

Cancer and the Military Metaphor

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Clare is currently in her final year of medical school, based in Rotorua. She is interested in the way we use language within medicine (sometimes to clarify and sometimes to confuse). Her current medical interests include the quality and safety movement, global health and sustainability, and the interface between psychiatry and public health.

INTRODUCTION

Aristotle described metaphor as 'giving something a name that belongs to something else'.¹ The language of medicine is often ambiguous and confusing, in part because clinical medicine is not an exact science, but rather a blend of science, human emotions and abstract variables. Metaphors are a way of connecting new experiences to familiar, emotionally-laden ones, creating a means to interpret the unfamiliar and often frightening.² Metaphors reframe complex issues and help to provide meaning.³ One metaphor ingrained within our medical rhetoric is that of war, and this is particularly prevalent in the discourse of cancer.⁴

The purpose of this piece is to examine the history and implications of the military metaphor in regards to cancer. The language of medicine, both lay and professional, is thoroughly infused with the language of war.⁵ The military metaphor has become a central part of clinical language as a way to aid in understanding of complex pathophysiology, with words such as 'insidious' and 'malignancy' now reflecting both clinical and metaphorical meanings.^{6,7} Furthermore, as a society, we have adopted the military metaphor as a way to interpret cancer. It gives us defined roles in an unfamiliar and frightening scenario. Doctors and patients speak repeatedly about fighting cancer and winning the war.⁸ Metaphors illuminate complex issues, but they are also capable of creating stereotypes and stigma. Mabeck and Olesen argue that metaphors do not just describe similarities, but create them. Upon entering our conceptual system, metaphors alter that system and the knowledge, attitudes and behaviours to which that system gives rise.⁹ The challenge of balancing the instinct to fight with words of healing and acceptance is fundamental to medical practice.⁸

METAPHOR IN MEDICINE

Metaphors enable a conceptual understanding of disease. Most diseases are too complex to consider in terms of every molecular detail. Text book explanations of physiologic processes are heavily reliant on metaphors. As technology has developed, we have modified our metaphors to reflect the changing world around us, and so have come to deeper understandings of the processes of the human body.¹⁰

Furthermore, clinical medicine is more than a series of complex biological

events. The setting of clinical medicine within the real world means it is always embedded within human experiences. Emotional experience cannot be conveyed by literal language. Attempting to find clarity, doctors and patients alike turn to metaphors to communicate about serious illness.³ Metaphors can add clarity and depth of meaning. They provide a way for doctors to bridge the gap between physicians' and patients' understanding, allowing patients means to conceptualise their illness.⁸

Patients can use metaphors to put their emotional panic and fear into words.³ Metaphors help in clarifying the contextual meaning of complex and new situations, giving means to understand the unknown by drawing upon past experiences and present knowledge.

Metaphors allow patients and doctors to foster a feeling of safety through ambiguity. They are used to discuss complex and risky situations in a non-threatening and indirect manner.³ The problem with this type of usage is that metaphors can 'freeze'.³ They can limit the way we think about the situation. Thus, with regards to the war metaphor, all facts and knowledge related to warfare can be thought to apply entirely to cancer therapy as well, resulting in a desire to 'fight to the bitter end'.⁸

The limitations of language contribute further to constrain our thinking. The particular vocabulary and syntax of any given language makes it easier to express some things more than others. This is true of medicine. There are many words for different types of respiratory infection but only one word for poverty. This means we can become less aware of some important causes of symptoms than of others.¹²

HISTORICAL BACKGROUND OF THE MILITARY METAPHOR

There is a long history of the usage of the military metaphor in medicine. The poet John Donne described his illness as a cannon shot and a siege in 1627. Later, advances in microscopy would reinforce this concept of disease as a 'rebellious invader'. Additionally, nursing practices in the late 18th century were characterised by military notions of loyalty, orders and ranks.⁸

The fear and stigma associated with cancer were significant for much of the 20th century. For the first half of the century, public use of the word 'cancer' was relatively rare and patients often concealed their disease from friends and relatives. Cancer was seen as mysterious, sinister, shameful and fatal.⁶ Even the word cancer is derived from the Latin word for 'crab', embodying the invasive nature of the disease.⁸ Following World War II, the American Cancer Society began a campaign for early detection of breast cancer, employing military metaphors linking the war against breast cancer to the recent military victory. This military rhetoric energised public opinion, maximised public donations and inspired patients, for whom it enabled an escape from the stigma and mystery of cancer.¹³

In 1971, Richard Nixon signed the National Cancer Act into law, putting physicians on the front lines and calling for 'the conquest of cancer'.⁸ It seemed as though cancer was simply the next enemy to be soon

overturned. Although casting cancer as an evil enemy provided motivation and energy, it also intensified public perception of cancer as terrifying and uncontrollable.¹⁴

