphor. In times where the patient’s family identified the subject to be the patient there was wide variety in usage, although they oftentimes used the metaphor to emphasize the mentality and identity of the patient. Some instances focused on how the family member viewed the patient and their goals. In the example below, the family member seeks to clarify that the patient wants to fight.

Family member: He wants to fight this, you know?

In other instances, family members used a fighting member to emphasize their understanding of where the patient was at, and their own concerns for them. In the example below, a family member remarks about their concern over the patient's stamina.

Family member: And he wants to fight, so he can fight as long as he wants, I am worried about his stamina over the next month and a half.

Finally, patient as the subject was also used by clinicians. Similarly, to patient and family usage, trends in how it was used by clinicians was highly variable. Some instances represented times where the clinician was emphasizing an understanding of the patient's journey and challenges they faced. In the example below, the clinician addresses all the patient has dealt with during their treatments.

Clinician: I had a chance to read through your chart and saw how much you've battled with -- I can only imagine what courage and strength getting through all this.

In other instances, the clinician used a fighting metaphor to clarify that they understood the patient's mentality and attitude towards fighting. Clinicians used the metaphor to emphasize that they had heard the patient. In the example below, the clinician notes that they understand the patients desire to continue fighting.

Clinicians: We all hear that your goal is to get better, you want to keep fighting and that's great, that's fine.

This instance represents the clinician's desire to make clear that they understood the patient's attitude towards fighting, and thus used the fighting metaphor to make this point clear.

The Patient's family

The patient's family was the next most common subject of fighting metaphors. Among the 176 events, twelve (7%) reflected the patient's family as the subjects doing the act of fighting or being fighters. Of these twelve instances, ten (83%) were initiated by the family member, and only two (17%) by the clinician. None were spoken by the patient.

Most instances of the subject being the patient's family focused on the family fighting on behalf of the patient. Family members indicated that the fight was in service to their patient. In the example below, a family member uses a fighting metaphor to emphasize their dedication to the patient.

Family member: So it's not my decision but I will fight until I cannot breathe to make sure that whatever he wants is what they are going to do.

Fighting not necessarily against something but rather on behalf or for something is an interesting theme that was common when family members were the subject of the fight. This theme of fighting against something or fighting for something will be discussed in chapter four.

Clinicians

Clinicians were infrequently the subject of a fighting metaphor. Only four out of 176 instances (2%) represented a clinician as doing the fighting. Each of these instances were initiated by the clinician themselves. In one instance of the clinician being the subject of the fighting metaphor, they indicated that they were fighting on behalf of the patient, indicating several goals the clinician and healthcare team were fighting for.

Clinician: We're fighting for family unity, and closeness, and ensure she feels her legacy is, is um, that she's leaving them a legacy, and so we're still fighting.

This example demonstrates that the clinician was using a fighting metaphor to demonstrate their commitment to the patient and to provide quality care. Rather than fighting against something for the patient, the clinician indicates that they are fighting for legacy and unity. The themes of legacy and unity will be discussed in chapter five.

Drugs and Treatments

There was a single instance where drugs and treatments were identified as the subject of the metaphor. This instance was initiated by the clinician in the conversation. The sole instance was when the clinician indicated that the drug used would “knock out” the cancer that the patient had been diagnosed with.

Other Instances

There were ten instances that fit outside the categories identified in the matrix. These included instances where the subject was unclear, or when the subject was an ambiguous “we”,

where it was not clear who the “we” was referring to, which could include the healthcare team, the family, or the patient and the family.

Discussion

The majority of instances focused on patient’s being the subject of the metaphor. This finding aligns with the literature explored, in which patients being viewed as the fighter was of primary study. Patients are typically the focus of palliative care conversations, and thus their status as the ones fighting was no unexpected. An unexpected finding, however, was the breakdown of who was the user of the metaphor. Half of instances came from individuals other than the patient. This suggests that patients are not the only ones that view themselves as ones doing the fighting. Family members’ and clinicians’ use of the metaphor, where the patient is the fighter, indicates that the metaphor is frequently applied to patients by others in the palliative care setting. Whether this application is a result of the patient’s own attitudes or use of the metaphor is unclear. However, this finding is important, as it indicates that the use of the metaphor does not only reflect how patients view themselves, but also how clinicians and family members describe the patient.

The next most frequent subject of fighting metaphors was family members of the patient. Of these instances, the vast majority were initiated by the family member themselves. The lack of usage of the violence metaphor by patients where the family is the subject is an interesting finding. While many family members viewed their patient as a fighter, the reciprocal did not occur in this dataset. This finding could be explained by several factors. Perhaps in conversations where the focus is primarily on the patient there is not room for the patient to express how their family has been fighting on their behalf. Another explanation could be that fighting metaphors

are oftentimes contingent on a disease being fought. When a family member does not have a disease to fight, the need to express their efforts on behalf of the patient does not have to be expressed using violent terminology. Disease may be the driver of fighting metaphors.

When clinicians were identified as the subject of fighting metaphors, they tended to indicate the clinician's desire to fight for or with the patient. Since each instance was first initiated by the clinician, this could be indicative of the clinician's desire to demonstrate their desire to fight on for the patient and be their advocate.

Findings in the subject of the metaphor are significant, as little study has been conducted on the exact occurrence of the various subjects of fighting metaphors. The focus in the literature has primarily been on patients as the subject of the metaphor (Munday et al., 2020; Southall, 2013). This focus is likely warranted, as these data suggest that the subject being someone other than the patient is rare. In discussions where the patient predominates the conversation, they are also the ones most likely to be the subject.

Analysis of the many intricacies of the patient as subject was not included in this chapter because of how the subject predominates the instances. Thus, I hope that other chapters of this thesis will explore the variation in which the patient can be the fighter in palliative care conversations.

Conclusion

Patients were, by far, the most frequent subjects of fighting metaphors in the dataset analyzed. While occasional other parties or entities are the subject, patients represented most cases. In the palliative care setting, where the focus primarily lies on the patient, the subject mirrors this focus. This finding indicates that within the palliative care setting, clinicians should

recognize that the patients are typically the party that is seen as the one fighting, even if initiated by another party. Understanding this focus on the patient as the fighter, even though family members are a key aspect of palliative medicine, is an interesting finding. In a field where the patient is oftentimes the main priority, they also can take on the burden on being the one fighting.

Chapter 4: The Object of the Fight

Introduction

The Object of Fighting

In this chapter, I analyze what the object of fighting metaphors were in the PCCRI conversations. I explored what exactly was identified as what was being fought against or for in the context of fighting metaphors.

Reflection

Beginning this aspect of the thesis, I primarily considered fighting metaphors to associated with fighting the disease of cancer. I had not given much thought, or consideration, into how fighting metaphors could be used to explain fighting other aspects of disease and illness. So much of the literature around the metaphor focuses on patient's fight against cancer, and thus that was my primary consideration. Of course, in the field of palliative care, one's cancer is only a fraction of what is considered. Patients using the metaphor to address other aspects of their disease makes a lot of sense.

