



Faculty of Language and Communication

**Cancer Metaphors: A Sociocultural Perspective Study of Cancer Patient
Narratives**

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Cancer Metaphors: A Sociocultural Perspective Study of Cancer Patient Narratives

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DECLARATION

I hereby declare that the thesis is entirely my original work and was carried out in accordance with the regulations of Universiti Malaysia Sarawak. Except for the quotations and citations which have been duly acknowledged, the work is that of the author alone. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.

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ABSTRACT

Cancer is a complex disease that is usually difficult to talk about. Many cancer patients turn to metaphors to describe the disease and their cancer experiences as this allows them to communicate those experiences more effectively. This study sought to examine the metaphors used by cancer patients when describing the disease and their cancer experiences. Most importantly, the study aimed to investigate how these metaphors are shaped by the patients' sociocultural background, understanding and perception. Using the Metaphorical Identification Procedure (MIP) and Lexical Concepts, Cognitive Models and Meaning-Constructions (LCCM) theory, the study analysed the data collected from 31 cancer patients from Kuching, Sarawak through semi-structured interview. The results showed that the patients turned to “structural”, “conspiracy” and “journey” metaphors more than other metaphors to describe the disease and their cancer experiences. Besides, female cancer patients used more metaphors compared to male and the choices of metaphors are also different across ethnic groups. The findings suggest that cancer patients were most likely to use and interpret the metaphors in ways that supported by their own sociocultural systems and value schemata. The LCCM analysis through the Unified Framework of Analysis showed that the cancer metaphors used by these patients were mostly shaped by their personal life experiences and their sociocultural understanding. The study concluded that the findings could have implications on the current debates over the use of cancer metaphors in and it could help to drive some recommendations for future research.

Keywords: Cancer metaphors, sociocultural background, cognition, Malaysia

Metafora Kanser: Satu Kajian Perspektif Sosiobudaya Naratif Pesakit Kanser

ABSTRAK

Kanser merupakan penyakit yang sukar untuk dibicarakan. Ramai pesakit telah menggunakan metafora untuk mendeskripsikan penyakit kanser dan pengalaman mereka kerana metafora membolehkan pengalaman-pengalaman ini dikomunikasikan dengan lebih efektif. Kajian ini bertujuan untuk meneliti jenis metafora yang digunakan oleh pesakit untuk mendeskripsikan kanser serta pengalaman mereka. Yang paling penting, kajian ini bertujuan untuk mengkaji bagaimana metafora ini dibentuk berdasarkan latar belakang dan kognisi sosiobudaya pesakit. Melalui pengaplikasian Prosedur Pengenalpastian Metafora (MIP) dan teori Konsep Leksikal dan Model Kognitif (LCCM), kajian ini menganalisis data yang dikumpul dari 31 pesakit kanser di Kuching, Sarawak yang telah ditemu bual secara separa struktur. Hasil analisis mendapati pesakit kanser lebih kerap menggunakan metafora “stuktural”, “konspirasi” dan “perjalanan” untuk menggambarkan pengalaman kanser mereka jika dibandingkan dengan metafora-metafora yang lain. Selain itu, pesakit kanser wanita lebih kerap menggunakan metafora berbanding dengan pesakit kanser lelaki dan jenis metafora yang digunakan juga adalah berbeza mengikut kumpulan etnik. Hasil dapatan ini juga mendapati pesakit kanser telah menggunakan dan menafsirkan metafora berdasarkan sistem sosiobudaya dan skema nilai mereka yang tersendiri. Analisis LCCM melalui kerangka Analisis Bersatu telah menunjukkan metafora kanser yang digunakan oleh pesakit kanser dibentuk berlandaskan pengalaman kehidupan dan pemahaman sosiobudaya mereka. Kesimpulannya, hasil kajian ini mempunyai implikasi terhadap perdebatan semasa mengenai penggunaan metafora kanser serta memberi cadangan untuk kajian masa depan.

Kata kunci: Metafora kanser, latar belakang sosiobudaya, kognisi, Malaysia

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LIST OF ABBREVIATIONS

CMT	Conceptual Metaphor Theory
LCCM	Lexical Concepts, Cognitive Models and Meaning Construction
LR	Logistics Regression
MIP	Metaphorical Identification Procedure
NPC	Nasopharyngeal Carcinoma
RCope	Religious Coping Activity Scale
RO	Research Objectives

CHAPTER 1

INTRODUCTION

This chapter provides the background to the study and the statement of problem, followed by the aim and objectives, the significance and the scope of the study, as well as the operational definition of key terms. This chapter ends with a chapter review.

1.1 Background of the study

Cancer is a complex disease that is usually difficult to discuss. Over time, providers, patients and the media have use descriptive language to describe the experience of cancer disease (Harrington, 2012). One of them being the use of metaphors in the field of medicine (Pinheiro, Pocock, Dixon, Shaib, Ramalingam & Pentz, 2017). Metaphor, in its basic sense, is “a device for seeing something in terms of something else [as it] brings out the thisness of a that, or the thatness of a this” (Burke, 1969, p. 503). Metaphors are relevant to embodied cognition. Embodied cognition here can be defined as diverse abilities in human intelligence that allow us to identify and process information (Kim, Bahk, Oh, Lee, Lee & Choi, 2018). This is because metaphors straddle many important boundaries between language and thought, semantics and pragmatics and rational communication and mere causal association (Ezeifeka, 2013).

Metaphors are often used in our life narratives, given that we make narratives (i.e., life stories) everyday of our life. These narratives allow us to think, perceive and imagine as they offer us new angles to release information or experience about oneself to others coherently. Furthermore, metaphors serve as a powerful tool to share, manage and deal with the vividness, paths and patterns of certain experiences in life (Pihneiro et al., 2017). This is evidenced by the way metaphors are used by people with terminal illness to make sense of the illnesses and

describe the ensuing experiences. All these are of particular relevance to the present study that seek to understand the metaphors that are used by cancer patients to describe the disease and their cancer experience.

This definition of metaphor rings true for many patients who, despite their varying levels of knowledge about the disease, may use various kinds of metaphor to make sense of the illness, its causation and prognosis. However, it must be pointed out that no single metaphor is completely adequate in describing cancer (Camus, 2009; Gibbs & Franks, 2002) as cancer patients often provide their own unique conceptualisation to describe the disease (Harrington, 2012). Among the many types of health metaphors, the journey metaphor has been found to be the most pervasive and often used type (Dein, 2006; Palmer-Wackerly & Krieger, 2015; Plug, Sharrack & Reuber, 2009; Refaie, 2014). Palmer-Wackerly and Krieger (2015), for instance, found that journey metaphors such as “a process of life”, “journey with ups and down”, “roller coaster” and “high and low” (p. 616) are used to understand and make sense of the concept of infertility. Plug, Sharrack and Reuber (2009), on the one hand, found that phrases like “going off”, “coming back”, “coming to”, “come in”, “are sent in”, “are let pass”, “finish” and “develop” (p. 997) were engaged by epilepsy and psychogenic nonepileptic seizures patients to conceptualise their seizures and epileptic experience. Refaie (2014), on the other hand, reported that journey metaphors such as “work his way out” and “go it alone” were used by patients to frame and elucidate depression and its process of recovery with little difficulty.

In summary, these studies have observed that the basic concept and definition of the term “journey” in the community have been conceptualised by patients to reflect their understanding on the prognosis (Dein, 2006). This allows them to create their own meaning on the cancer from

the very beginning until recovery, helping them not only to understand the complexity of their illness but also aid to make sense of the treatments and experiences that ensue on their illnesses.

Furthermore, numerous studies have found that doctors and patients use metaphors differently. Doctors employed mechanical metaphors such as “body is machine” and “doctor is a controller” (p. 116) whereas patients used a range of vivid metaphors such as “the body is a container” (p. 116) to make sense of the diagnosis (Skelton, Wearn & Hobbs, 2002). As such, it can be observed that the differences in experiential background have caused the formation of a variety of metaphors in explaining health experiences because the culture of an individual have influenced the way and the metaphors used to explain diseases and experiences. In another study done by Lendik, Chan, Renganathan and Yap (2017) on the metaphor and representations of health and illness in the Semai Indigenous Community, it was found that experiences as well as the status of health and illness have been represented using spatial metaphors that include the physical activity and position such as “physical entities” and “living things” and culturally specific metaphors like “uncontrolled plant”, “eating you up” to understand the complexity of their health problems. (Lendik et al., 2017). This shows that patients’ different needs have affected the metaphors that they used in describing illnesses.

Similarly, Bourke (2014) reported that different pain-terms were used to ontologically represent the idea of pain. In Japan, the feeling of pain has been described ontologically as “bear headaches” by the community since it resembles the heavy steps of a bear whereas for the Chinese in China, pain is all about the concept of imbalance based on the theory of Yin-Yang. Among the Indian in India, the idea of pain in its community is imaged as the situation of the “fire and live coals”, “parched chickpeas” and its heaviness is equivalent to “a load of grain”.