STRENGTHS OF THE MILITARY METAPHOR

The parallels between war and cancer have assisted the persistent use of this metaphor over decades. There is a clear enemy (the cancer), a commander (the physician), a combatant (the patient), allies (the healthcare team), and weaponry (treatment). Furthermore, the military metaphor reflects a serious purpose and has a strong focusing power. The images of power and aggression conveyed provide a counterpoint to the passivity and hopelessness experienced by many patients.¹⁰

A metaphor of battle can be motivating to those patients who want to fight their disease. The metaphor can help restore patient autonomy and eliminate some of the stigma and mystery of the disease. Penson argues that comparisons with actual historical events can prove useful for some patients as a means of conveying empathy and understanding.⁸ It has even been proposed that metaphors such as this are simply a natural product of the disease experience.⁵ For example, a woman diagnosed with breast cancer may naturally feel 'under attack,' and this feeling is conceptualised into wanting to 'fight' and not give up.

The metaphor of war gives us a clear sense of role in a new and frightening situation. It provides a simplified model of right and wrong, and knowledge of where to direct the sense of indignation and hopelessness invariably present upon diagnosis. Furthermore, the war metaphor has given us a framework to think about the physiology and pathological origins of the disease process involved in cancer.¹³

LIMITATIONS OF THE MILITARY METAPHOR

Despite the metaphor of war playing a pivotal role in our understanding of cancer, it is important to recognise its limitations. Like any metaphor, it cannot describe either the mechanism or the experience of cancer itself in their full complexity. Problems with the military metaphor fall into four main categories. These are its paternalism, its suggestion that fighting hard enough will lead to victory, its implicit encouragement of action at any cost, and conceptual weaknesses within the metaphor.¹⁰

For many patients, fighting and war are not ways in which they wish to comprehend their illness. This reflects a fundamental problem of all metaphors: each person carries a unique set of ideas and experiences which will influence their interpretation of the metaphor. A single metaphor will thus never work for all of us. Reisfield and Wilson¹⁰ argue that the notion of war is inherently paternalistic, power-based and violent. Some patients have personally experienced war and do not wish to repeat the experience.¹⁰ Paediatric oncologists find that the military metaphor does not work well with children, who learn quickly to associate war with dying and death. It can lead to children feeling that they are solely responsible for fighting their cancer.⁸ Furthermore, the metaphor of war has evolved into something of a myth, with many historians now arguing that modern warfare has become so horrific that people would no longer support war ever being a justifiable activity.¹⁴

The military metaphor also carries with it the suggestion that defeating cancer (winning the war) is only a matter of fighting hard enough.^{8,10} For many cancers, this is not true. When a patient is facing a terminal diagnosis, using a metaphor of war can add to a sense of failure as their condition continues to deteriorate.⁸ Limitations in medical knowledge and treatments create inevitable treatment failures and losers.¹⁰ Within the framework of the military metaphor, treatment failure can instead be perceived as the patient's failure. The transition into palliative care implicitly represents failure, and the desire to keep fighting and not lose the battle may act as an impetus for physicians and patients to try additional therapies with little medical benefit.³ The military metaphor has created a culture in which quitting is not acceptable, leaving patients who opt out feeling guilty and inadequate.¹⁰

Medicine has grown out of an environment dominated by masculine thought, in which emotional restraint and the pursuit of power are rewarded.⁸ Hodgkin¹² suggests that the 'medicine is war' metaphor casts the patient as passive and uninvolved and the physician as active and in control, thereby subtly influencing the way both parties interact with each other and how they go about deciding on courses of action. Bioethicist George Annas¹⁴ calls the military metaphor 'antiquated' and blames it for leading people to 'over mobilise' and view medicine in a dysfunctional manner.¹⁴ Taking action is seen as a virtue, with technologies as weapons and doctors in control.¹² This view is characterised by an emphasis on solving problems with more technology.⁸ In Annas¹⁴ opinion 'military thinking concentrates on the physical, sees control as central, and encourages the expenditure of massive resources to achieve dominance. Although it is easier for doctors to bear the failures of medicine if the 'real' enemy is construed to be the disease, the doctor's self-image of battling against disease may not be in the patient's best interest. The aggression with which we approach illness can be at the detriment of our patients, who can undergo unnecessarily invasive procedures or last resort treatments as a result of the medical desire to 'do something'.¹²

The metaphor of war also carries conceptual weaknesses with reference to cancer. This metaphor implicitly condemns the patient. The cancer cells develop from one's own body. This means the enemy is not a bacterium or foreign contaminant, but something within the body malfunctioning. Like the ancient view of sickness stemming from inner sin, cancer implies some inner flaw.¹⁰ The physician's chosen weapon of chemotherapy indiscriminately destroys both sides, the cancer cells and the immune system, with their battlefield being the patient's body.⁸ Furthermore, Reisfield¹⁰ argues that the metaphor's clear focus on the biomedical parameters of the disease means that other important aspects of the illness experience such as the social, psychological, and existential are ignored. Giving the patient the role of 'soldier' often casts guilt on cancer victims, either implicitly or explicitly.¹⁰ They feel the need to put the rest of their life on hold and focus on the war effort, losing a potential opening through which to understand one's life in the context of illness.¹⁰ The widely held belief that a 'fighting spirit' will lead to better outcomes or even cure has been disproven.¹⁶