Review of the Literature

A key aspect of fighting metaphors is the object being fought against. Charles Sanders Peirce, in his Theory of Signs argues that each "sign", or representation, is made up of an object and interpretant. The object is what is being represented. The interpretant is the understood relationship between the sign and the object (Atkin, 2013).

Fighting metaphors' objects can be variable, whether it be disease, pain, side effects, or others. Understanding exactly what is the object portrayed as being fought against, has not been studied thoroughly. The taxonomizing of metaphors within the context of medicine has been studied (Reisfield & Wilson, 2004; Southall, 2013). These studies indicated that the use of fighting metaphors can be variable, but did little study to examine exactly how the object can change in its usage. The most frequently discussed object of fighting has historically been the disease of cancer (Hendricks et al., 2018; Penson et al., 2004; Reisfield & Wilson, 2004). Susan Sontag (2005) writes about how, "we have had wars against poverty, now replaced by 'the war on drugs,' as well as wars against specific diseases, such as cancer" (p. 11). A 1997 medical anthropology study discussed how participants, "regarded cancer as cellular, composed of tumor-forming 'pregnant cells.' They understood these mutating, growing, rogue cells to have the same humoral capacity as AIDS cells. They transgressed boundaries, tissues, and organs, and indeed, endowed them with a fluid-like capacity of movement" (Weiss). Discourse around the metaphor of cancer is a commonly discussed occurrence, but exploration into how individuals might be fighting against other objects, or even *for* something is limited in the literature.

The notion of fighting *against* something versus fighting *for* something is of note, particularly in the palliative care setting. Identifying goals, and even events that patients might want to be present at is a common theme in the field (Ferrell et al., 2018). Studying into the distinction between fighting against something versus fighting for something was not evident in the literature. Identifying exactly what the patient is fighting for, is an aspect of the goal setting found in palliative care.

Research Question

This chapter seeks to answer the research question: What are the objects of the fighting metaphors used in the PCCRI palliative care conversations? What is portrayed as being fought against? What is portrayed as being fought for? Do fighting metaphors in these conversations tend to focus on or go beyond the theme of fighting cancer?

Theoretical Framework and Analytical Method

Speech act theory, the idea that conversation can convey action instead of just meaning was a key theoretical framework for this chapter (Green, 2021). Speech act theory can give insight to the motivations and goals of speech, which is particularly helpful when examining the object or basis for what was being fought against. Analysis of the object of fighting metaphors, including what was being fought against or fought for was aided by a theoretical framework that gave insight into the driving forces and expected results of conversation.

Investigation into the object of fighting metaphors was initially carried out on the entire data set of metaphor instances. Fighting metaphors were grouped into categories according to the object of the fight. The categories were: the disease of cancer; symptoms, side effects, and infections; the hospital system; and unnamed “fighting”. The unnamed “fighting” section included instances where the object of the fight was not clear from the sentence it was framed in, as well as times when the fight was generalized and not against any specific object.

While the violence metaphor can be specific in its object, there were many instances of no clear object as well. Each instance of fighting metaphors typically has a clear subject (the individual using it), as well as the individual who is doing the “fighting”. Discerning what exactly was being fought against proved to not always be clear in the data. Analysis relied on the sentences surrounding a fighting metaphor, and over half of the instances were categorized as

having no clear object being fought against. While the complete context around the instances was not always evident, the large number of ambiguous usages of fighting metaphors are an interesting finding, nonetheless.

Thesis Statement

In the PCCRI conversations, fighting metaphors were most frequently used to describe a general fight, with no clear object. Fighting metaphors did not always identify a clear object being fought against. Some instances focused on a more general fight, while others illustrated that fighting metaphors can also be used to express identity. Patients' identity as a fighter was significant in conversations, and patients indicated that it was a key part of who they are. The next most common object was the fight against cancer. Usage beyond this object was infrequent but did occur. Things described as being fought against included infection, side effects, and symptoms. Further, ascribing a fight *for* something, rather than *against* something was uncommon across the dataset but did occur. Things described as being fought for included life and quality. These findings suggest a wide variety of objects of fighting metaphors.

Findings

Fighting against

Two clear means of dividing up the object of the metaphor emerged from the data: fighting *against* something and fighting *for* something. The first aspect of this chapter will address fighting against as the object, while the second will address fighting for as the object.

Fighting the Disease of Cancer

In the PCCRI conversations, the most frequent named object of fighting metaphors in which patients were the ones fighting was the idea of fighting the cancer itself. This object was not always specifically named, but fighting the disease itself was a common theme. The frequent use of fight metaphor against cancer was expected, as for many patients the root cause of their illness was the cancer itself.

Fighting against the cancer was not always framed in the same way. One means of fighting against the cancer was the cells themselves. The battle was framed as one against not the disease itself, but rather the cells within their body that had proliferated uncontrollably. Viewing the fight as a biological one was not a common theme, with only a few instances of the metaphor being used in this way, but were still worth identifying.

In one instance, the patient described differentiating between healthy cells and cancerous cells. They were focused on the fight against the abnormal cells, working to preserve the healthy cells within their body.

Patient: Because if I can keep the normal cells and beat up on those cancer cells...

In this example, the patient is viewing the cancer cells as the enemy, invaders needing to be destroyed. The intersection the violence metaphor with a more biomedical view of cancer is interesting. The patient has used their understanding of the biological basis of their disease to choose who to fight against. They use their knowledge of cancer to hone in on their target.

In another example, by the same patient, they once again frame the fight against the cancer cells themselves. The distinction between healthy and cancerous cells are once again made clear. The idea of a selective and strategic “war” is emphasized in their use of the

metaphor. They want to ensure that the fight will not kill all their cells, but rather the ones worthy of killing.

Patient: Yeah, spare my normal cells instead of beating up on everything else.

The notion of “sparing” cells is a unique means of viewing disease and treatment, and mirrors the language of war. So often in militaristic conversations the idea of being strategic and fair appears. The desire to avoid collateral damage, attempting to prevent death and injury of those who are not the targets is often attempted. In this case, the collateral damage is that of healthy cells in the body.

This choice to identify a target, and thus cells who are to be avoided, is seen in the examples above. The patient viewed the treatments they were receiving as capable of identifying and “beating up” on cancer cells, while sparing the rest.

In another example of the patient fighting the cancer cells, a clinician describes how an immunotherapy known as Yervoy (Ipilimumab) will help the patient utilize their own immune system to battle the cancer cells (Fellner, 2012). The clinician describes the means in which the medication will help the body build up the strength to fight the cancer cells on its own.

Clinician: I'm not sure. I thought - like the Yervoy is supposed to build up his immune system so that it can fight the cells that are eating away.

The more common way in which cancer was the object of the fight, was more generally. Fighting against “this disease”, or “the cancer”, were frequent means in which patients were to

utilize the metaphor. Instead of viewing the cancer at the microscopic level, as cells within the body, patients were more likely to describe it from a more global scale, as a general disease or ailment. This is not necessarily a broad generalization of what was being fought against, but was less specific than the choice to fight cancer cells themselves. This choice to frame the fight as one against a disease and not biological units could be explained by understandings of disease. For patients (many of whom might not have substantial background in medical science), viewing disease as a singular entity, as opposed to a change to a biological system would make sense. Instead of naming the types of invaders, patients chose to name a singular entity: the cancer itself.