These show that the feeling of pain is created, lived out and experienced differently by individuals in various cultures. Besides, this also implies the complexity of the society as each of us employs different metaphors in making sense of complex life experiences, illnesses and diseases due to the divergence in experiential and cultural background. These studies show that the metaphors used are attuned differently based on people's own sociocultural background and ways of understanding their natural surroundings to make sense on the health and illness.

Kövecses (2010), among many scholars, described that these metaphors are created based on personal embodiment and context. This is because in this complex society, sociocultural background including ethnicities, religions, personal interests and sociocultural context affects our thought, language use and metaphorical expressions formed in many ways to fill in the gaps by connecting patterns of new experience with the one familiar to narrate health problems (Lakoff & Johnson, 1980). This explains why metaphors are more than a rhetorical device as their usage varies by the various dimensions of social and cultural life, cognitive preferences and personal style. The choices of the metaphors used are also highly dependent and correspond with the diverse sociocultural background of the community as well as personal experience. Therefore, sociocultural background can be defined as the influence of personal background including ethnicity, gender, religion, type of family, education, occupation, socioeconomic status, exposure to people, social context and the cultural background such as ethnic traditions of the patient.

Studies on metaphors in health care show that metaphors have been used by cancer patients in conceptualising and understanding cancer and cancer experiences. This is due to the fact that metaphor is one of the solutions to understand the underlying meaning of a patient's

illness experience since metaphors are connected to cognition. Metaphors are one of the important tools in communication and cognition as illnesses have brought a need for each patient to reflect and reinforce different ways of making sense on the cancer based on their unique background experiences (Hauser & Schwarz, 2019; Low, 1994, 1996). Examples of the cancer metaphors used based on the analysis include journey metaphors, war metaphors, theology metaphors, euphemistic metaphor, ontological metaphors, combat-oriented metaphors and many others.

Based on previous research, it can be found that war and journey metaphors were the two dominant metaphors used among patients to conceptualise their cancer experience (Hendricks, Demjen, Semino & Boroditsky, 2018) (See Appendix 1 for more details on the definitions of metaphors). This is related to the fact that metaphors create a perfect metaphorical correspondence with cancer. Besides, the metaphors were also used to uplift the spirit of patients, avoid pessimistic emotions while sharing personal cancer experiences (Lanceley & Clark, 2013; Reisfield & Wilson, 2004). Despite that, war metaphors also connote fear and fatality, creating misapprehensions and uncomfortable implications while coping with cancer (Acuna, 2016). These show that the sociocultural backgrounds and bodily experience can have a major influence on the conceptualisation of cancer, affecting the metaphors created and used in understanding the disease.

Meanwhile, the gender of cancer patients also affects the course of cancer and the metaphors used. The study of Huijbrechts (2016) revealed that same metaphors were used in different ways by men and women in describing their illness experience. This is because cancer metaphors may have different effects on different people who use them to understand and discuss

the disease. For instance, metaphors such as “journey” were used neutrally or in a positive and empowering manner by men but neutral or in a negative and disempowering way by women. This shows that the roles of men and women in the community can influence the way of understanding and conceptualising cancer (Teucher, 2000).

Therefore, it can be observed that the differences in cognition and dimensions in social and cultural background of the patients have prompted the derivation of different metaphors to conceptualise cancer (Tetteh & Faulkner, 2016). Such influences, as Stamenković, Ichien and Holyoak (2019) have argued are connected to the nature of the mental process with controversy focusing on the relative role of general analogical reasoning versus language-specific conceptual combination that affect their personal experiences of using them to talk about the disease - a point which has been the focus of debate about metaphors comprehension. Although the above mentioned studies examined the effect of gender, cultural and bodily experience on the conceptualisation of cancer, the findings have implications on the debate about the use of cancer metaphors – that is, how these metaphors may shed insights into patients’ cognition about cancer and the connection with the sociocultural background, which is crucial for improving communication and treatment in cancer care.

1.2 Statement of the problem

Studies have shown that metaphors are not merely rhetorical devices that are used to communicate and explain ideas. This is because metaphors are also used as a cognitive device which is able to review thoughts and experiences shaped by their cognition and various contextual factors (Taylor & Dewsbury, 2018). The use of metaphors to describe cancer is a case

in point, given that many patients have turned to metaphors to explain the disease and make sense of their cancer experiences.

Although there have been extensive studies (Bey, 2017; Camus, 2009; Reisfield & Wilson, 2004; Saarelainen, 2017) that have analysed various types of cancer metaphors used by patients throughout their cancer journey, much more needs to be known about these metaphors. This is because most cancer-related studies had focused on the way patients use metaphors in describing their experiences with cancer (Magaña, 2020; Magaña & Matlock, 2018; Semino et al., 2017). To date, various studies have shown that metaphor is regarded as a framework for patients to make sense of their cancer illness since it helps to communicate cancer patients' senseless suffering, and also plans for personal transformation in coping with such an illness (Bowker, 1996; Gibbs & Franks, 2002; Hurley, 2014; Magaña, 2020). In other words, the use of certain metaphors provides valuable insights into the shared and individual ways patients make sense of their illness, and particularly, of their cancer experience (Hammond, Teucher, Duggleby & Thomas, 2012). As cancer is a complex and complicated disease that exposes people to fear, frustration and despair, it has been understood and framed differently (Potts & Semino, 2019) by patients from diverse populations and sociocultural background in meaningful ways. Therefore, the cancer metaphors used have been perceived as patients' personal choice as some of them described cancer as empowering, fatalistic or neutral. At the same time, more questions remain when the analysis of Semino, Demjen, Demmen, Koller, Payne, Hardie and Rayson (2017) mentioned the need to explore the variation of metaphors in perceiving cancer by patients from different cultural context to identify the influence of sociocultural background on the types of metaphors used in narrating illness. Likewise, Chapman (2001) also suggested the need to

conduct in-depth studies on cancer patients' social background. This is to understand how patients' sociocultural background influence the metaphors they use to describe cancer.

Furthermore, the study of Kenett, Gold and Faust (2018) also mentioned the need to examine the relation between thinking and metaphor comprehension at the individual level in future studies. Since thoughts are also influenced by sociocultural background, Landau, Zhong and Swanson (2017) contends, metaphor is a tool for thinking and not, as traditionally assumed, a mere linguistic frill. This is due to the contribution of different intellectual abilities to the production of metaphors (Beaty & Silvia, 2013). Besides, this is also aligned with the argument of Camp (2006), Kreuter and McClure (2004) and Tindle (2015) that the meaning of cancer metaphors reflected the cognition mechanisms (Beaty & Silvia, 2013), sociocultural background, personal identity and life experiences instead of being only as a rhetorical device.

On the other hand, many theories such as Religious Coping Activity Scales (RCope), Conceptual Metaphor Theory (CMT) and Frame Analysis have been used to examine cancer metaphors. However, none of these theories can fully explain the creation of cancer metaphors among patients in specific sociocultural backgrounds where cognitive processes about their illnesses are shaped by their cognition and sociocultural background (Patel, Chew-Graham, Bundy, Kennedy, Blickhem & Reeves, 2015). Therefore, these frameworks may not be suitable to address the gap in the field of research of cancer metaphors especially on the need for a study on the influences of sociocultural background relating to the creation of cancer metaphors (Chapman, 2001; Semino et al., 2017).

As cancer metaphors are important in communication and cognition, Banaruee, Khoshisima, Zara-Behtash and Yarahmadzahi (2019) and Stamenkovic et al., (2019) too explained that metaphors served not only rhetorical purposes but also cognitive purposes that are linked to creative thinking, not only in poetry. Thus, a more refined theory such as The theory of Lexical Concepts and Cognitive Models (or LCCM Theory), is required to analyse cancer metaphors. This is because LCCM Theory takes account of the sophisticated nature of linguistic information encoded in language and the way it interfaces with non-linguistic knowledge during meaning construction. In other words, LCCM creates a continuity between figurative and literal language by examining the linguistics process involved in semantic composition and how non-linguistic knowledge are activated in meaning construction (Evans, 2010).

Therefore, the cancer metaphors used by cancer patients need to be explored extensively in relation to their cognition and sociocultural background. This is because cancer metaphors serve as the bridge between languages and cultures in our conceptual system based on daily experiences and interactions.

1.3 Aim and objectives of the study

The present study aimed to examine cancer metaphors used among patients to describe cancer disease and their cancer experiences. The specific objectives examined in this study are:

- i. investigate the types of metaphors used by patients to describe cancer and cancer experience; and
- ii. examine the ways in which these metaphors are shaped by patients' sociocultural background, understanding and perception.

1.4 Significance of study

The current study seeks to examine how cancer metaphors are created and used by patients in specific sociocultural contexts. Thus, a closer understanding on the connection between sociocultural background and the metaphors used can be developed. This is due to the fact that the sociocultural background and cognition of patients help to explain how metaphors are shaped. By understanding the culture of a community or an individual and the mental abilities and capabilities that involve in perceiving cancer and cancer experience through the metaphors used, health communication and transmission of information both verbally and non-verbally across cultures can be enhanced. This is because the patients' thoughts, ideas and attitudes towards the disease can be understood (Arroliga, Newman, Longworth & Stroller, 2002; Casarett, Pickard, Fishman, Alexander, Arnold, Pollak & Tulskey, 2010).

