

Can metaphors enhance “togetherness” in Family Medicine?

A Phenomenological-Interpretative study in an Italian family practice

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Introduction

In Italy, Family Medicine is a medical field where a family physician can assist from 250 to 1500 citizens, and be supported by nurses and other health professionals to take care of them (Mazzeo, Milillo, Cicchetti & Meloncelli, 2009). Depending on the epidemiological and seasonal variables, a family physician may have a daily contact with 60-70 patients. These professionals are trained to be current to provide the newest treatments/care for their emerging diseases and disabilities, considering that each patient has a different physical, psychological, sociocultural, biographical and economic background (Kleinman, 1988; West, 2001), to sustain a respectful therapeutic alliance (Wonca-Europe, 2011). Family physicians must also recognize a wide-spectrum of pathologies in a 10-20-minute medical consultation. One part of the consultation requires listening to, codifying and reframing the story that the patient brings into a comprehensible diagnosis (Skelton, Wearn & Hobbs, 2002). It is therefore important for physicians to learn how to listen to and communicate with their patients.

Educating health professionals in communication skills is essential to understanding patients’ experiences and informing patients about health risks, and sharing safe decision-making (Hamilton, & Wen-Ying, 2014). Their mutual understanding ameliorates the quality of the therapeutic relationship

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(Al Odhayani & Ratnapalan, 2011), encouraging a long-lasting alliance and cooperation in the choice of treatment plans (Hamilton, & Wen-Ying, 2014). Therefore, clinical communication should be as clear as possible to help patients understand their condition. It is commonly agreed that when people communicate, many strategies can be used to clearly explain what one person wants to say to another (Hamilton, & Wen-Ying, 2014). Among those strategies, metaphors can be utilized as a means to communicate something that cannot be explained through words (Hanne, 2015).

Metaphors in health communication

Metaphor is defined as «an expression that describes a person or object by referring to something that is considered to possess similar characteristics» (Cambridge Academic Content Dictionary, 2017). A metaphor links two pieces of information, one already acquired (*frame*) and one innovative (*focus*), with the goal of producing new knowledge. Even if the two pieces of information may not initially seem to possess any correlation, the connection between focus and frame in the metaphor invites finding the analogy to produce a clearer meaning on what needs to be understood (Cameron, 2003). For example, in the metaphor “illness is *a war*”, the frame is “illness” while the focus is “war”. The illness as war recalls pain, fight, fear, and loss. Conversely, in the metaphor “war is *an illness*”, the frame and the focus are transposed. The war as illness recalls something that debilitates, to be prevented or avoided.

Patients with disability (Kaplan, 1994), cancer (Gibbs & Franks, 2002), as well as those who have cardiovascular (Boylstein, Rittman & Hinojosa, 2007), dermatologic (Nations, Lira & Catrib, 2009), and infectious diseases (Sontag, 1990), often use metaphors to describe their illnesses. Metaphors in patients’ narratives are important cues for a physician, because they easily represent symptoms (e.g. “nausea comes *in waves*”) (Hanne, 2003, p. 225). By listening carefully to the patient, the physician could recognize these cues, sometimes preventing a diagnostic delay (Østergaard, 2005).

Research has suggested training of health professionals to be aware of their own metaphors, especially when used in medical consultation with the following goals: improving the quality of health professional-patient communication (Harrington, 2012), clarifying difficult concepts (Ortony, 1992), facilitating the dialogue (Casarett et al., 2010), and leading patients through behavioral changes (Krieger, 2014). When used strategically, metaphors may also produce therapeutic effects in patient care (Burns, 2007), while the inaccurate use of those expressions leads to the opposite effect. Since metaphors influence human beliefs (Gibbs, 2008), when they represent a violent image of an illness, describe a mechanical functioning of the body (e.g. “the body is *a broken machine*”) (Reisfield & Wilson, 2009, p. 4026), or convey a stigma (e.g. “AIDS is *God’s judgment*”) (Norton, Schwartzbaum & Wheat, 1990, p. 821), they can disempower and hurt the patient (Semino et al., 2017).

This qualitative case study aimed to understand the representation that a group of family physicians, nurses and administrative staff, working in an Italian family practice, has about metaphors and their use in patient-professional communication. The goal of this paper is to improve undergraduate, postgraduate and continuing health education, by investigating whether metaphors enhance or worsen cooperation in the therapeutic relationship.