There are many examples of patients fighting cancer as a disease. As opposed to the description of cancer as cells to fight, there is less nuance within the occurrences of cancer being fought generally. In most cases the naming, or implying, of cancer did less to inform how the metaphor was used, but rather to identify the disease being fought.

In some instances of fighting metaphors being used to describe a fight against the disease of cancer, the clinician utilized the metaphor. These uses might have been times where the clinician was attempting to provide options or a path forward for treatment. Identifying the cancer by name might be a method for the clinician to specify goals. Being explicit in what is being fought against, or what might cease to be fought against, could help the patient to understand exactly what is being prioritized.

In one example, the practitioner frames the fight as one of options. They choose to describe the many means in which cancer can be fought. While it is not evident what those means are in this instance, the clinician was emphasizing to the patient the many paths to be taken in treatment.

Clinician: And I think there is a lot that we can do in medicine to try to fight this cancer.

Exploring options is a common theme within palliative care. In this case, the options in which the patient could battle the cancer was the topic of discussion. By discussing the things that could be “done” to fight the cancer, the clinician was likely addressing the idea that there is not one solution to the problem the patient was facing. Exploring the alignment of goals with treatments is how this metaphor can be used.

In other cases, the object of the disease of cancer appears to present an opportunity empathy and establish history. In this case, the clinician is addressing the duration of the cancer and the effort the patient has put into their experience thus far. Establishing rapport and a common understanding of the journey so far might allow for a stronger connection between the patient and provider. The framing of the disease in context is important for establishing goals of care moving forward.

Clinician: You've been fighting this cancer a long time.

There are other similar examples to this one, which paints a picture in which the metaphor is used to establish that the clinician understands the struggle that preceded the palliative care conversation.

Patients also frequently chose to describe a fight against the disease of cancer. Many of these instances were times in which the patient was reconsidering or perhaps yielding to their disease. Patients, like their clinicians, were placing their journey with cancer within a context,

helping to qualify and value their experiences so far. Instead of a fighting metaphor to describe the active process, many instances instead focused on what had happened in the past.

In this example, the patient described how they had transitioned the fight following the discovery that the cancer had spread. The battle thus far had been against cancer, but things were changing.

Patient: And so we went from trying to fight stage 4 colon cancer until recently it was determined that it's now in the bone.

The example above is clearly showing a shift in attitude towards the cancer. While it is not immediately clear what the shift is, the patient is putting their disease in context for the clinician. Changing prognosis and stage of cancer caused them to reevaluate how they would address the cancer, and also how they would fight it.

Yielding and reevaluating the approach to treatment was a common theme amongst patients who named or identified cancer as the object of their fight. In some instances, the cancer was referred to as “it”. A sense of inevitability and questioning was also apparent in these examples. Patients were keen to explore how their disease was no longer treatable. Instead of focusing on a general “fight”, patients instead focused on their singular disease. By naming their adversary, they were able to see beyond just fighting their disease.

In this example, the patient notes how their attitude towards cancer will have no effect on its outcome. They accept that an emotional focus to disease will not be an effective means to combat it. A sense of yielding to the cancer is apparent in this case. The patient has accepted the

path forward. Their decision of whether to fight the cancer will not impact how the disease progresses.

Patient: No matter how angry I get or how - whether I fight it, I cannot do anything about it.

The connection between anger and fight is also of note in this example. While perhaps coincidental, the patient's choice to describe anger and fighting factors that will not impact cancer might point towards their own attitudes towards fighting metaphors. Anger towards the disease, in their mind, is not dissimilar to fighting cancer.

In another case, the patient identifies cancer as the object of the fight, noting how their goals have shifted. Instead of solely focusing on the battle against cancer, the patient wants to discuss how they can live life while "tolerating" the disease. This, of course, is a major goal of palliative care. In this instance, the patient has named the disease they are fighting, and is now focused on yielding to it. The values they are prioritizing have clearly shifted.

Patient: And the thing is, um, I know I can't beat this cancer, so what I want to do is come up with the best plan to enjoy life while I'm tolerating it.

The patient is focused on creating a plan to enjoy life. Rather than continuing to fight the cancer, they have come to terms with the inevitability of their disease and are choosing to prioritize other goals in their life. There is a clear shift away from fighting disease towards living with it. Perhaps naming the disease is part of the process.

Patients also used the fight metaphor to emphasize the struggles they have experienced, and their process of coming to terms with their terminal diagnosis. In the case below, the patient discusses the trajectory of their cancer journey. Initial remissions from the cancer were followed by relapse. The patient is framing their attempts to “beat” the cancer as futile in this stage of their disease.

Patient: You can beat it two times and then (inaudible) then you get where you can't beat it and you fight it cancer is still cancer.

The patient appears to have accepted the likelihood that their cancer cannot be cured. They continue to frame it as a battle, but seems to be yielding to the disease. They are looking back on their fight, noting their strength, and accepting defeat.

Fighting Symptoms and Side Effects

Another theme in what is being fought against is that of symptoms, side effects, and infections associated with the cancer and its treatments. While most of the use of the metaphor is general, or specific to the disease of cancer, this category represents how the violence metaphor can be used outside of that setting. Oftentimes the focus of fighting is against the direct enemy of cancer, but patients also face the consequences of aggressive treatments, including pain, nausea, and diarrhea. Infections because of a reduced immune system and lengthy hospital stays can also happen. Thus, the idea of fighting against ailments outside of just cancer is not unexpected.

Clinicians were more likely to use fighting metaphors in the context of pain, side effects, and infections than patients or family members. Eight of the thirteen (62%) instances where the object was a consequence of treatment or the cancer were spoken by a clinician.

In some of the conversations, the idea of balancing fighting cancer and its side effects were brought up. Patients and clinicians sought to avoid fighting against multiple entities – cancer, pain, side effects. Focusing fights on multiple targets implies the patient being “stretched thin”, making difficult decisions about what they want to battle. In the example below, the clinician expresses concern over the patient having to battle against their pain.

Clinician: So you want to try to - we try to manage the pain so that your body is not fighting more than one thing.

Following the themes of palliative care, the clinician is framing a fighting metaphor within the context of the discipline. Instead of focusing solely on the battle against cancer, the clinician is framing their work to lessen the amount of fighting that the patient must do. Instead of working to fight both their cancer and their pain, the clinician is attempting alleviate the effort needed to overcome severe pain.

The theme of balancing what to fight extended to side effects and infections as well. Clinicians noted that patients were “battling” more than one thing. In the example below, the clinician addresses the patient, listing the extent of what the is patient battling.

Clinician: So you're now battling new different things right now: you're battling the fluid in your lung, you're battling the cancer itself, you're battling this new paralysis as well.

In another example, the clinician chose to indicate another “fight” that the patient was experiencing,

Clinician: You've been fighting an infection too, you know that.

The clinician’s use of a fighting metaphor where the object was pain, infection, or other side effects, was similar to clinicians’ general use of fighting metaphors in the overall data set. Instead of actively using fighting metaphors, the clinician's use of a fighting metaphor was to address concerns other than just the cancer. A key tenant of palliative care is tending to all aspects of a disease including pain and side effects, and thus the usage of a fighting metaphor within this context by clinicians was not unexpected.