Considerable research has been done to investigate the metaphors used in conceptualising cancer (Acuna, 2016; Huijbrechts, 2016; Lanceley & Clark, 2003; Reisfield & Wilson, 2004; Teucher, 2000). Despite these significant findings, the context has been focusing only on the types of cancer metaphors used. This study therefore, extends the current literature on the conceptualisation of cancer in Malaysia.

In addition, the present study would also be able to contribute to the growing literature on cancer metaphors by enriching the findings discovered in past research and helping the health and service providers. This is because in Malaysia, metaphors of only some communities such as the Semai Indigenous Community (Lendik et al., 2017) and small number of Malay, Chinese and Indians community in Penang (Farooqui, Hassali, Shatar, Shafie, Seang & Farooqui, 2011) have been studied. The results of these studies show that different types of cancer metaphors

used are based on their experiences and preferences (Plug, Sharrack & Reuber, 2009) because all metaphors are not created equally. Although metaphors pervade human dialogue and psycholinguistics research has produced a wealth knowledge on metaphor comprehension (Gibbs, 1994; Glucksberg, 2001; Lakoff & Johnson, 1980), the understanding of how people, patients in particular, come up with these metaphors is rather limited. This is in view of the fact that the efforts to understand how mind creates metaphors are only starting now (Chiappe & Chiappe, 2007; De Barros, Primi, Miguel, Almeida & Oliveira, 2010; Pierce & Chiappe, 2009; Silvia & Beaty, 2012). Thus, by understanding the cancer metaphors used by patients of different sociocultural background, cultural diagnostic stereotyping can be reduced and communication between medical personnel and patients can be facilitated (Hui, Zhukovsky & Bruera, 2018).

Apart from that, the importance of theory in inquiring and understanding the influence of sociocultural background on the metaphors used and cognition in narrating cancer is also highlighted. Through the application of LCCM theory, metaphors used to narrate cancer and the affection of patients' cognition, social and culture background on these metaphors could be analysed and interpreted at a deeper level, providing an in-depth analysis to the topic to help the health and service providers to improve the health care of communities. In long term, the study would help to raise awareness on patients' needs and contribute to the development of policies or effective practices in supporting cancer patient at different stages of life.

1.5 Scope of the study

In this study, the informants are only limited to cancer patients who are currently undergoing treatments or have recovered from cancer residing in Kuching, Sarawak. The

understanding of cancer among cancer patients from other places in Sarawak and Malaysia would not be covered in this study.

Besides, the ethnicities of the informants involved in this study are limited to those available in Kuching, Sarawak. As the conceptualisation of cancer may have different views in the lives of patients of different ethnicities, the understanding of cancer among cancer patients of different ethnicities that are not available in Kuching, Sarawak would not be discussed in this present study.

Moreover, it is important to mention that the use of cancer metaphors is not fixed and patients can use other types of metaphors (or do not use them at all) at different points during their prognosis. Thus, the analysis of the data is only done based on the metaphors gathered and validated during the interviews. The metaphors used by the informants in other sharing or interview sessions will not be included in the study.

1.6 Operational definition of key terms

1.6.1 Cancer metaphor

In this study, the phrase “cancer metaphor” is understood as figures of speech that denotatively represents cancer illness and its experience through concepts that are more familiar to the patients itself. For instance, cancer is a journey and cancer is a war.

“Metaphor” was defined as a figure of speech, stronger than simile that unite two areas of human experience. It was classified by Lakoff and Johnson as a powerful form of communication because it united the abstract with physical and visual to make it compelling (as

cited in Altmann, 2008). Lakoff and Johnson (2003) mentioned that the concept of metaphors has governed our intellectual by structuring and defining our perception and relation to the world apart from the people. For instance, the study of Hydén (1997) found that various metaphors have been used denotatively to illustrate different types of illness and these metaphors were one of the approaches used to represent and give meaning to our social reality, actions and lives. This can be shown when metaphors such as “shock and kill” has become a widely acceptable idiom in HIV disease (Nie, Gilbertson, Roubaix, Staunton, Niekerk, Tucker & Rennie, 2016) since the diagnosis can be dreadful. This shows that metaphors are created as a of form expression to describe diseases.

As cancer is able to provoke a mixture of fear, pity and admiration, cancer metaphors are often used by many cancer patients not only to make sense of the perplexing and bizarre disease, but also to communicate it and help them cope with their prognosis. This study discusses the cancer metaphors used by the cancer patients where it reflected their ways of understanding the disease as well as the connection with their sociocultural background.

1.6.2 Cancer

The term “cancer” refers to the health problem that can affect different organs and any parts of the body. Cancers are diagnosed by medical doctors following an abnormal screening results, development of suspicious symptoms or through an incidental detection during medical examination for other reasons (Saville, Smith & Bijak, 2019).

Hejmadi (2010) defined cancer as “a disease which a group of abnormal cells grow uncontrollably by disregarding the normal rules of cell proliferation” (p. 7). Cancer is different

from the growing of tumours as not all tumours are cancerous and most importantly, benign tumours do not spread to other parts of the body like malignant tumours (Macmillan Cancer Support, 2014). Cancer is the mutation in the cell genome as the proteins produced disrupt the cellular balance causing the cell to keep dividing themselves. The causes of cell mutation include cell inheritance, external environmental factors and personal lifestyles (Parsa, 2012).

1.6.3 Sociocultural background

Sociocultural refers to the concern about the awareness of circumstances around and how behaviours are affected by their surroundings, social and cultural factors (Anjalmoose & Arumugam, 2018). As globalisation has cause the impact of sociocultural background to be limitless and at the same time borderless, this concept of sociocultural background, close to being abandoned (Brumann, 1999), is often taken as a criterion for considerations in different industries including health services.

In the context of health and illness, Nayak, Sharada and Geroge (2012) stated that the understanding of health and illness when making judgements of own health condition is heavily influenced by socio-cultural context that include age, gender, religion, belief, type of family, education, occupations, socioeconomic status, exposure to people and mass media on top of other cultural factors such as ethnic traditions, customs and practices. Malaysia is a multiethnic and multicultural country with Malay, Chinese and Indian as the three main communities. According to Child and Warner (2003), the Chinese culture is a complex interaction among the state forces, market, local culture and individual interests that cannot be duplicated out of utility or calculation as it has been set up long time ago. Among the Malay, culture refers to the set of customs and traditions following the Islamic practices, the school of Shafi'e and the concept of "budi" in daily

interactions (Stroz, 1999). For Indian, Sinha and Kumar (2004) stated that culture is understood as an amalgamation of several existing cultures and it comes with numerous morals, teachings as well as etiquette for living a better life. Thus, sociocultural can be defined as a perspective that describe an individual's

Thus, sociocultural background in this study referred to the influence of personal background such as ethnicity, gender, socioeconomic status and local understanding about cancer disease. In other words, it refers to the influence of personal behaviour and in part of mental processes in describing cancer as according to their social and cultural contact.

1.6.4 LCCM theory

The LCCM theory introduced by Vyvyan Evans is applied to explain the influence of sociocultural background on the derivation of metaphors in conceptualising cancer and cancer experience. Evans (2009) stated that LCCM theory is a protean approach to explore how meaning or semantic representation is constructed and integrated across utterance since the meaning associated with word and language is flexible. The process of meaning construction in this theory is different from the literalism especially in understanding figurative language because it shows a constitution of joint action in service of the situated communicative goals. Thus, it is a continuity form of literal understanding of language whereby it integrates both the linguistic and non-linguistic knowledge in a single mechanism

In this study, the concept of lexical representation in the theory LCCM will be applied to identify the metaphorical expressions used by cancer patients to represent cancer illness. According to Evans (2009), lexical representation is the primary level analysis of linguistically

mediated meaning construction and it consists of both the conceptual system and linguistic system forming the foundation for meaning construction. Through the concept of lexical representations, the mental representation associated with cancer illness can be accounted as the role of words used to conceptualise cancer is to work out the differences between the role and function of literal and figurative word use in meaning construction process based on the context. This would help to identify and understand the types of metaphors used to describe cancer.

Moving on from the lexical representation which is the metaphor identified, the metaphor will undergo a process of fusion that includes lexical concept of integration and interpretation to understand how personal experiences and sociocultural understandings on the nature of the world integrate and contribute to the semantic composition of the expressions on cancer. This is important to form the conceptual content which is the informational characterisation of the data as it is understood that words have several meanings and the meaning is derived based on the cognitive process of understanding. Each informational characterisation will be encoded with proper cognitive models that focus on how the cancer metaphors should be interpreted. Hence, the relation between sociocultural backgrounds and the metaphorical expressions used to narrate cancer can be identified. (An in-depth discussion on how LCCM theory works in meaning construction is included in Chapter 2 under the theoretical framework of study.)

1.7 Chapter review and structure of the thesis

This chapter has covered the background of the study and then established the gap for the study. It has also described the aim and objectives of the research, significance of the study along with definitions of key terms. It also highlighted the scope of the study.