Methods

Participants

The Italian Family Medicine employment contract allows a physician to work alone or in a group with other physicians, nurses and administrative assistants. This family medicine group encourages to share practices and therapeutic goals in the same place, to guarantee the patient a more cohesive and integrative cure and care. We chose a family practice group in Northern Italy with a purposeful sampling: the peculiarity of this group is that they are the only ones medically assisting an entire little

town with 15.000 citizens on average. In this characteristic, we also envision a unique form of togetherness between physicians and their patients.

Participants were fifteen (10 physicians, 2 nurses, 3 administrative staff) (10 female, 5 male), and the group worked in the same practice. This research was approved by the Institutional Review Board of the first author.

Tools and analysis

We conducted 15 semi-structured interviews exploring participants' experience of metaphors in their previous education and current clinical communication with patients. After a month, all the participants were involved in follow-up unstructured interviews to gather further reflections on metaphors, and for member checking. To analyze data, we followed Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009), a process that requires to codify and organize data, finding similarities, differences, and relations among them.

Results

Five major categories emerged from the interviews: a) ambiguous representation of metaphors, b) recognition of the value of metaphors in clinical and educative setting, c) indication of the advantages and benefits of the professional use of metaphors, d) indication of the limits and effects of the professional use of metaphors, and e) unconscious use of metaphors. To improve trustworthiness, we discussed all the phases of the analysis, until agreement was achieved. Finally, results were compared with the literature. We reported our results by following the case study strategy (Mortari & Zannini, 2017).

In this paper we share our results by gathering some quotations of our participants under the following themes: 1) using metaphors to enhance or worsen togetherness, and 2) using metaphors to shape the patient or the health professional's identity.

1) Using metaphors to enhance or worsen togetherness

The first theme we are going to introduce is about metaphor as a communication strategy. Nurses and physicians used metaphors with their patients during the consultation. Sometimes metaphors were deliberately used by participants to clarify difficult concepts:

Many patients have similar symptoms for which they came to the family physician, like palpitations. Most patients refer of a “skipped heartbeat”⁴ when they try to say that their heartbeat is not perfectly rhythmic. They feel like “emptiness” in their stomach then, when a patient doesn't tell it to me, but he refers a weird symptom, I can use that metaphor asking to him “do you file like a skipped heartbeat or emptiness in your stomach?”. [...]. When you try to involve them in a clear explanation of the situation, even with metaphors, they usually feel closer to you, because a patient recognizes that you are trying to let him understand you. (Physician 2, male - 1st interview)

Describing the heart as “a house with walls, floors, water and sanitary system, electric system”, to let people understand that a stroke has nothing to do with the rhythm of the heart, it is an example that patients understand. Because if you have a hydraulic problem it is very different from those that the electrician can repair. This is an example that may facilitate the comprehension of a certain pathology or detail. (Physician 6, female - 1st interview).

I believe they feel more comfortable with metaphors [...]. When I need to explain that an antibiotic therapy is not appropriate, sometimes I use a metaphor “take a hammer to crack a nut”,⁵ or to describe the abdominal cramping, I talk about a *visc* that squeeze and relax. (Physician 8, female - 1st interview)

⁴ To make sense of this metaphor in English, the sentence was translated from the original Italian metaphor “tuffo al cuore”.

⁵ To make sense of this metaphor in English, the sentence was translated from the original Italian sentence: “sparare con un cannone ad un moscerino”.

I use metaphors to understand if a patient has a specific pain. For example, I use to ask my patients “do you feel like a dog biting your shoulder?”, because I know other patients expressed that way. [...]. I perceive they appreciate it, usually. (Physician 10, female - 1st interview)

Metaphors can be useful if you want the patient to understand you, in a language that is familiar to them. My use of metaphors depends on the patient. I often use to talk in a manner the patient can grasp. I use the metaphor of “the apple pie” for drugs. A drug has an active substance (apples) and the outer part is the pill. This is one of my frequent metaphors. Another one is to compare human articulations to the train tracks... The problem is that you should keep in mind a beautiful metaphor, or a metaphor that works at least. (Physician 15, male - 1st interview)

Metaphors contribute to make an explanation more understandable, therefore they can promote closeness. Conversely, administrative assistants - involved in scheduling meetings between patients and physicians on the phone - suggested using plain language to avoid scaring or confusing the patient:

I don't use metaphors that much... I prefer using very simple words so they can understand me, without scaring them, because sometimes the physician must visit them urgently, then I need to explain them what's going on with very simple word, avoiding them to be scared. (Administrative assistant 9, female - 1st interview).