Clinicians also used fighting metaphors to address aspects of disease that they wanted to alleviate from the patient. As opposed to the patient themselves fighting off symptoms or side effects, clinicians occasionally used a fighting metaphor to discuss how medicine could be used to alleviate suffering. Instead of the patient taking responsibility for the fight, clinicians shifted the individual “fighting” to be themselves or the drugs that they were using. In the instance below, the clinician notes the work the palliative care team will do to alleviate the symptoms of the patient.

Clinician: And there's nothing we can't do to try to help your symptoms and we will continue to hammer away at what we can.

Shifting the language towards the health care team being the ones “fighting” is of note, as most instances were centered around the patient being the fighter.

Unnamed Fighting

Users of fighting metaphors did not always name or make clear the object that they were fighting. In fact, most instances were ones where the object being fought was unclear or unnamed. Identification as “fighter” was one way in which the object was unclear. In other instances, individuals noted that they were that they were fighting “it” or “this thing”. It was sometimes unclear from the context surrounding a fighting metaphor whether the patient was referring to their cancer, symptoms, or other factors, or whether they were not identifying any object at all. Because of this, instances that could be interpreted as being vague on purpose, or vague because of the sentence analyzed were grouped together.

A key subset of this unnamed fighting was the use of the specific term “fighter”. This term is unique in the dataset. While most other violence metaphors focused on an action. Terms like “fight” and “battle” were typically used as a verb. They focused on the action of fighting. Fighting is viewed through these words as a process. There are steps to be taken, a mission to accomplish. The term “fighter”, on the other hand, is not a verb. The description of someone as a fighter is a noun. There are no specific actions associated with the term. Rather, the term “fighter” is a way of identifying. While choosing to fight was typically focused on cancer or the patient's state of health, the term “fighter”, was more general. Discussions of patients as fighters focused on the term as part of their identity, as a defining part of who they are.

There were eleven instances identified where the term “fighter” was used. These instances came from nine unique conversations with eight unique patients. Of the eleven

instances where the term “fighter” was used, nine were said by a clinician or family member. One conversation represented mirroring by the clinician. There were only two cases where the patient applied the term to themselves. Each of the eleven instances focused on the patient as a fighter. There were no instances where the family member or clinician was identified to be a fighter. Four of the instances were spoken by a clinician. Five of the instances were spoken by the family member.

As discussed, there were two instances where the patient described themselves as a fighter. In one case, the patient discussed the need to be seen as more than just a fighter. She describes how,

I needed my girls to know that I'm not only a fighter but I'm their mommy.

Balancing identity as fighter with other identities was not a common theme. This was the only instance where the patient sought to clarify their identity outside of just being a fighter. Viewing the fight metaphor as one that can over-describe was a theme that was evident in the larger dataset. This provides an example of how patients might seek to avoid being seen solely as a fighter. In the other instance where the patient self-identified as a fighter, there was not much context surrounding the quote. The patient self-described themselves as a fighter, likely to clarify goals to the clinician.

In some of the instances where the clinician described the patient as a fighter, they included another character trait in their appraisal. In one instance the adjective “stubborn” was used in conjunction with the term “fighter”. This example was not identified as an example of

mirroring, suggesting that the clinician made the appraisal of the patient as a fighter without them previously using that language.

Clinician: I can tell you're stubborn and you're a fighter.

In another instance, the clinician noted how “determined” the patient was,

Clinician: You're a fighter, you're a determined guy.

Both examples help to illustrate what common traits might be associated with being a fighter. Being “stubborn” and “determined” mirror the idea of a fighter being persistent, strong, committed, and always pushing forward. As discussed in the chapter previously, mirroring language and attitudes of the patient or family by the clinician is a common trend. The choice to describe patients as fighters is a continuation of this trend.

In other instances, the clinician used language mirroring to emphasize their understanding of the patient. Following frequent descriptions of the patient as a fighter by the family member, the clinician noted how,

Clinician: So, it sounds like so your dad was a fighter.

Repeating phrases, or synthesizing what patients or family members had said included indicating that the physician understood the character of the patient. This was a moment for the physician to make it clear that they understood where the family was coming from.

Fighting For Something

In contrast to individuals discussing what they were fighting against, another trend was the idea of patients fighting *for* something. While typically less frequent than the previous analysis of the object of the metaphor, this was a trend worthy of exploration. Specific descriptions of what the initiator of the metaphor was fighting for was not particularly common, but a few examples are discussed below. While there may be many drivers of a patient or individual fighting, they were not always explicitly stated in conversation. Themes of exactly what was being fought for may come from larger conversational trends, but I was only able to focus on times where the object was explicit.

Fighting for Life

One category of objects being fought for that emerged was the idea of life and legacy. Patients and family members indicated that they were fighting to continue to live, and to leave something behind. The two instances discussed below show how the fight for life and legacy was used.

In the example below, a clinician discusses what the team has been fighting for. They state clearly exactly what they have been fighting for. In this case, the clinician discusses the fight for unity and legacy.

Clinician: We're fighting for family unity, and closeness, and ensure she feels her legacy is, is um, that she's leaving them a legacy, and so we're still fighting.

This clinician is using a fighting metaphor to emphasize what they are doing to fight beyond the cancer that the patient is dealing with. They are using a fighting metaphor as means to show what might be important to the patient outside of conquering their disease. Family conflict – a frequent area of concern in palliative medicine – is the enemy in this scenario. But instead of naming it as a fight against conflict, the clinician describes it as a fight for unity.

In this other example, a patient using a fighting metaphor to emphasize how they fight for life. Using the common phrase “fight for our lives”, the patient is emphasizing that they might be reaching the end of their life.

Patient: This all started, I, I watched a lot of (inaudible), fight for our lives for a year or two, and you go through all this hell, and you're dead.

This example shows that fighting metaphors are not always used as a tool to describe illness, but rather as a figure of speech. This common phrase is so frequently used that it may be insignificant to the patient. They are using a fighting metaphor in the context of a “life review”, as it is called in the field of palliative care, allows the patient to look back at the journey of their disease, understanding how their life has progressed.

Fighting for Quality

Another object that occurred in the dataset was the idea of fighting for quality of life. Patients, family members, and clinicians could be fighting for not only life itself, but quality. The family member below discusses how an oncologist noted that fighting for quality of life was a goal that held for the patient.

Family member: He did say as an oncologist, you know, they are always looking to help and to fight for you to have continued life and quality of life.

This example is indicative of the nuance of fighting for life. While some patients might choose to fight for length of life, some others might choose to fight to have quality of life. This distinction was made clear by the family member, as they clearly see the difference between life and quality of life.

What are they fighting for?

One final aspect of fighting *for* an object was the theme of patients reconsidering exactly what they were fighting for. This reevaluation of goals was not a frequent occurrence in that dataset, but are indicative of the goal in palliative care. Some instances were self-reflective, while others were introduced by the clinician.

In this example, the patient clearly notes that they have reconsidered what exactly they are fighting for.

Patient: And suddenly, my god, what I'm fighting for.