Following this, a literature review will be provided in Chapter 2 where the backgrounds on language and cognition, cancer metaphors in text and presses and personal narratives of cancer will be presented. Besides, the theoretical frameworks used in conducting this research will also be included. In Chapter 3, the research methodology applied in conducting this research will be discussed. This includes the research design, instruments used, selection of participants, data collection and analysis procedure and limitations of the study.

Chapter 4 will present and discuss the findings obtained from the study. The results will include the types of metaphors used and the how sociocultural have influence the creation of metaphors used in conceptualising the cancer diagnosed. This chapter will end with a summary of the findings. Chapter 5 will conclude the study by providing suggestions for future research and implications from the findings. It includes the implications and suggestions for cancer patients, general public, government and policymakers to help them in treating cancer.

CHAPTER 2

LITERATURE REVIEW

This chapter provides the literature review that informs the present study. It begun with a brief explanation on the concept of metaphor and its connection between language and cognition. This is then followed by a review of studies on metaphors in medicine, cancer metaphors and how they are used in people's narratives of cancer. Lastly, the chapter discusses the Lexical Concepts, Cognitive Models and Meaning-Constructions (LCCM) theory developed by Evans (2006) and concludes with a summary.

2.1 Metaphor

A rhetorical figure of speech refers to the artful and intended deviation of a statement from ordinary usage (Mcquarrie & Mick, 1996). It is often used to help audiences to grasp the ideas, gratify their aesthetic needs, add literary flavour to the texts and deepen their impression. Examples of rhetorical figures include alliteration, anaphora, metaphor and metonymy, just to name a few.

Metaphors, as one of the rhetorical figure of speech, are the representation and the understanding of one domain in terms of other concepts that are more familiar to the language user itself. As the use of metaphor is common and inescapable in everyday discourse, it has been classified as the foremost trope, fundamental than metonymy in capturing the essence of things and establishing relations between idea, object and concepts (Kao, 2000). Thus, metaphors can be defined as a figure of speech that is used to perceive and understand new things about the world based on what have been understood by each individual. It is a way to identify and

reinforce different ways of making sense of new things and ideas in a thorough way to know the world (He, 2017).

Aristotle (as cited in Levin, 1982 & Wood, 2015) defined metaphor as a vertical theory of metaphor instead of a horizontal theory as the application of terms is either from the genus and applied to the species or vice versa or from one species to another by analogy. This is because Aristotle's concept of metaphor is contemplative and it focuses only on the similarities among things not the word and the figurative meanings. By way of explanation, metaphors are not new words; they are taken from among the repertoire of existing, ordinary words in a given language by blending the ordinary and the unfamiliar in every metaphorical expression. Ever since Lakoff and Johnson (1980) developed the concept of "Metaphors We Live By", studies on metaphors have gained new insights with interpretations showing that metaphor is concerned about thought of an individual apart from being rhetorical device. For example, Mandaria (2014) found that the nature of Georgian and English metaphors are different but at the same time identical because of the specificity in their respective cultures. The poem "ვეფხისტყაოსანი" (vepkhistqaosani) that literally means "one with a skin of *vepkhi*" or in English "Lord of the Panther Skin" in Georgia cannot be fully translated into English as the metaphor exists only in the Georgian culture (Mandaria, 2014, p. 16). This eventually resulted in the use of different metaphors to describe ideas, objects rationality, emotions, life, death and others.

In short, metaphor is the understanding of semantic values of one concept in a more familiar way other than being a rhetoric flourish. It is used to as a rhetorical figure to describe object or action in a way that is not literally true, but helps explain an idea or make comparison.

Besides, metaphors also serve cognitive purposes to comprehend and express social realities and thoughts of individual. It correlates the bodily experience that is established in the brain.

A study conducted in Finland by Schmidt (2002) found that the indigenous and universal conceptualisation of domains and ideas are being constructed and portrayed in the language including the metaphors used. Analysed through the cognitive metaphorical approach and the theory of cognitive metaphors, the results on the intertwist between metaphor, cognition and their relevancy for theoretical understanding in intercultural communication showed that various metaphors such as “physical movement”, “mechanics and machinery”, “solid or fluid substance”, “building or edifice” and “state of mind”, just to name a few, were used to describe the stock market activities. This implies that the image schema of metaphors are used to represent the thoughts and cognition of an individual as it forms the basis of metaphorical knowledge and the way of looking at things. Nevertheless, these metaphors are not universally constructed. They differ across languages, cultural and individual. Thus, it can be said that metaphors are related to cognition and cognition are represented through metaphors.

Janeke (1995) mentioned that metaphor is related to cognition as metaphor is ubiquitous and abundantly used to compare two unlike things without any clear logic based on their embodiment and cultural experience. According to Lakoff and Johnson (1980) and Lakoff and Turner (1989), metaphor, being a part of cognition structures, guides our cognition in conceptualising the reality apart from understanding experiences. This is because the idea of metaphor is formed and connected through specific mental mapping of image schemas that are abstract from our experience and spatial experiences of the world. For example, metaphors such as “Time is a commodity”, “A story is a garment” and “The city is an organism” have been used

to map and conceptualise the world we live in. This provides a better understanding of metaphors as it reflects to individual's cognition apart from operating at rhetorical level.

In addition, Arduini (2014) mentioned that metaphor represents the image of a community and a culture with specific semiotic values that no literal expression possesses. It grants access to the cognition and thought of a community that outsiders are unable to grasp, see or touch instantly. As metaphors bridge abstract concepts with concrete and familiar domains, Reck (2002) pointed out that metaphors can be grouped into structural metaphors, orientational metaphors and ontological metaphors. Structural metaphors, as the largest group, describe convoluted experiences by highlighting it with simple and known experiences. Orientational metaphors, on the other hand, focus on physical space such as physical posture and space of bowing, falling, up and down are used to explain our thought and emotions. The third group, ontological metaphors are formed based on the experiences with physical objects by setting up artificial boundaries such as using the concept of container metaphors to explain abstract phenomena. Based on these three groups of metaphors, Reck (2002) stated that metaphors from the three groups are equally important and widely used in different areas such as politics, sciences, law, in the field of art, medical and much more to help us to share, practise and deliver knowledge although it may not be semantically related.

Therefore, it can be deduced that metaphors reflect our cognition, conceptualisation and understanding of the world especially on the important subjects or unusual cases such as making sense of the complexity of cancer and cancer experience. This caused the experiences to be intelligible and sharable because metaphors are connected to cognition and they are devised based on real life experiences and contexts, not by referents, sign or symbols of the words itself.

Thus, the types of metaphors created by cancer patients in describing cancer and cancer experience in relation to their sociocultural background and cognition need to be studied to see how cancer are conceptualised by cancer patients.

2.2 Metaphors and its connection with language and cognition

As mentioned earlier, metaphor is a representation of one domain in terms of other concepts that are more familiar to the language user. However, it is important to note that metaphor is also a cognitive device apart from acting as a rhetorical device. This is because of the connection between metaphor, language and cognition. Language represents our thought and cognition. Thought and cognition are built based on bodily experience and sociocultural background. They are conveyed and channelled through the language used in daily communication. Besides acting as an interacting tool, communication via language also involves the use of rhetorical devices and one of the most commonly used is metaphor. Metaphor is a cognitive device that has been the focus of various studies across fields as it has been a way to signify our thought and experiences. According to Demjén and Semino (2017), the concept of metaphor involves equating or “similarising” different entities or processes to feel, communicate and understand a concept or an idea from another.

Language and speech productions are the foundation of thought (Steinberg, 1982). This is in view of the fact that our cognition is highly dependent on language and language automatically forms the foundations of our thought (Barber, 2005). Besides, this is also in line with the findings of Vygotsky (1934) where it was mentioned that “thought is not merely expressed in words and it comes into existence via language with its rules and vocabulary” (p. 125). Carruthers and Boucher (1998) also explained that the main function of language is the

mode of transmission of thought including beliefs and concepts. Gleitman and Papafragou (2013) mentioned that language is unable to literally define thoughts because language is sketchy, but thought is rich. Thus, it relies heavily on figurative languages and idiomatic expressions with flexible interpretation to illustrate thoughts that are unable to be lexicalised.

According to Wu (2017), the idea of metaphors, after being reintroduced by Lakoff and Johnson (1980), has been the research focus of various fields including cognitive linguistics, psycholinguistics, applied linguistics and even corpus linguistics. In a study done by Wong (2012) that compared the use of metaphor from the East and the West based on political speeches, it was found that the most dominant metaphors employed were the same in general but different in detail as some aspects such as the idea of American Dream and Chinese Flag are more salient in American and Chinese cultures respectively. This shows that metaphors are specific in representing thought. They are important in expressing thought and cognition, social understandings and reality of all fields.

Thus, to provide an insight on how cognition has been represented metaphorically in the language used, the next section will describe the relationship between metaphor and cognition in the field of health care to understand how cognition has been represented metaphorically.