ALTERNATIVES TO THE MILITARY METAPHOR

Susan Sontag¹⁷ famously argued against the use of any metaphor for illnesses in her 1978 essay 'Illness as Metaphor' believing metaphors add to the stigma and fear surrounding an illness. She felt that cancer in the twentieth century had become 'spectacularly encumbered with the trappings of metaphor,' and had become 'not just a lethal disease, but a shameful one'.¹⁷ More recent writers have argued that Sontag's interpretation was too simplistic, asserting that metaphors are a product of the disease experience as well as acting as a transforming impact upon it.^{5,6} The mysterious nature of illness means that metaphors are needed to provide vision and understanding. However, it is important to acknowledge Sontag's fundamental point: metaphors are not simply evocative powers of speech; they have the power to shape our understanding.⁶

Choosing metaphors wisely can increase patient satisfaction, improve healthcare outcomes and reduce costs.¹⁰ Since we all possess different value systems and experiences, it is not appropriate to simply label metaphors as good or bad. The aim should instead be to find the best metaphors for a patient's situation and frame of reference. Physicians should listen to the metaphors their patients use and work with these metaphors. Metaphors should be able to evolve and change through the course of an illness.¹⁰

Reisfield and Wilson¹⁰ suggest that the metaphor of cancer as being a journey may be more useful for both patients and physicians. The metaphor of life as a journey already exists. The prognosis for patients diagnosed with cancer has changed immeasurably over the last century. The disease has been transformed from an acute and terrifying event into a chronic illness which can go on for many years, embedding itself into life narratives. The journey metaphor of cancer still allows for discussion of goals, direction and progress.¹⁰

A cancer diagnosis can be viewed within the framework of the journey

metaphor as being a chance to change direction. The image of our lives as high speed travel along a road means they are often focused on the future, on arrival at a destination. The alternate byways imposed by serious illness may involve suffering and uncertainty. However they may also provide opportunity to discover new sources of meaning and opportunities for personal growth. Thus, this metaphor opens possibilities: for exploration, hope, discovery and change. The journey will continue beyond cancer treatment, and its route may be shortened or hoped-for destinations bypassed. Importantly, there are no winners, losers or failures; only different roads to travel. In this metaphor, physicians are companions and guides accompanying the patient through their journey.¹⁰

Annas¹⁴ suggests that a new metaphorical framework is required if the US healthcare system is to be successfully remodelled. He argues that it is the way we think about health and disease as a whole that influences our opinions and mentality towards disease. He proposes the ecologic metaphor. This metaphor uses concepts of balance, limited resources and community to help us confront the limitations of treatment, and emphasise sustainability and quality of life. Death would no longer be seen as the negative outcome or as defeat. There is a need to examine our attitudes towards life and death and what the goals of medicine are. This metaphor widens the focus from individuals to consider public health and preventative measures.¹⁴

Perhaps the most obvious solution is to allow patients to devise their own metaphors, drawing on their own values and experiences. There are many examples of patients devising their own metaphors in lay literature. One patient suffering from metastatic prostate cancer used the metaphor of climbing Mount Everest. He recognised that both experiences involved physical and technological challenges, with treatment as a dangerous uphill slog. The metaphor transformed his need for oxygen and a cane (his metaphoric "ice axe") from symbols of illness into tools he could use to reach the mountain's summit.

Other patients have used similar sports metaphors (for example running a marathon or a bicycle race), chess matches, drama, and dance to describe their experiences.¹⁰

It is also important to address the way in which medical language itself is embedded with words of war. As understanding grows, other metaphors have arisen to explain concepts such as the regulation of cellular division, angiogenesis, and therapeutic strategies, such as boosting immune competence.⁸ Just as scientific knowledge evolves, so do the metaphors used to describe it.

CONCLUSION

Metaphors are powerful, and can be both enabling and disabling.⁵ The language we use influences our perception of the world. It is important to be aware of the impact of metaphor on our individual and social narratives. The military metaphor has played a central role in discourse on cancer over many years.¹⁰ There are clear parallels between war and cancer; and the military metaphor persists because it continues to provide defined roles and tasks in a confusing and uncertain situation. However, the limitations of the metaphor are clear. It encourages fighting at any cost, creating a medical culture where resources can be used in order to fit a clinician's need to act somehow, despite the lack of clear medical indication. Patients can feel as though they are inadequate if they fail to 'win the war'. There are many viable alternatives to the military metaphor, including considering life and diagnoses to be a journey, and the health system as an ecological system. It is our responsibility to consider whether the military metaphor has a place within modern discourses on cancer. Although this metaphor has framed our thinking on both a scientific and societal level, it may, like war itself, have outgrown its usefulness.

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