In another example, the clinician works to encourage the patient to consider what they are fighting for. This phraseology indicates that the clinician still wants to allow the patient to continue fighting, but also wants them to appraise exactly what the fight is for.

Clinician: And what I would encourage you to think about is you, through all of this, you are fighting but to think about what you are fighting for.

These two examples indicate that identifying the object that is being fought for can be a time for fighting metaphors to be used for goal setting. They can be utilized as a means for the patient to decide what they are working for.

Discussion

The variety of the object of fighting metaphors in the above findings was unexpected. As discussed in the literature (Hendricks et al., 2018; Penson et al., 2004) the most common named object was the disease of cancer. Exploration into the subset of cancer as the object revealed two clear categories: cells of cancer, and cancer as disease.

These instances of the patient fighting against cancer cells themselves point towards how biomedicine and scientific discourse around cancer can influence how the disease is framed. The notion of specificity and a “target” to fight against is reflected in cancer vernacular, as was present in this data set. This idea of strategic and militaristic cancer therapy is reflected in the vernacular within oncology. The term “targeted chemotherapy” is a frequent way of describing cancer treatment (Wu et al., 2006). While this specific use of the metaphor was not frequent, it points towards how the militaristic language within biomedicine can be ascribed to the individual. The patient can be the one to fight against microscopic cells that have been deemed worthy to be fought against. The frequent use of cancer as the object of the fight mirrors trends in messaging and advertising around cancer, as discussed in Taylor and Knibb (2013), who discuss the prevalence of fighting imagery in cancer marketing.

Fighting cancer, both as a disease and as cells in the body, allowed patients to identify a clear target of their fight. The data suggest that clinicians may use the specific metaphor to empathize with patients. While oftentimes cancer can be a battle to be fought continually, within the palliative care context, naming cancer as the opponent seemed to signal yielding. Instead of fighting against everything in their lives, patients who identified the cancer as the target of the fight were able to see that they could not defeat it. There are many possible explanations for this, but perhaps one is that by framing their battle as one against a specific target, and not one to be strong, they are able to accept the futility of future treatments. While some patients choose to fight in a more general sense, pushing themselves to be strong at all costs, patients who can view the fight as one against a singular entity seemed to be more likely to yield.

In contrast, when patients were viewed as a “fighter” they were not likely to have an attitude of yielding or accepting defeat to their cancer. This idea of identity and being a fighter, in conjunction with yielding will be discussed in the next chapter.

Discussion of fighting for something demonstrated that fighting metaphors did not always have to be used in a negative context. Oftentimes it was used by patients, clinicians, and family members to demonstrate what their priorities were. Naming the object being fought against seemed to be a way for the battle to be reduced to a more singular goal.

Conclusion

This chapter indicated that the use of fighting metaphors in these palliative care setting was highly variable. The violence metaphor was used to discuss battling cancer, but was also used to indicate other challenges and goals. It was used to describe fighting infection, pain, and side effects. It was used as a means to clarify goals. Further, fighting metaphors were not always

specific. In many instances what exactly was being fought against was unclear. The fighting was oftentimes general, with no clear object being fought against or for. In some of these instances, the idea of fighting became an identity, not solely an action or mentality. Patients could be seen as either fighting or being fighters. This is a fascinating finding, as little research that I have seen thus far focuses exists on the difference between the action and identity of fighting. This warrants further study. In the next chapter, we will explore themes and speech acts surrounding the use of fighting metaphors in the PCCRI conversations.

Chapter 5: Themes of Fighting Metaphors

Introduction

Topic

In this chapter I examine the kinds of themes and speech acts that surrounded the use of fighting metaphors in the PCCRI conversations. I analyzed the trends seen in the dataset between speaker, subject, and object of fighting metaphors. The themes and trends identified in this chapter demonstrate the complexity of the fighting metaphors and larger findings from the dataset.

Reflection

This chapter was exciting to write, as it relied on a lot of synthesis of ideas and trends that I had noticed previously in my analysis. The taxonomizing of conversation and metaphor was challenging, and this chapter gave me the opportunity to expand a bit outside of the categories I had identified previously. The exploration of some of the more “meta” patterns in the data was a pleasure.

Review of the Literature

Scholarly literature on fighting metaphors in palliative care conversations has tended to focus on patients’ discussion of their fight against cancer, in which case the speaker is the patient, the subject is the patient, and the object is cancer (Byrne et al., 2002; Southall, 2013). Study has also focused on clinician use of the metaphor, where the patient is the subject and cancer is the object (Tate, 2020; Trachsel, 2016).

Scholarly literature on fighting metaphors in palliative care conversations has brought up a number of themes. Commonly discussed themes mentioned in the literature include the theme of being a fighter, as well as themes of fighting, reconsidering, and yielding. Discussion of the term fighter as an example of the metaphor exists in the literature (Barkwell, 1991; Southall, 2013), but investigation into it as an aspect of identity was challenging to identify. Cancer and dying can be a threat to identity, as patient's status as an individual with cancer can take away other parts of their self (Skott, 2002). Investigation into specific identity, particularly that of fighting, has not been explored thoroughly in the literature.

Themes of fighting, reconsidering, and yielding have been discussed in the literature. Fringer, et al. uses the term "transitions", to express this shift in mentality and care throughout the palliative care process (2018). Fringer argues that transitions in the palliative care setting are experienced differently by patients and their family members, and that shifts are perceived both consciously and subconsciously. Specific analysis into how fighting metaphors can be used to express these transitions was not evident in the literature.

Some literature on fighting metaphors also addresses the function of such metaphors. These conversational functions, which I refer to as "speech acts", are apparent intentions in using fighting metaphors in palliative care conversations. My review of the literature indicated that the term "speech act" has not been used, but they have nonetheless discussed what the apparent intentions of the speakers was with the use of the metaphor. Byrne et al. (2002) discusses functions of metaphors in the cancer of setting and explores how fighting metaphors can indicate patients internal view of their cancer. I was unable to identify any categories of functions that align with speech acts in the literature.

Research Question

This chapter sought to look at the larger themes of fighting metaphors in the palliative care setting. I explored a few questions: What were the most common combinations of speaker, subject, and object when fighting metaphors were used in the PCCRI conversations? What were the most common themes surrounding the use of these metaphors in these conversations? What were the most common kinds of speech acts occurring when these metaphors were used? How did the idea of the fighter as an identity occur in the dataset? How did themes of yielding, fighting, and reconsidering occur in the dataset?

Theoretical Framework and Analytical Method

Speech act theory provided a key theoretical tool for analysis. This theory views speech as not just a means to convey meaning but also to convey actions (Green, 2021). Speech acts can include directives, commissives, and representatives. This framework sees conversation as deeply ingrained with internal desires and goals, and speech to express these feelings. Further, assertions of identity and attitudes towards continued fighting follow the theoretical framework of speech act theory.

Exploration into patient identity used a theoretical framework introduced by Carola (2002), who argues that cancer can be a threat to identity, and metaphor can be a means to strengthen patient identity. Investigation into fighter identity took this theory into account. Analysis of patient identity as a fighter was reliant on the idea that identity is a key consideration for patients, and maintaining identity, especially as a sick person, is paramount. Fringer et al. (2018) argument that perceptions of transitions in the palliative care setting are highly variable

was also a key theoretical framework. Analysis into the themes of fighting, yielding, and reconsidering was aided by the idea that transitions can be perceived both consciously and subconsciously.