2.3 Metaphors in health care

The use of metaphors in health care will be presented with findings obtained from past research. As metaphors have been defined as a figure of speech that relate abstract concept with concrete expressions, it has been found that metaphors have been widely involved in shaping our thought and cultural institutions in health care.

2.3.1 Metaphors in medicine

Based on the studies reviewed, it was found that metaphors are essential in health care as it is one of the supplementary strategies to build effective rapport and enhance the sharing about various diseases among patients or between patients and doctors. This is especially important when it comes to breaking bad news such as patients being diagnosed with critical illness like cancer or death to the patients and their family members. Thus, there is a necessity for doctors or health care practitioners to understand how each disease is understood and conceptualised by patients through metaphors based on their sociocultural background to enhance communication of diseases, maximising message-recipient match and leading to behaviour change when facing diseases.

In the study of Mustacchi and Krevans (2001), medical and health care has been described as “a factory” through the representation of doctors’ and patients’ relationship as “provider” and “consumer”. In such analogy, patients are perceived as the consumers of commodity whereas doctors including physicians are the purveyor or providers and labours that add additional value and transform the products as required by consumers. Indirectly, a new metaphor “health care is a factory” is adopted from the commercial marketplace by relating it to the production chains of a factory, altering the medical culture as medicine is now commodified and conceptualised as a product rather than service (Chee, 2007).

Apart from that, Tajer (2012) also stated that ontological metaphors have been frequently used by patients or the public to analogise diseases with human characteristics by setting artificial boundaries. Based on the results obtained, medicine has acquired various human individuality such as “an art”, “doctor-patient as mechanic-car”, “priesthood”, “a space where a suffering

person and another one who intends to help him meet” and many others. All these caused the complex phenomena in health care to be understood much more easily. For example, in the metaphors “doctor-patient as mechanic-car”, the body of patient is considered as a machine that need to be serviced and repaired by the doctor. Although these illustrations are questionable as not every piece of body is replaceable like machines, these metaphors have been widely employed to reflect thoughts about the disease and to enhance consultation and surgical procedures (Bleakley, 2017; Woolliscroft & Phillips, 2003).

Besides, Palmer-Wackerly and Krieger (2015) in their study on the communication on infertility experience found that the taboo nature of infertility and the cultural view on sexual and reproductive health has been a struggle to patients in facing the health issues of infertility since it involves a matter of privacy. Via face-to-face semi-structured interview with 22 couples of age 18 to 50 that included a demographic questionnaire and analysis guided by self-determination theory, the results showed “jobs”, “games”, “journey”, “stalemate”, “dirty secret”, “dance” and other based on their need for competence, autonomy and relatedness were used to describe the issue. This enables patients to communicate their experience in a more socially acceptable manner and help themselves to cope with the complexities of infertility.

Not only that, Plug, Sharrack and Reuber (2009) also reported that patients have different preferences on their choices of metaphors. Aimed to increase understanding of the subjective symptomatology of seizure experience and improve differential diagnosis by studying the seizure metaphors used by patients, 21 patients were interviewed and the results of Levene’s test for equality of variance, Fisher’s exact test and two separate forward stepwise conditional logistic regression (LR) analyses showed that 382 metaphors of all categories including agent,

force, event, situation, space and place metaphors such as “seizure come”, “go”, “are due”, “out of seizures” and “like shutting computer off” were used to conceptualise seizure. This shows that different metaphors were employed as part of communication strategy to reflect their seizure experience. Hence, the result indicates that the language and terms used in conceptualise seizure are affected by strong cultural and personal preferences of the patients.

Furthermore, Skelton, Wearn and Hobbs’s (2002) studied on the metaphors used by doctors and patients in general practice also found that metaphors are used in all languages although some are deliberately chosen and some are not perceived as metaphoric. Transcriptions of 373 consultations with 40 doctors from 21 practices in the West Midlands region of the UK were analysed via concordance-based language analysis of spoken data and standard statistical test as language is not random data. Based on the 965 metaphors gathered from 649 692 words (mean: 1742), it was found that doctors employed metaphors such as “An illness is a puzzle”, “A doctor is someone who controls (not cures) diseases” and “The body is a machine” whereas patients used metaphors such as “The body is a container for the self”, “An illness is beyond description” and others. This shows that metaphors are often used in narrating and understanding one’s unusual life and health care experience.

In addition, Lendik, et al. (2017) also studied the metaphors and representations of health and illness among the Semai Indigenous Community. Based on the semi-structured interviews with the community and its analysis via Metaphorical Identification Procedure (MIP), it was identified that spatial metaphors such as physical activity, position and maintenance like “health is up, illness is down”, “health is maintenance”, “illness is a living things” and cultural specific metaphors like “uncontrolled plant” and “eating you up” have been applied to narrate health

problems. This shows that individual's understanding, culture and social factors affects metaphors used on abstract concepts such as on health.

Moreover, the cross-sectional observational study done by Casarett, Pickard, Fishman, Alexander, Arnold, Pollak and Tulskey (2010) affirmed that the use of metaphors has enhanced the process health care communication. It was found that 193 metaphors and 75 analogies were identified from 74 consented interviews. Apart from that, analogies in metaphors also helped to present information in a simpler and understandable way to improve the understanding of diseases and health communication. Thus, this implied that metaphors can be both essential or supplemental strategies that can be used to enhance communication skills and improve the understanding of patients.

As reviews on past studies found that various metaphors have been used widely in patients' narration on the patient-doctor relationship and sharing on the health problems faced, it was also found that metaphors especially the positive and empowering metaphors are useful and have been used widely in narrating and sharing health problems such as cancer. These include understanding both negative and positive emotions and feelings expression of the cancer patients and how it has contributed to the creation of new social identity among the cancer patients. This will be further discussed in Section 2.3.2.

2.3.2 Metaphors in cancer

The use of metaphors for cancer dates back to the time of Hippocrates, who compared the disease with "a moving crab (*karakinos* in Greek)" that gave birth to the term "cancer" we know today (Rasnik, 2012, p. 2). Since then, various types of metaphor have been used over time

and how the usage has been impacted by diverse interrelated factors such as cancer types, views and attitudes towards cancer and cancer experiences.

The study of Saarelainen (2017) showed that cancer was described using different metaphors. Conducted via narrative approach, the data consist of life tree drawings, autobiographical interviews, blogs and a letter which were all subjected to narrative analysis and thematic perspective analysis. In conducting the study, 16 participants were recruited on a voluntary basis via advertisement apart from reaching out to the Finnish Cancer Society and the administrator of the young patients' chat room. Saarelainen found that some emerging adults described cancer as "a sudden shift to mature adulthood", full of force and unpleasantness. On the other hand, cancer was also seen as "providing a higher appreciation of life and close relationship" as patients in Finland encountered the possibility of death. Thus, the results showed that cancer can be conceptualised differently using different metaphors. This is because cognition and sociocultural background have influenced the usage of different cancer metaphors in conceptualising cancer

Not only that, Camus (2009) also did similar research to compare the use of metaphors in a corpus of 34 popularisations of cancer studies from *The Guardian* with hypothesis stating that different genres would draw on different source domains to conceptualise cancer and use the metaphors in different textual functions. Focusing on cancer articles concerning the scientific discoveries for the advance treatment, metaphors were analysed within the framework of the cognitive paradigm by Lakoff and Johnson. The analysis showed that cancer was described structurally by using phrases such as "(tumor) cells are human", "cancer is war" and "cancer the enigma of a detective story". In terms of rhetorical functions, cancer was portrayed as "animals"

because of its animal characteristics such as hibernating, crawling and migrating. On top of that, phrases such as “cancer research a source of light” and “cancer research is movement forward” were also conceptualised under rhetorical function because both gave a positive portrayal that marked the beginning of scientific era in contrast to the past and a step towards the final goal (a cure for cancer). Besides, phrases such as “cancer is a puzzle”, “cancer is a riddle” and “cancer is a tangle” were classified as an explanatory metaphor because cancer is presented as an untidy and complex phenomenon that need to be solved and understood. This shows that cancer metaphors vary in terms of their usage for both source domain and textual function across genres. The variation of metaphors existed in the functions performed by the metaphors themselves. Besides, they are also influenced by the cognition and sociocultural background of the patients. Hence, this results showed that the metaphors used in conceptualising cancer are connected to the background of the patients.

Moreover, Reisfield and Wilson (2004) stated that, metaphors such as martial or warlike metaphors are time efficient tools to help patient to understand a complex process like comprehending cancer. The findings showed that the language of metaphor served as the foundation for the shared understanding of cancer and cancer experience. “War” has been described as a dominant metaphor as it is ubiquitous and adaptable in our society today to describe cancer as a seemingly perfect metaphoric correspondence such as “enemy” as cancer; “commander” as the physician; “combatant” as patient; “allies” as the health care team and “formidable weaponry” as the chemical, biological and nuclear weapons. Today, martial metaphors have been widely used by patients because it serves as strong counterpoints to the powerlessness with the images of power and aggression. They are formed based on the cognition and sociocultural background of the patients to represent cancer and cancer experience. Thus,

Reisfield and Wilson highlighted that cancer and cancer experience have been conceptualised differently using different metaphors across individuals and through time.