The reasons why the use of metaphors may deceive the patient are clarified by some physicians:

I suggest being careful with some metaphors, because it happens a metaphor may evoke to the patient some things which are worse than those you were trying to explain. (Physician 5, female - 1st interview)

If you try to sell a different information to the patient to avoid hurting him, you're not going to be trust so far. Because if you promise they'll heal and that's not true... then it's better to say the truth. You need to know that everyone can make a mistake. Unfortunately, our way to learn is paid on our patients' *skin*. (Physician 11, male - 2nd interview)

It depends, when you have a metaphor that you know it works it is better than a metaphor out of the blue, because the last one may convey something you don't want to say. I mean, if you focus too much on the metaphor, the patient may misunderstand you. (Physician 15th, male - 2nd interview)

According to some physicians, the creation of a metaphor requires the professional to know the life and story of the patient, one of the pivotal characteristics of the family physician:

[...] hence, the kind of metaphors you'll use to explain the functioning of an apparatus or organ varies according to the linguistic competence and the culture of the patient, as well as his/her job. [...] We could not speak without metaphors with our patient ... actually, there was a patient with a IgG4-related disease (and that's a very rare disease in this world), and this patient worked in the construction industry. Then I had to create a metaphor about buildings to explain all the mechanisms involved in a pathology like that. Because metaphors need to be patient-tailored. I could use a metaphor like this with an analphabet and it would become very complicated, then I believe metaphors should be patient-tailored, no doubt about it. (Physician 13, male - 2nd interview)

The family physician knows the social background of the patient. [...] you know how they live, you know how they eat, you know what they like to do, then the communication is focused on examples near to their life. If you need to create a metaphor, you'll build one depending on their degree, or if he loves soccer, then you'll try to create a soccer metaphor. (Physician 15, man - 2nd interview)

Participants perceived that patients feel *closer* to them when communicating with these expressions, because metaphors recall a familiar language. It seems that metaphoric language may improve "togetherness" and cooperation or, conversely, generate disconnection and discontents.

2) Using metaphors to shape the patient or the health professional's identity

The second theme examines the use of metaphors to describe someone. Metaphors can be expressed by health professionals to represent their professional identity:

I could say we are the *filters* between the patient and the physician. We have to understand if the patient has a real necessity, or if they say it's an urgency while they just break a nail on their foot... this is difficult to understand on the phone. (Administrative assistant 9, female - 1st interview).

I remember a lesson, when my professor said that "the nurse is *an ambiguous mediator*". On one hand, you speak scientifically, on the other hand, you speak a language common for everyone. Then your linguistic aptness plays a fundamental role in your communication. (Nurse 12, male - 2nd interview).

Indeed, there are those who heal and then we are happy all together, but if the problem is an arthrosis, I would never tell to the patient "don't worry about that, you will be fine within two months with this therapy"... I would better say "you will have this issue until the end". Because this is arthrosis. We do not cure the cause, we heal the symptoms, there is a palliative therapy, and this information could be accepted or not by the patient. Not always they accept this information, but *we are not wizards*, and if there aren't therapies, there aren't therapies. (Physician 11, male - 2nd interview)

One participant declared that some metaphors expressed by clinicians regarding the patient may hurt and create discontent in the therapeutic relationship:

I've heard some physicians referring to a very old man with the term "the mummy". There was another case in the US. A lady who was overweight reported the clinicians who called her "the whale". I think It's important to beware of how physicians use metaphors, because a patient can be hurt or offended, even if physicians use this kind of metaphors to recall to their mind a characteristic of that patient. I know this is not good to say, but it happens. (Physician 15, male - 1st interview)

In some cases, metaphors may hurt the patient. For example, with the obese patient, you can use metaphors about the diet, to help him/her recognize the situation. Because to say "you are obese" to the patient can be very drastic. We often use the BMI formula, and the values are often high. Between 25-30 is an overweight, between 30-35 is an obesity, beyond 35 is a severe obesity. This formula is very rigid, but the person who doesn't feel "*overweight*" may be offended. Then you need to find some metaphors or analogies to prevent it. (Physician 15, male - 2nd interview).