This chapter relied on discussion of themes and patterns identified previously in my notes and conversations had with my advisors. Trends in speaker, objects, and subjects, were collected from my matrix and analyzed. Specific instances that highlight the themes discussed were collected from the original dataset. Some trends that are analyzed below were first noted in notes taken during analysis.

Thesis Statement

The most common combination was patient speaker, patient as the subject doing the fighting, and an unnamed object being fought against. However, there were other significant combinations which I will describe below. The most common themes surrounding the fighting metaphor in the PCCRI dataset include patient identity as fighter and a spectrum of yielding, reconsidering, and continuing to fight. Patients and families indicated the importance of the fighter identity, and the fighter identity was associated with a resistance towards “giving up”. Fighting for certain kinds of legacies was also present. Themes of continuing the fight, reconsidering whether to keep fighting, and yielding to cancer were all present in the conversations, and fighting metaphors were used to express future desires of care, and attitudes towards receiving palliative care. The most common speech acts enacted around fighting metaphors in these conversations included vows, refusals, and directives.

Findings

Combinations of speaker, subject, and object

Exploring the most common trends in speaker, subject, and object, I sought to see how these different aspects of conversation and fighting metaphors could be synthesized into key trends. Since there is high variability in the combinations possible, I have chosen to discuss the two most common combinations, which represent over 34% of the instances of fighting metaphors identified. The most common trend in combinations of speaker, subject, and object was that of the patient discussing how they are the ones fighting, with the object being unclear or unnamed. There were 38 instances where this pattern was identified, representing 22% of the entire sample. In each of these instances, patients remarked about their identity as a fighter, or used a fighting metaphor without naming an object. The next most common trend in combinations of speaker, subject, and object, was that of the patient discussing how they are fighting against the disease of cancer. There were 22 instances where this pattern was identified, which represents 13% of the entire sample. Discussion of patients using a fighting metaphor, both specifically against cancer and an unnamed fight was discussed more thoroughly in chapter four. However, the combination of speaker, subject, and object are of note in this section, as they make up such a large subset of the dataset analyzed.

Themes and Speech Acts

In using fighting metaphors in the PCCRI conversations, a number of themes emerged and a number of different kinds of speech acts were apparent. These themes included fighting as an identity, and the metaphor as a tool to express attitudes to continued fighting, reconsidering of fighting, and yielding to disease. The speech acts included directives, vows, and refusals.

Identity

A key theme that occurred in the dataset was the idea of patient identity as fighter. Rather than seeing their cancer journey as an active battle, patients could be seen, either by themselves or others, as a fighter. This was not something that they were doing but was rather a key aspect of how they defined who they are. There were twelve instances in the dataset where the specific term “fighter” was used. While this was not a large subset, these instances point to toward a trend of identity in fighting. In other instances, patients emphasized that they didn’t want to be seen as “giving up” or stopping their fight. Much like the term “fighter”, the status as one who is fighting was a key part of who they were.

Being viewed as a fighter was also associated with continued fighting. In instances where the term “fighter” was used, patients tended to want to continue their fight. The identity of fighter was oftentimes at odds with some of the other options presented by the clinician. In one instance, fighter identity was associated with an unwillingness to let go.

Family member: She's a fighter and she's a trooper and she's not ready to go

In another instance, a family member indicated that the patient was worried about being judged for giving up on her battle.

Family member: But even on the weekend I think that she was still hoping that - and I think she doesn't want to be graded off for giving up a fight.

Later in the conversation, the family member once again noted the strong fighter identity that the patient held.

Family member: She's never given in to a fight and now's not going to be the time.

Concern over judgement and worry of perceptions when yielding is an interesting finding. In the palliative care setting, where concern over ceasing treatment can be present, the violence metaphor was a means for patients and families to express this concern. The use of the metaphor not only was how concerns over stopping treatments were expressed, but also provided a rationale for their concerns. While there are many factors that contribute to how a patient and family make decisions around palliative care, identity as a fighter was clearly one.

Fighting, Reconsidering, and Yielding

Use of the metaphor was also a way to express attitudes towards continuing fighting, reconsidering, or yielding. Most instances focused on an attitude towards continued fighting. Patients and family members used the metaphor as a means to express their resolve and dedication to a fight. Patients expressed a resistance towards giving up, and a desire to continue fighting. In one instance, a patient remarked how continued fighting was in line with not giving up.

Patient: My state of mind is saying ain't no giving up, like to keep fighting.

In other instances, family members also indicated the patient's desire to continue their fight. Some instances focused on what the patient had said to the family member, while others focused on the family member's perception of the patient's wishes. In the example below, the family member indicates how the patient feels.

Family member: She's made it clear to me she wants to fight really hard on everything.

In other cases, family members do not explicitly state that the patient indicated that they want to continue to fight, rather focusing on how they view their loved one. In the example below, the family member expresses their resistance to their patient giving up the fight.

Family member: She's never given in to a fight and now's not going to be the time.

Finally, clinician usage of the metaphor to express continued fight, and resistance towards yielding was not evident in the database. Clinician usage of the metaphor was typically used to mirror patient and family language, or to express their understandings of how the patient and family were feeling, as shown on page 25 of chapter 2.

Sometimes the violence metaphor was used to express reconsideration of the fight. This theme of reconsidering was not always explicitly clear in the conversation, but there were still instances of patient and family expressions of concerns over continued fighting. In the instance below, a patient expresses how their fight against cancer has progressed, and are now facing pain.

Patient: I don't know how long I've had -- and it's a battle to -- everything is good at first, and then after a while when the cancer either metastasizes or decides to act up, your life gets involved with pain, and that's what's not fun, and that's what I'm rejecting to.

This instance reflects the struggle that patients faced with continued fighting. The patient's expression of the challenge of metastasizing cancer, coupled with pain, could be an expression of reconsideration of the fight. In other instances, family members also expressed reconsideration and concern over the toll that continued fighting may bring. The family member below discusses the patient's desire to fight along with concerns over his stamina.

Family member: And he wants to fight, so he can fight as long as he wants, I am worried about his stamina over the next month and a half.

These instances point towards an interesting finding, in which directly stating that one is reconsidering fighting was not common in the dataset. Rather, there were times where the expression of continued fighting was coupled with concerns over the toll of the fight. Explicitly stating that one is reconsidering their fight wasn't present, but this middle ground, where concern over the toll of fighting is expressed did occur. Perhaps this is a means for patients and families to discuss their reconsideration without expressing it directly in conversation.

Finally, the theme of yielding occurred within the context of fighting metaphors. Patients used the metaphor to express a desire to cease fighting. Some instances focused on the patient indicating that they wanted to stop fighting, while other instances focused on their knowledge

that they couldn't fight or beat the cancer anymore. In one instance, a patient discusses their desire to stop fighting.

Patient: I don't want to be fighting it all the time.