Similarly, cancer has been described as a journey too. According to the study of Reisfield and Wilson (2004), journey metaphors, in contrast with martial metaphors, served a quitter and cross-domain mapping with the discussion of goals, direction and progress that are applicable to one's cancer experience. Examples of journey metaphors involved in conceptualising cancers includes "cruise control", "at high speed", "may encounter forks", "crossroads", "roadblocks", "U-turns" and detours". They encompass the possibility for exploration, struggle, hope, discovery and change in their cancer experience. These metaphors indicated the differences in cognition and sociocultural background in conceptualising cancer.

In addition to journey metaphors, Reisfield and Wilson (2004) also showed that patients devised their own metaphors based on the things they know and value from their personal experiences in terms of narrating cancer such as "a building project" for cancer treatment with metaphor correspondence such as "setbacks", "change orders" and "delays in the project"; "scaling Mount Everest" to reflect the physical and technologies challenges in cancer treatment. Given these data, Reisfield and Wilson concluded that metaphors are pervasive in the thought and speech of patients and doctors in facilitating communication and it can have profound effect on one's cancer experience. Besides, the adaptation of martial characteristics, constructing features and roads features in narrating cancers also showed that social and cultural background influenced the conceptualisation of cancer by patients. This is because martial metaphors such as "fight hard", "fight back" and "battle" are ubiquitous in the society. Thus, these metaphors

are also easily adaptable and connote unmistakable seriousness of purpose in conceptualising cancer

Not only that, cancer diseases have also been represented in the form of symbols to spread messages and information in the texts and press as to enhance medical communications about cancer to patients. One of the international recognised symbols is the “Pink Ribbon” that represents the fear for breast cancer and hope for the future. According to Wagner (2005), the symbol serves as a signifier for breast cancer and the colour, shape and line and its texture comes with specific significations. The colour pink was found culturally symbolising the female or femininity in the Western society and therefore, it was chosen to identify breast cancer as primarily a “women’s disease” to portray it in a hopeful light.

In term of shape and line of the ribbon, Danesi (1994) described it as soft, flowing and overlapping with sensation of youthfulness, beauty, freedom, connection and community. Lastly, the texture is often understood as smooth and soft. All these evoke the traditional feminine roles that care for other people apart from being beautiful, good and cooperative. Besides, putting on the “Pink Ribbon” also marked the cares and goodwill towards women in general. Thus, it can be concluded that the symbol of “Pink Ribbon” is a form of metaphor, communicating and delivering messages about breast cancer to the public metaphorically and it is strongly affected by the social and cultural understanding as well as the beliefs of the community on the traditional characteristics of a woman. (See Appendix 2 for the summary on the purposes, methodology and findings of the studies reviewed on cancer metaphors).

Based on the studies reviewed, it can be clearly observed that these studies had focused on the way metaphors are used by patients to talk about their experience. It has been found that metaphors devised by patients enables them to make sense of their senseless suffering and also plans for personal transformation in coping with such an illness. Metaphors are often used as a tool to express anxieties, emotions, thoughts and cognition that are not easily as well as literally expressible in terms of another more familiar experience and in meaningful ways. As it has been concluded by Reisfield and Wilson (2004) that metaphors vary in terms of genres and one's metaphors depends on personal cancer experience, cognition and sociocultural background, it must be, without considering its strengths and weaknesses, interpreted by the context and social phenomena in order to facilitate communication. Therefore, the next section will review studies concerning metaphors of cancer in personal narratives against patients' sociocultural backgrounds.

2.3.3 Metaphors of cancer in personal narratives

It has been found that different types cancer metaphors such as martial metaphors and journey metaphors, just to name a few, in narrating cancer. While much has been written about cancer metaphors, much more needs to be known about them in terms of how they are derived and used in personal narratives in relation to the sociocultural background and cognition of the patients. In the medical world, metaphors are used to talk about coping with severe illness and it has strong influences on medical practices and one's experience on cancer illness (Periyakoil, 2008; Reisfield & Wilson, 2004). Metaphors have caused cancer experiences to be intelligible because they are devised based on patients' personal experience meaningfully. According to Gibbs and Franks (2002), metaphor is "the intellectual and linguistics tools for communication

about senseless suffering. It offers a plan for personal transformation in coping with illness” (p. 141). Thus, metaphor is an instrumental way to help with the apprehension of their illness.

The findings of Maguire, Faulkner, Booth, Elliott and Hillier (1996) showed that medical personnel were lacking of skills in managing themselves while conversing with cancer patients and the main effort back then was to improve their communication practices. Thus, Lanceley and Clark (2013) aimed to identify the chances patients take in conversation between personal meaning and emotional expression for this “psychic trauma” (Erskine & Judd, 1994, p. 87). The study was done through recording 60 conversations between 21 nurses, 46 females and 14 male patients aged 20 to 81 years old. The data collected were first subjected to traditional discourse analysis and then it was analysed based on the techniques of literary criticism within a psychodynamic framework. The results showed that some of the patients expressed their emotions in a direct manner while others used less direct forms which involved complex language such as symbolic and metaphorical forms. This was evidenced by the ways cancer was described with euphemistic metaphor as “hiccups in my breast”, “this thing raised its ugly head” and also “they may find something that is detrimental to me” to name a few to avoid negative emotions such as anger and depression. Besides, the interpretive analysis also showed that cancer was associated “helplessness” with cruelty and hurt, “if I have to say goodbye”, “but there you go there we go” and “one of those things” as euphemisms for death. In addition, metaphors such as “aggressive game”, “the weight of the bedclothes” which means the dread of dying and being buried; “a pathetic tale” for the story of her illness and “a surprise”. Were also employed to describe her suspenseful situation and the destructive feelings on the cancer diagnosed. Given these points, Lanceley and Clark concluded that patients used metaphors as a distraction and relief from their unusual life experience. These metaphors were derived based on their cognition

and sociocultural background because emotional expressions on cancer is a complex task that involved multiple challenges.

Besides, it should be mentioned that there have been studies that examined the effects that metaphors for cancer have on people. A study by Huijbrechts (2016) found that different metaphors have been employed by male and female to describe their experience of cancer. In America. Upon analysing 20 online narratives using Metaphorical Identification Procedures (MIP), a total of 332 metaphors (200 metaphors used by female participants and 132 metaphors used by male participants) were identified. The journey metaphor was the most frequently used by both female (38.6%) and male (45.5%) participants where they compared their illness experiences with a journey as evidenced by the language used in the metaphor such as “going”, “return(ing)”, “(a) goal” and “(moving) forward”. This type of metaphor was found to have both empowering and disempowering effects on the participants: on the one hand, some participants viewed their illness experience as a journey “through the valley of darkness” and later “emerged” from it based on their recovery, while on the other hand, some patients were worried about “the possibility of (cancer) recurrence” despite having gone through the same journey to recovery. In term of war metaphors, “fight” (38.5%) and “war” (50%) were used most frequently by men and women respectively in positive and empowering way such as “when I began *my war against* triple-negative inflammatory breast cancer”, “*A fight* I was not going to let you win” to describe their determination to win their fight and negative and disempowering way such as “It’s hard to lead when *waging against cancer*”, “*I can’t fight* this alone” to reflect their hardship and to show a lack of control of their illness. Overall, the results revealed that the way of describing illness experience in terms of war and journey are very similar among men and women. Furthermore, the findings also showed that both men and women used more positive and empowering

metaphors than negative and disempowering metaphors to reflect their illness experience. Even so, some contradicting metaphors were also found from the discourse. According to the data collected, only women were found using war and journey metaphors in a negative but empowering way such as “cancer is a *war*” and “My *journey began*” as they want to win and it is something which they have eventually got through. Other than that, 69 neural metaphors were also found in the narratives. Examples of neural metaphors include “They began my therapy with *a shot* of an anti-nausea drug” that refers to a drug being given; “*Right on target*, two weeks after my first chemo treatment, my hair started falling out,” to describe the effects of treatment. These metaphors demonstrated the thought of cancer patients in relation to their sociocultural background when describing the diseases.

Moreover, Penson, Schapira, Daniels, Chabner and Lynch (2004) and Rettig (2005) found that one of the most pervasive types of cancer metaphor is the military metaphor that owed much of its ‘popularity’ in the medical world engendered by the United States’ ‘War on Cancer’ through its National Cancer Act of 1971. This, in many ways, led to extensive studies over the years examining cancer metaphors where a significant focus has been on the use of metaphors among adult cancer patients. Despite that, military imagery can be a “two-edged sword” in describing cancer (Annas, 1995). In Annas’s opinion, military focused on the physical and it sees control as central which required lots of resources to achieve dominance. Thus, although it restrained the emotional factors, the roles of patient in the illness process are eliminated (Huijbrechts, 2016). Reisfield and Wilson (2004) also found that apart from bringing along the sense of masculine, power-based and violent, this metaphor is also a misapprehension because winning the war (defeating cancer) is only a matter of fighting hard enough. This creates uncomfortable implications that those who died were lacking in the fighting spirit (Nicholas,

2013). Furthermore, there are also conceptual weaknesses in martial metaphor because there are no actual enemies in cancer and the formidable weapons destroyed both enemy (cancer cells) and the defenders (the immune system) in the battlefield (patient's body). This in a long term will cause patients' lives to be marginalised with the feelings of abandonment.

