CANCER CARE CHRONICLES

Mixing Metaphors

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"You are the most fascinating individual!" we heard ourselves exclaim to our 86-year-old patient. When she received an early-stage breast cancer diagnosis in 2004, editorial opinion[1] advocated that elderly patients forego radiation treatment and make do with lumpectomy alone. Edith disagreed. A feisty veteran, she had served multiple tours of duty with the Israeli army. She did not care whether we "cluster bombed or carpet bombed her chest" so long as we used the most modern oncologic weapons to prevent recurrence. A 6-week course of intensity-modulated radiation therapy ensued.

Despite the sophisticated technique, her tumor eventually roared back. We—her oncologist and chaplain—were certain that she would opt for aggressive salvage therapy, but instead, she rediscovered long-neglected interests, especially jewelry making. Instead of high-dose chemotherapy, Edith wanted to devote energy to her family and her bling. As the malignant cells multiplied, she—and the daughter-in-law who functioned as primary caregiver—said that "Since the tumor was now a part of Mom, they would learn to love the tumor too." To us, this was not just a rephrasing of a New Testament injunction to embrace an enemy but rather a resolution to walk a path together—no small challenge as the mass grew larger and the stench more foul. But the trail twisted again when Edith learned that her first great-grandchild was to be born in 6 months. She insisted we find a way to "combat her blackened boob." Although the philosophical shift was sudden, it seemed reasonable.

Edith's case compelled us to reflect on the role of metaphor in the experience of cancer, where 2 images dominate: the war and the journey. In *Illness as Metaphor*,[2] Sontag advocates demythicizing disease. Herself a patient with cancer, Sontag warns that cancer has been "encumbered" by metaphors of aggression. Enemy cells invade or infiltrate. Triumphs and, too often, defeats were described judgmentally, implying that some patients were not trying hard enough. Writing at a time when President Nixon had declared war on cancer, she worried that "metaphors of might" were too easily invoked as ways of lying to patients from industrial societies in their struggles to come to terms with death.

Recently, the "journey" has supplanted the military metaphor. Ellis et al[3] emphasize that the journey begins once a cancer diagnosis is established. In contrast to militaristic metaphors that minimize the need to cope, the journey image reminds us of the need for patience and tolerance. The contrast is valid. However, as Edith's changing choices illustrate, the 2 prototypes of metaphor are not mutually exclusive. Grammarians may frown, but in the clinic, it is acceptable to mix metaphors. In medicine, metaphoric thinking may better serve when dynamic, evolving according to circumstance.

As Edith yearned to witness the birth of a great-grandchild, would anyone deny access to potentially life-extending therapies simply because they were once disavowed for necklaces and bracelets? Of course not, because the opportunity emerged to experience an exciting milestone, and for this Edith recast herself as fighter. Conversely, when radiotherapy did not prevent recurrence, could anyone demand that other aggressive therapies be pursued so that neither patient nor physicians feel like "losers"? Hardly. Edith felt it was time to return to hobbies and family, and, in so doing, reclaim her personhood.[4] For Edith, each metaphor had worth.

Indeed, both metaphors assume value because they allow patients to restore control—in one instance by comparing the modern therapeutic armamentarium to tanks and missiles. But the journey, too, provides a sense of mastery as meaningful destinations are pursued.

Nonetheless, use of metaphor can be risky. Overuse can impair honest exchange, and physicians might apply metaphor at inappropriate moments. In war, danger is blatant. Journeys may seem safer, but hazard lurks there too. Any time words are used, there can be harm.

An observational study of audiorecorded conversations indicated that physicians' use of metaphors improved patients' perceptions of their communication.[5] However, neither the ability of patients with cancer to express themselves through metaphor, nor physician skill in responding effectively to such language, has been extensively reported in the literature.

The case of Edith might be viewed as a straightforward example of shifting goals in the face of changing circumstances. But as metaphors were invoked during the evolution of the case, it was easier for us to identify the patient's emotional locus and support her as she pivoted. We believe that a willingness to recognize and synthesize the prevailing metaphors grows with experience and may be enhanced by training. As we mature, we recognize that the story of any patient unfolds in a series of narratives whose significance usually transcends any single metaphor.

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