This patient is expressing what their desires are in terms of fighting, while other patients expressed that they understand that the fight had come to an end because they would not be able to win. This patient remarks how they want to focus on their quality of life rather than the fight.

Patient: And the thing is, um, I know I can't beat this cancer, so what I want to do is come up with the best plan to enjoy life while I'm tolerating it.

This instance is interesting, as the patient sees that cessation of fighting means that they can focus on enjoying their life. For them, perhaps beating cancer conflicted with their quality of life.

Speech Acts

Fighting metaphors also demonstrated times where speech acts occurred, in which case a specific action or function occurred. Some common speech acts included refusals, directives, and vows. Each of these speech acts represent a time in which a fighting metaphor was used to convey an action in conversation. In one instance a patient indicates that they do not want to hear about yielding or reconsidering their fight, rather they want to continue to fight.

Patient: I felt it was very negative and I felt that I don't wanta hear negative talk basically cause I'm fighting it's about going home.

In this case, the speech act is a patient expressing their desire to continue fighting, and a refusal to continue hearing “negative talk”. This fighting metaphor expresses their desire to fight, in contrast to what conversations they had previously with their palliative care team.

In another instance, a speech act is used to express a directive or goal for a patient. Clarifying the desire to fight was a common theme throughout this dataset, and many of these instances followed the pattern of a directive or goal. In the example below, a family member remarks about how the patient “made it clear” about her desire to fight.

Family member: She's made it clear to me she wants to fight really hard on everything.

This speech act, a directive, is one where the family member is following through on a previously expressed goal and is now indicating this directive to the others in the conversation. The directive “to fight really hard on everything”, was emphasized by the patient, and the family member is emphasizing this goal.

Another final speech act was that of a vow or promise. Individuals would express the action of promising to continue to fight. Fighting metaphors were used to demonstrate dedication to an individual, and this was sometimes coupled with a vow of continued fighting. In the example below, a family member uses a fighting metaphor coupled with a promise to “fight more.”

Family member: So, I'm really - this time with my Dad I swore I would never have that happen again in that I would be more diligent and more... and really fight more than I felt I did before.

This example demonstrates how fighting metaphors can be used to express dedication and loyalty. The family member likely is vowing to stand up and support their father. This speech act, of a vow or promise, indicates further how fighting metaphors were frequently in the context of an action.

Discussion

Identity as a fighter was a clear focus of some patients in this dataset. As discussed in Carola (2002), strengthening identity is a key consideration for cancer patients, and this was supported in the data. Patients and family members emphasized the fighter identity in the palliative care settings, and clinicians used the terms surrounding the identity to demonstrate their understanding of the patient's identity as a fighter. Reinforcing fighter identity was also an interesting finding from this analysis. Patients viewed comfort-directed treatments instead of disease-focused ones, as a betrayal of their fighter identity. They indicated that they worried about perceptions of them should they cease treatments. The investigation into patient identity as a fighter has not been studied extensively previously. A key finding from this dataset is that identity as a fighter and patients who are fighting are not necessarily the same. This delineation between identity and action is worthy of further study.

As discussed in Fringer et al. (2018), transition, and the idea of fighting, reconsidering, and yielding, was variable in the dataset. Patients and families expressed different feelings

towards the action of fighting or beating, suggesting variations in how they felt about the changing circumstances of prognosis and quality of life. Discussions of reconsideration were not typically explicit, which mirror Fringer's discussion of how perceptions of transitions do not always have to be consciously discussed. Without directly naming a reconsideration of the fighting mentality, patients and families still indicated concern over continued fighting.

Speech acts were also an interesting finding in this analysis. Byrne et al. (2002) indicated that function of fighting metaphors for patients with cancer was variable, and my analysis surrounding speech acts builds upon this finding. Speech acts such as directives, vows, and refusals represented times where fighting metaphors was used to express an action in the palliative care setting. Further study into other speech acts is warranted, as the function and intention of fighting metaphors likely go beyond the acts I identified in this chapter.

Conclusion

Speakers, subjects, and objects of fighting metaphors were typically patients discussing their own fight against an unnamed entity or against cancer. Over one-third of the instances followed these patterns of speaker, subject, and object. Identity as a fighter sometimes appeared to be an important aspect of patient identity. Being identified as a fighter was associated with resistance to yielding, and also concerns over perception should the patient cease their fight. While identity is likely a focus of patients in the palliative care setting, further research into how it impacts outcomes and attitudes towards care are needed. Transitions, and themes of fighting, reconsideration, and yielding indicate that the violence metaphor is used to express understanding of prognosis, and also desires of care. Family members and patients used fighting metaphors as a vernacular to discuss their focus, whether it be continued fighting, concern over

pain, and improved quality of life. The fighting metaphor was a tool for identity to be reinforced, and for attitudes towards transitions to be expressed. Common speech acts in the dataset included refusals, directives, and vows. These varied speech acts suggest that fighting metaphors can be used in a variety of means to accomplish goals or convey important considerations in the palliative care setting.

Chapter 6 – Conclusion

Summary

My findings indicate that fighting metaphors' usage is highly variable in the palliative care setting. Users of fighting metaphors were mostly patients and their family members, although there were still many instances of usage by clinicians. Clinician use of fighting metaphors oftentimes focused on mirroring patient language, and it was oftentimes used to reframe the goals of palliative care towards the feelings of the patient and family.

The subjects of fighting metaphors were less variable than the initiator, with more instances as patients being the subject than the ones using a fighting metaphor. Most instances of fighting metaphors focused on the patient being the one doing the fighting or the one identified as the fighter. It was uncommon for the clinician, healthcare team, a medicine, or a family member to be identified as the one doing the fighting. With the primary focus of palliative care conversations being the patient, this finding was not unexpected.

The objects of fighting metaphors were also highly variable. Common objects of fight included the disease of cancer, pain, infection, and symptoms. While these objects were not infrequent, unnamed fighting was far more common. Instances where nothing was clearly being fought against was the most common object. The use of a fighting metaphor also pointed towards it being used to emphasize not only a fight against something, but a fight for something. Fighting metaphors, albeit infrequently, were sometimes used as a means for individuals to identify what the purpose of the fight was, whether that be life, legacy, or other themes.

The most common combination of speaker, subject, and object in fighting talk was patient as speaker, patient as subject, and an unnamed object. The next most common combination was patient as speaker, patient as subject, and cancer as the object in fighting.