Nicholas (2013) also found out that combat-oriented metaphors are ingrained as patients or the public talk about diseases. This is often used by doctors who have ever tried to expunge them from the conversation. Other than that, conspiracy metaphors have also been used to describe cancer. Different from other types of metaphorical expressions, conspiracy metaphors ensure cancer patients think that cancer is something else, not the truth. These metaphors are tightly bound to commerce, perpetuating the financial interests of the professionals and the outcomes of cancer treatment. This shows that metaphors are connected to the social factors of the community. Besides, the metaphorical expressions used are a projection of human thought onto a basically nonhuman entity. For example, cancer cells are described as "acquiring resistance" and "oncogene addicted" that implied the purpose cancer is working toward. They are foreign to nature, which has neither means nor ends, only necessities.

In addition to these studies, Sairanen (2015) have also applied the Conceptual Metaphor Theory (CMT) to study health communication among nurse and patients in Finnish specifically on the use and interpretation of metaphor. Upon data collected via questionnaire on health-related quality of life, semi-structured interviews were conducted to extract the "patient's model" of illness and metaphor cards to regard his or hers illness narrative. The metaphorical expressions are identified based on three rules of Schmitt (2005), namely, metaphor is a word or a phrase, the literal meaning stems from physical and cultural experience and the transfer of experience to

a second, usually abstract, area. It was found that cancer have been described with living objects such as “a living thing”; “an enemy or battle”; “dirt”; “moving object” and many others. Thisp shows the patients’ effort at trying to make sense of abstract concepts and their emotions by applying the perceivable physical environment.

Not only that, the study of Acuna (2016) also sought to understand how survivors cope with cancer by narrating their experiences through the basis of narrative medicine introduced by Rita Charon using narratives qualitative approach. Five participants were chosen for the interviews and observed the feelings of healing. Based on the three stages of illness, the genesis (explaining what cancer is to patients), the fight (identifying different options available to treat cancer) and the survival of illness (recovering and surviving the cancer) analysed, it was found that there were five different narratives used in narrating cancer, specifically breast cancer. There were: “The Worst Phone Call Ever”, “The Heavenly Call”, “The battle for Life”, “A message from God” and “God’s existence- My Biggest take away”. However, there were also optimistic narrations such as “A Heavenly Call”, “The Message from God” and “God’s Existence-My Biggest Take Away” that portraited the relationship with God, the peace formed and found through prayers and a message and miracle from heaven. Besides, “the battle of life” was again used to describe the toughness of the treatments and its side effects apart from narrating their personal experience dealing with the pain and devastation in cancer. Thus, Acuna concluded that the metaphors used in conceptualising cancer and cancer experience are connected to the religion aspect of their sociocultural background.

Moreover, in a study by Teucher (2000), cancer is the one of the most often addressed as it is a complicated disease to talk about. For this reason, the main purpose of this study by

Teucher (2000) was to understand the importance of metaphor in cancer by surveying cancer metaphors available within different culture and to analyse its resources, ambiguities and ambivalence in narrating cancer in English and German through three-fold approach. This empirical approach examined and dimensionalised the literary, conceptual and therapeutic properties of metaphors in cancer narratives with four different studies involving both cancer and non-cancer patients. Based on the results of the first study, 329 metaphors (184 metaphors of cancer and 145 metaphors of treatment) were identified using survey methods, with the military metaphor as the most highly rated type of metaphor used by cancer patients and non-patients. This was evidenced by the ways cancer was described as “an inner battle”, “an unwelcome intruder in the body” and “a fight for life” to name a few. The study revealed that cancer was described positively through the use of metaphor, ranging from it being compared with “a teacher”, “a philosophical treatise on living and life”, “a door (that) opened up a wonderful opportunity” and “a powerful flood of light”. In the second study which was carried out through survey to understand the degree of prototypicality of these cancer and cancer treatment metaphors, “cancer is like an inner battle” was found as the highest rated metaphor followed by “cancer like an unwelcome intruder in the body” and “cancer is like a fight for life”. For cancer treatment metaphor, the highest rated was “cancer treatment is like a long hard road with many ups and downs”. This is followed by “battle” and “battle over life and death”. These findings showed that the patients thought of their illness in ways based on their background and cognition to make them feel better.

Next, the third study of Teucher aimed to identify the representation of any implicit structure or relation that might obtain between these metaphors in 151 non-cancer participants via similarity sorting task with co-occurrence matrices. Through this, a representative label was

identified for each cluster. The labels for cancer metaphors include: battle/invasion group; intrusion group; growth from inside; oppressive surroundings; obstacles group. For cancer treatment metaphors, it had been grouped into: battle group; lottery group; tentative hope; taking on the task; perseverance, work; and race. This has created a cultural representation and their function as a representation of images of cancer or its treatment from patients. In the fourth study that aimed to explore how metaphors come in the content and structure of patients' autobiographical narratives of life with cancer, Teucher found that patients described their experiences in three parts that start off with personal introduction, followed by medical trajectory of the illness and concluded on a more personal, redemptive note on an exhortatory tone. Many began with the date of their diagnosis, but some patients mentioned that it was hard to describe their thoughts with words. Then, the narratives narrowed down to the impact of diagnosis by using narrations such as "until reality set in", "run over by a truck, "the system" and many others. Towards the ending, most narratives end with an epilogue. However, they are aware of the "cloud" (cancer) hanging over them. This was shown when they remarked life with cancer metaphorically such as: "I now have the luxury of knowing my time is finite and therefore and enjoying each and every day", "(a) lesson", "(a) crucial step... looking inwards and to start loving the essence of me... I feel positive about myself". From these findings, the conclusion made was frightening images were chosen to express their experience on cancer as it was believed that such metaphors express fears better. Therefore, Teucher highlighted the needs to be more sensitive to different meaning of metaphors used in the discourse of cancer as it represents the cognition and sociocultural background of the patients.

Apart from that, the study of Jamil, Rashid and Kasim (2019) too sought to examine the use of the OBJECT metaphor in Malay women's narratives on cancer. 11 Malay women's aged

between 20 to 56 years were gathered voluntarily and participated in the study through recorded in-depth interviews to talk about their cancer experience. The recordings were later transcribed, generating a total of 28, 052 words and analysed through the MIP and CMT framework. The analysis of the data revealed a total of 108 metaphors manifesting cancer in terms of an object. Findings of the study indicate that conceiving cancer in terms of a heavy object, an unwanted object and as a gift provides insights into the women's reality in coping with this life-threatening illness. Besides, the data gathered showed that the Malay women describe cancer and their cancer experience in a more concrete manner. The OBJECT metaphor structured in the women's narratives highlights not only their conception of the disease, but also their expectation and optimism in coping with the illness. In addition, the aspect of cultural, faith and spirituality are also found to have pervasive influence on how cancer is cope and perceive. These findings show the need to understand how people conceive cancer which could lead to a better understanding of cancer patients' experiences.

Moreover, reviews on the study on personal narratives on cancer also found that, cancer has been constructed as a dreaded illness that equates with a "death sentence" historically, to compensate all the euphemisms. This includes metaphors that have been integral to the culture and language of cancer to describe the experience, treatment and management as to avoid mentioning the word. In exploring this, Chapman (2001) aimed to discuss what and how people assimilate cancer experiences into one's life and precisely on the topics that are the participants' own expressed concerns and explore the problems other than dilemmas a cancer patient might face. This was done via discursive psychology and discourse analysis in ethnomethodology. A total of 16 females and one male participants ranged from 35 to 70 years old had volunteered to participate in the study through interviews to talk about their lives. The interviews were divided

into two sections. The first part was unstructured and having initial meeting or spoken to participants on the phone. In the second part, various topics were explored in obtaining more data for the study. The data recorded were transcribed and analysed by coding into different themes. The results revealed that participants construct their identity as someone who is being positive in bearing their illness “patiently”. Some patients handled it by narrations such as the comedy of errors like “it’s only cancer”, “I don’t think it’s anything to worry about”; complaining behaviour such as “whose fault is it anyway?”; positive attitudes such as saying the right thing: “think positive”, “you’re gonna be fine”; “be brave”, “fight it” to overcome the dilemmas of talking about their troubles. Chapman concluded that the dominant culture and language of cancer has constructed the perspectives and the normative moral order on how people are expected to respond to cancer. Not only that, the study also suggested that analysing the variety of social interaction of the patients would provide richer sources and discovery on how the society viewed the cancer. This shows the need to understand how people with cancer managed these burdens in their social lives with their social and cultural understanding.

