

Discussion Paper Title: Professional Practice and its Metaphors

Abstract:

This paper looks at the ways in which professional practice is shaped by underlying metaphors. For example, the health professions frequently use the metaphor that THE BODY IS A MACHINE¹ to shape the ways in which they practise healthcare. Such metaphors can be enabling but they can also be restricting. Professional practitioners need to be aware of the metaphors that are underlying their practice and the ways in which such metaphors enable or restrict practice. Metaphors also influence the ways in which the recipients of professional practice think about what professionals do and what they expect of the professions. We argue that education for professional practice should help newcomers to a profession be aware of the many ways in which metaphors underlie and shape practice. This could help such newcomers to become informed and critical practitioners with a deeper understanding of what they are doing in the workplace and why they are doing it.

Introduction:

Metaphor is generally regarded as an embellishment of language, something used by poets and writers as a rhetorical flourish, and slightly unconventional. Metaphor is also generally considered to be a feature of language alone, having little to do with everyday thoughts and actions. However, in recent decades a growing number of scholars are now of the opinion that metaphor is pervasive in language and that our conceptual systems are fundamentally metaphorical in nature (Kovecses, 2002; Lakoff & Johnson, 1980; Ortony, 1993). In other words, the ways in which we think, act, and interpret our experience are profoundly metaphorical. Lakoff and Johnson (1980) gave a number of examples of ways in which our everyday language is founded on metaphor. This is arguably true, not only of everyday language, but also of professional language. An examination of the metaphors used in professional practice offers us a way to understand more deeply how people think through the activities of professional practice.

¹ It is common practice in the literature on metaphor to write specific metaphors in upper case. This convention will be followed here.

Literature Review:

There is now a growing body of literature on the role of metaphor in the professions. For example, Gentner and Gentner (1982) observed that there are two metaphors for understanding electricity. One metaphor is of electricity as a cloud of individual electrons and the other is of electricity as a fluid. Some electrical engineering problems are best solved with one metaphor and some problems are best solved with the other. Students who tend to use only the fluid metaphor struggle with problems best solved with the cloud metaphor, and vice versa. People who work with electricity need both metaphors and, above all, they need the expertise to know when to use one or the other. It can be argued that a large part of expertise in the workplace is being familiar with all the relevant metaphors in the discipline, and having the judgment to know which is most useful for a particular setting .

Modern medical practice provides some vivid examples of the need for professionals to have metaphorical sensitivity. Burnside (1983) examined some of the metaphors used in modern medical practice, and discovered MEDICINE IS WAR. He pointed out some of the ways in which this particular metaphor can blind us to ethical issues, as much is excused when a state of war exists. Hodgkin (1985) took up this theme and advocated examining medical metaphors to clarify our assumptions about professional practice. He found the MEDICINE IS WAR metaphor insidious. It implies that patients are passive and doctors are warriors, and generally masculine. Technologies are seen as weapons, and therefore the more use made of them the better. Reisfield and Wilson (2004) gave a graphic example of the aggressive, warlike language used by one physician in talking to a patient with cancer. According to Reisfield and Wilson the martial metaphor is ubiquitous in cancer, as it is easy to see cancer as an enemy and health care professionals as combatants and allies with formidable weaponry. In this case, the patient was so distressed by the language used that he sought treatment from another doctor. On the other hand, the martial metaphor can be an enabling metaphor for other people. Reisfield and Wilson referred to examples in which patients found the same military metaphor gave them strength and resolve, even if it meant losing and dying with dignity after a battle well fought.

However, Reisfield and Wilson (2004) were at pains to point out that there can be serious limitations with any metaphor. The MEDICINE IS WAR metaphor can persuade people to think that the patient, rather than the treatment, has failed. The transition to palliative care can seem like capitulation and defeat, when it could be interpreted as a natural progression. They proposed other metaphors which are sometimes used and might be of more benefit, such as LIFE IS A JOURNEY. Journeys have destinations, and the connotations of journeying can allow people to adjust to the reality of the cancer experience with a sense of purpose and dignity, without the martial overtones of the previous metaphor. Reisfield and Wilson concluded that no metaphor is inherently good or bad. They all have strengths and weaknesses and these depend on context. A powerful and enabling metaphor for one patient might be meaningless or even threatening to another. Health professionals need metaphorical skill and sensitivity when discussing diagnosis and management with patients.

A graphic example of transition from one metaphor to another was provided by Loftus (2009). In a multidisciplinary clinic that had a clientele of patients suffering chronic pain, the staff seemed to be attempting to encourage patients to shift from the metaphor of THE BODY IS A MACHINE to a new one that LIFE IS A JOURNEY. This had a profound effect on how they conceptualised clinical problems and on how they managed their professional practice. Most health professionals, and most patients in the western world, think about their bodies with THE BODY IS A MACHINE metaphor. With many health problems this metaphor is perfectly adequate. For example, people with toothache will go to a dentist who will normally provide some form of ‘technical fix’, typically in the form of a filling. The problem with the metaphor is that it encourages people to think that there always will be a technical fix available for any health problem. In principle, it is nearly always possible to fix a machine, even if this requires replacing parts of it. Indeed, the health professions can now provide replacements for body parts that have become ‘worn out’. The problem is that the human body is far more complex than any machine, and the metaphor fails to work in many chronic situations, such as persistent pain. However, the metaphor is so powerful and so deeply embedded in western culture that many health professionals believe they can always provide a technical fix, and many patients become drawn into an endless search for the technical fix they believe must exist somewhere.

The staff in the pain clinic realised that a definitive cure (the technical fix) was frequently impossible. Much of the therapy in the clinic was directed towards helping people to come to terms with their condition and manage it in a way that enabled them to stop searching for a cure and get on with living a relatively normal life. Much of the therapy was based upon helping people shift to the new metaphor that LIFE IS A JOURNEY. Those patients who were willing to accept the new metaphor did well, and were generally judged to be much improved.

Discussion:

Metaphors seem to play a fundamental role in professional reasoning. They are a good example of Vygotskian (1978) cognitive tools. Some metaphors are provided by the community of practice (Wenger, 1998) that makes up each health profession, and some are fundamental (general public) ways of thinking and communicating. Metaphors provide a foundation for higher mental functions such as professional decision making. They are socially formed and culturally transmitted, along with the language of the profession and its knowledge base.

As Vygotsky wrote, “If one changes the tools of thinking available ... [the] mind will have a radically different structure” (Vygotsky, 1978, p. 126). The pain clinic staff were clearly using different metaphors from those commonly used by most of their colleagues in the mainstream. They thought about their patients’ problems quite differently and applied therapies in a different manner. This different structure of mind gave the staff in the clinic the ability to cope with the myriad and complex problems of patients with chronic pain. The staff in the clinic were not consciously aware of the metaphors they were using, nor of the extent to which their work was bound up with metaphor change in their patients (Loftus & Higgs, 2006). It can be argued that being aware of the metaphorical underpinnings of their practice would enable them to understand their practice better. They might then see ways of improving that practice and better ways of teaching other professionals the subtleties of what they were able to achieve. In conclusion, we need to pay more attention to the ways in which metaphor shapes professional practice and how we can use this insight to improve the education we provide to newcomers.

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