Several different themes and speech acts were common surrounding use of fighting metaphors in these conversations. One such theme was the idea of fighter as identity. While there were many times where a fighting metaphor was used to describe an active fight, there were also instances where a metaphor was used as means to describe an identity. A patient's identity as a fighter was emphasized as key part of who they were. Oftentimes fighter identity came at odds with ending treatment for the cancer the patients were facing. Another theme that occurred in the dataset was a spectrum of yielding to disease, reconsidering goals, and continued fighting. Fighting metaphors were a means for patients and families to show where they found themselves along this continuum. Fighting metaphors did not always indicate that the patient was going to continuing their fight. Speech acts were also present in the instances analyzed. Common speech acts identified included refusals, directives, and vows. These speech acts indicated a function of fighting metaphors as a time to express goals and describe desired outcomes. Speech acts demonstrated the utility of fighting metaphors in the palliative care setting

Reflection

This was an incredibly meaningful project to work on. I was keenly aware each time I listened to, or read a conversation, of what an honor and privilege it was to have access to this set of data. Since this study was completed in 2016, and each participant was facing a life-ending disease, we expect that every patient enrolled in this study has since died. I am eternally grateful to them for allowing their stories to be shared. They had the faith and trust in the researchers to share what was perhaps one of the most important conversations of their lives. Throughout this work, I tried my best to remember that the data I was working with represented real lives and real patients. I did my best to not reduce their words to mere occurrences, but instead

remembered the complexity and vitality they brought to their lives. In the world of science, it can be difficult to avoid reducing individuals to mere data points. Further, I never wanted to place a qualifier on the way in which patients were choosing to discuss their illness and goals. While some may view fighting metaphors as a negative entity, I did my best to remember that viewing cancer as a fight can be a meaningful means of viewing disease for many. Much like the patients in this study, their usage of the metaphor was unique. I will not say whether using the metaphor is good or bad, but rather I will say that its usage was varied greatly in the combination of speaker, subject, object, theme, and speech act.

Discussion

This thesis reinforces and builds upon previous work. The observed less frequent use of fighting metaphors by clinicians mirrors the findings of Semino, et al. (2017), which also documented a reduced use of the metaphor by healthcare professionals. My thesis builds on the findings of this study, building upon the distinctions between the usage of the metaphor between clinician and the patient and family. Clinician usage of the metaphor oftentimes was used to mirror patient language, a concept discussed in Jenkins, et al. (2021), and Pollak, et al. (2011), which demonstrate the mirroring language can be a means to build upon patient experiences and demonstrate empathy. The utility of fighting metaphors, particularly in the palliative care setting, was an aspect of the literature I was unable to find.

Much of the previous research into fighting metaphors had focused on the metaphor as a single entity, a binary of occurrence or nonexistence. This thesis demonstrates that there is a great deal of complexity within the violence metaphor, and thus appraisals of the metaphor should not follow one-size-fits-all approach. The wide variety of objects, subjects, and themes

surrounding fighting metaphors build upon some arguments for the metaphor in the literature. Casarett, et al., argued that use of metaphors by palliative care physicians improved the quality of communication (2010). A 2012 article argues that metaphor can be a way to “fill the space created by uncertainty”, and that metaphor in palliative care can be a powerful communication tool (Hardy). These pieces of literature support the broad finding of this thesis: that the violence metaphor can have utility in palliative care conversations, and can be a powerful way to communicate goals and identities during these conversations.

Implications

Outright negative appraisals of fighting metaphors in the palliative care setting might be misguided. While for some patients the use of the metaphor mirrors their resistance towards mortality or comfort-directed medical treatments, the metaphor was also used by clinicians to meet patients where they were coming from. The metaphor was used by clinicians to clarify goals, to understand how they defined who they are, and to build rapport with patients. The metaphor was also utilized to show what was being fought for, an important consideration in the field of palliative medicine. Investigation into the theme of fighter as identity is also a particularly interesting finding, and it could have implications in how clinicians discuss palliative care with patients who hold the fighter identity.

Limitations and Directions for Future Research

This thesis has several limitations. First, identification of instances of fighting metaphors likely missed datapoints. A broader lexicon would likely have produced more instances to investigate. Identification of fighting metaphors from single words also presents a challenge, as

fighting metaphors are not necessarily limited to a single word. Identification of phrases associated with the metaphor also would have aided in identification.

De-identification, while an important aspect of the dataset, provided a challenge, particularly in clinician usage of the metaphor. Overall usage of the metaphor by clinicians was an easy metric to track, but because identifying which clinician was using the metaphor was not possible, rates of usage was not possible because it wasn't always clear which clinician was involved in which conversations. Further, it is possible that clinician's appearance in multiple conversations means that they also used the metaphor repeatedly, and thus the instances of the clinician usage of the metaphor cannot be viewed as independent from other conversations.

Looking forward, explicit conversations with patients, clinicians, and family members about their usage of fighting metaphors and their attitudes towards its usage would be invaluable. Much of this thesis focused on how the metaphor was used from my perspective, but understanding the perspective of the metaphor's users as well would allow for much more thorough analysis and study.

Further, the PCCRI included the anonymized health records for the patients who participated. This health data, used in conjunction with my identified instances of fighting metaphors, could provide valuable analysis into how the metaphor correlates with the care provided and outcomes of patients (survival, time spent on chemotherapy, quality of life, etc.). Further, patient surveys from the PCCRI could also be analyzed, further adding crosstalk between care and the metaphor usage.

I hope that my observations concerning speaker, subject, object, themes, and speech acts surrounding use of fighting metaphors in palliative care conversations will be helpful. It may be

useful for future scholars to build upon and/or for palliative care healthcare professionals to consider for practice purposes.

Concluding Remarks

This thesis demonstrated the complexity and nuance of fighting metaphors in a palliative care setting. The metaphors' usage demonstrated remarkable variety, and it overwhelmingly did not seem to reflect imposition of control by biomedical clinicians over patients. I hope that this thesis will serve as a testament to the complexity of palliative care conversations and will inspire further analysis of how fighting metaphors are used, and how their usage can be used for good in the field.

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Appendix



Matrix

Who's Fighting/ What's Being Fought Against	Patient	Family	Healthcare Team	Drugs/Treat ment	Not specified/"We"/Other
The cancer itself	006 P 097 H 145 P 026 F 103 P 146 H 036 H 104 P 147 P 045 F 105 P 148 P 046 F 109 P 149 P 053 P 110 P 150 P 065 F 112 H 153 P 069 H 118 H 154 P 076 F 119 H 155 P 077 F 121 H 156 P 081 F 127 P 082 P 128 P 088 F 129 P 094 P 144 P		022 H	031 H	018 P 037 H 038 H 072 H 151 P 152 P
Symptoms and side effects	042 P 095 H 099 F 055 H 096 H 111 P 063 P 098 H 071 F		014 H		
Healthcare system/insurers Fight for the patient		005 F 130 F 070 F 131 F 086 F			
Not specified	001 P 056 P 116 F 002 P 057 P 117 F 003 P 059 P 123 P 004 P 060 H 124 P 007 H 061 H 125 H 008 F 062 P 126 H 009 P 064 F 132 F 010 F 066 H 133 P 011 F 067 F 134 P 015 P 068 F 135 P 016 P 073 F 136 H 017 P 074 H 137 F 019 P 075 H 138 F 020 H 079 P 139 F 023 P 087 P 140 P 024 P 089 H 141 P 025 F 090 H 142 P 027 F 091 F 143 P 028 H 092 P 157 P 032 F 093 P 158 P 040 H 100 F 159 P 041 P 101 H 160 H 043 P 102 H 161 H 044 P 106 F 049 P 107 F 050 H 108 P 051 H 113 H 052 H 114 H 054 P	012 H 013 H 029 F 078 F 083 F 084 F 115 F	021 H 033 H		047 F 048 F 080 P 085 H

Instigator of metaphor (who said it): H=healthcare team; P=patient; F=family

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