Patients use metaphors too, especially to describe *who* is the health professional *to* them, as one of the interviewed reported:

It depends from the situation. Some patients tell me struggles like the death of their husband or wife, or the disease of their partner, and it is crystal clear that my language has a different impact. I am no more *a reference point* but I become *a shoulder to cry on* (Administrative assistant 9, female - 2nd interview)

These expressions should be understood more deeply by the health professional, to avoid misinterpretation of the meaning that the patient is trying to convey:

I've noticed that patients use to say that "you look like my nephew", comparing you to their nephew maybe for the age. Hence, they feel closer to you and start questioning for explanations, it's a fact. I think they feel closer to you, and guess what? They compare you to someone that is familiar to them. I mean, a young man = my nephew. (Nurse 12, male - 2nd interview)

A metaphor like the one mentioned above could be considered tricky because of the potential ambiguity of the representation. The health professional may need to further reflect by exploring each other's biographic meaning on "what is a nephew" to them:

It's quite the same for all the techniques, starting from the banal hygienic care we learn during the first year at the Nursing School, when a man comes to a female student and says "listen, you could be my niece, I don't want you to take care of me. Nothing personal". Vice versa, when they need an explanation, they search for this comparison to be closer to you. To be closer and to be farther. It also depends on the comparison itself: "You look like my nephew, so I don't want you to do that", or "You look like my nephew, so I prefer asking to you". (Nurse 12, male - 2nd interview).

Discussion and Conclusions

The capability of professionals to critically reflect upon ones' professional communication is considered important for the development of their expertise, hence, for medical education (Mamede &

Schmidt, 2004). Participants have revealed metaphors can shape the therapeutic relationship, creating a stronger connection with the patient or, conversely, disconnection and discontent. These expressions can create intimacy because they recall something familiar and, in the absence of additional information, metaphoric reasoning infers the interlocutors must know each other well (Bowes & Katz, 2015).

A professional who reflects on the learnings gained in the field takes a conscious look at the emotions, actions, strategies, experiences, and answers, using that information to bring his/her learning to a higher state of understanding (Paterson & Chapman, 2013). This reflective practitioner is engaged in a process of continuous learning, since he/she pays attention to the communication by bringing together theory and practice (Zarifis & Gravani, 2014). Because the actual policies are considering family physicians and nurses working together with other health professionals in the same context, it would be interesting to design new curricular activities for an early inter-professional education (I.P.E.) (Milano, Garrino & Arras, 2017), to allow students learning how to communicate with other professionals and, therefore, to valorize “togetherness” in their practice.

Metaphors can elicit the prejudices and hidden beliefs of health professionals, and hence may convey a sense of stigma that the patient may subsequently feel (Norton, Schwartzbaum, & Wheat, 1990). A metaphor can create a negative engagement. Mabeck and Olesen (1997) have reported patients may embody medical explanations. If a physician says, “the *war against* cancer”, the patient may feel ready to fight or, paradoxically, hopeless. When a patient trusts the physician, the words of the physician can shape the inner aptitude of the patient to his/her illness. Consequently, a patient can be empowered or disempowered (D’Oria, 2017). This result is worth to be considered for medical education and continuing medical education (C.M.E.).

From the interviews it also emerged that participants were not always aware of their use of metaphors, when speaking to patients and other professionals. It would be valuable for adult education

to train health professionals to recognize and be aware of metaphors in health communication. In line with this, the results showed participants describe identity via metaphors, questioning the perspective of their patients about their role and professional activity. Understanding each other's metaphors reveals the mutual expectations about their relationship, and it is relevant for the health professional to understand how his/her biographic meaning to that metaphor meets the one of the patient. For this purpose, workshops and curricular activities could be designed to help students/professionals reflect on metaphoric language as a strategy to promote togetherness in the clinical encounter.

We acknowledge this study has limitations. First, results from a qualitative research cannot be generalized. Quantitative and mixed research about this topic is very welcomed and necessary. Second, we have chosen a specific group of participants because of their unique relationship as the only medical provider in the little town. Other family practice groups may have a different experience about metaphors and their potential to create togetherness. Third, we chose a family practice group because their "togetherness" could facilitate thinking about metaphors from different perspectives, even though they belong to the same practice. However, physicians who prefer to work alone can be interested too in considering this issue. Further research is needed on the role of metaphors in promoting a sense of belongingness in general practice teams and, therefore, in shaping professional identity (Salling Olesen, 2007).

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