Based on the studies reviewed, it can be observed that metaphors used in conceptualising cancer can be grouped under few categories namely, some common metaphors, martial metaphor, combat-oriented metaphors, journey metaphor, theology metaphor, conspiracy metaphor and some other metaphors. The most dominant metaphor used in describing cancer is martial metaphors. This shows that with the use of metaphorical concepts, patients confront and try to explain the breakdown of that dichotomy with the effort to bring the natural phenomena of malignancy and social interactions into some sort of alignment with the human world. Apart from that, metaphors also reflect the cognition and sociocultural background of the patients. The differences in the experience, perception and sociocultural background of the patients has caused

them to understand cancer in a different manner. This results to the use of different types of metaphors in describing cancer. (See Appendix 3 for the summary on the purposes, methodology and findings of the studies reviewed).

Moreover, it can be seen that participants of these studies have shown different ideas and concepts in conceptualising cancers via metaphors. This aligned with Gibbs and Franks (2002) as they mentioned that the metaphors used reflected the illness experience on a personal and social level thus, providing a personal sense of meaning, self-awareness and control on the illness. While much has been written about cancer metaphors, much more needs to be known as Chapman (2001), Kenett et al. (2018) and Semino et al. (2017) highlighted the need to understand the metaphors in relation to the cognition at the individual level and sociocultural background. This is because, to date, various cancer-related studies have shown that metaphor is a framework for patients to understand their cancer illness, to communicate their suffering and to cope with the disease (Jamil, Rashid & Kasim, 2019). The use of metaphors has indirectly provides a way of understanding a subjective and complex experience in terms of another more familiar experience. In this regard, personal experience such as cancer is often verbalised through metaphors. Cancer patients often “devise their own metaphors based on things they know and value” (Reisfield & Wilson, 2004, p. 4026) which enables them to make sense of their personal experience with the illness in meaningful ways. Thus, the LCCM theory will be applied to clarify the cancer metaphors used in narrating cancer and cancer experiences. This includes exploring the narratives of cancer and its meaning in relation to cognition and sociocultural background. Hence, the LCCM theory as a new perspective in explaining figurative expressions will be discussed in the Section 2.4.

2.4 Theoretical framework of study

According to Creswell (2014), theories or theoretical frameworks are set of concepts and relationships that are often applied to explore explanations and answers to the research questions in a scholarly study. They are often understood as a way of looking at certain phenomena and the impetus for research (Grant & Osanloo, 2014). In line with the findings of Grant and Osanloo (2014), this present study applies the Lexical Concepts, Cognitive Models and Meaning-Constructions (LCCM) theory by Vyvyan Evans to understand how metaphors are derived according to their sociocultural background and cognition.

Sato (2017) stated that the theory of LCCM is actually inspired based on several concepts such as the framework of Conceptual Metaphor Theory (CMT) along with other theories in meaning construction. Firstly, the theory of LCCM initially inspired by Croft (1993), is found to be different from Croft's (1993) understanding of metaphor although his understanding has been used as the fundamental concept in this theory. This is mainly due to Croft's understanding for primary and secondary meaning is unclear. Thus, by such understanding, the theory of LCCM has actually enhanced the understanding of Croft (1993) by showing the access routes to the secondary cognitive model that distinguish the primary and secondary cognitive models as well as to explain the vagueness between the literal and figurative expression.

Besides, this theory is also different from the traditional theories such as CMT by Lakoff and Johnson (1980). According to Sato (2017), CMT is the study of conceptual metaphors by using "one-to-one domain mapping" with our experiences and recently, it has been further developed by introducing the process of blending domains. Sato (2017) stated that the concept of CMT emphasised on the background knowledge without looking at the actual language use.

Conversely, LCCM theory introduced a multi-domain association by claiming that a lexical concept is key to access the cognitive model in a non-linguistics knowledge structure. The theory of LCCM describes and interprets meaning based on the context and experiences, not by looking at the words. Thus, the meaning of words can be shifted.

Apart from that, this also shows that CMT has a narrower definition as compared to LCCM theory. While the CMT did account for sociocultural background, Evans and Zinken (2006) explained that CMT defined the earliest perspectives in cognitive linguistics and it has already been superseded by recent development. Besides, Lacka-Badura (2016) mentioned that CMT analysis is only productive in a corpus and the study of Pragglejaz Group (2007) claimed that CMT is unsystematic in analysing the actual expressions used for the target domain by real speakers in natural discourse. All these might cause the metaphors to be defined in a conventional way.

Moreover, CMT and LCCM theory are different based on their usage. CMT stressing on the embodied cognition whereas LCCM exploring the figurative expression by grounding them in the situation used like a general meaning construction. Although this concept in the theory of LCCM may seem like overlooking the differences between literal and figurative language, it is actually suggesting a continuum between the different level of figurativity in literal and figurative expression and therefore, the same framework can be applied to study them. Given these similarities and differences, it can be seen that the LCCM theory is more practical and appropriate in studying the meaning of figurative language as it takes along the perspective of language form and embodied cognition into consideration.

2.4.1 Lexical concepts, cognitive models and meaning-constructions (LCCM)

The LCCM Theory interfaces the linguistic process of semantic composition (surface-level meaning) and non-linguistics knowledge (conceptual system) to explain how the meaning of word or language is established. This concept, initially inspired by Croft's (1993) concept on metonymy and metaphor is inherited from the CMT (Lakoff & Johnson, 1980) along with other cognitive linguistic theories to form a single mechanism.

The theory argues that the distinction between semantics and pragmatics are illusionary in the purview of semantics (Croft, 2001; Evans, 2009; Goldberg, 1995; Langacker, 1987). According to Evans (2009), language is allowed to develop its semantic unit and its meaning is based on the understanding of the context and background knowledge. That is to say, it is the function of the encyclopaedic knowledge to access the semantic unit by setting up the utterance context in which the word is embedded to understand its meaning. Not only that, the encyclopaedic knowledge which the semantic unit accesses also serve as the linguistic context that narrows down the encyclopaedic knowledge related (Searle, 1983). This shows that the idea of word meanings being context-independent is doubtful because of its semantic potential that causes the word meaning to be inseparable from the context use.

For figurative language, it has been understood as a different sort of language under literalism in view of the fact that they are the "defective" use of literal language. (Searle as cited in Evans, 2009). Thus, the principles of pragmatic inference have to be involved once the literal meaning is derived to interpret the context-dependent meaning. This is under the purview of pragmatics since it carries both implicit and explicit meanings. Besides, Croft (2001) in his approach, Radical Construction Grammar claimed that once the meaning at the sentence level

has been understood, the meaning of each word can automatically be comprehended from the whole sentence. Consequently, the meaning of the word is determined by the encyclopaedic knowledge that is accessed by the word and the context-independent meaning. This explains why the concept of semantics and pragmatics cannot be adequately characterised in isolation.

According to Evans (2006), the central principle of LCCM, a protean approach to word meaning explained that “meaning is not a property of words and language per se, but it arises as a function of the way words are developed via communicative events in the service of the expression of the situated communicative intentions” (p. 496). This means that the semantic values associated with words are flexible and highly dependent on the context in which they are embedded and they are unstable. The LCCM theory arises with some key points to meaning construction and figurative language understanding. Firstly, the lexical concepts as part of the mental grammar are the key to the encyclopaedic knowledge that is included in the conceptual structures. The conceptual structure is related to the content encoded by the cognitive models and it is a form of representation in the conceptual system (Evans, 2009). In the conceptual system, the cognitive model (the stimulator) (Barsalou, 1999) is activated by the language that connects the knowledge in the conceptual system. It makes up a frame to understand how the conceptual system contributes to the meaning construction by forming the interface between the rich conceptual knowledge and the node of access in the cognitive model of a specific lexical concept.

In order to have a better understanding on their distinctions and how they intersect, Figure 2.1 demonstrates a diagrammatic representation of the lexical structure and how the concepts are associated. A lexical representation is composed of the conceptual system and the linguistics

system and this form the foundation for meaning construction. The lexical concept creates a symbolic unit by gathering its lexical concept (semantic structure) and the phonological form to facilitate access to the conceptual content. On the other side, in the conceptual system is the cognitive model which is a non-linguistics knowledge structure that the lexical concepts provide access. This therefore forms the meaning of words.

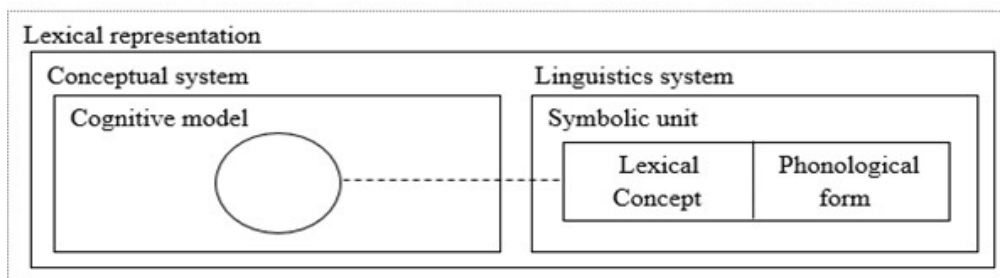


Figure 2.1: The lexical representation in LCCM Theory. Adapted from *How Words Mean: Lexical Concepts, Cognitive Models and Meaning Construction* (p. 45), by V. Evans, 2009, Oxford University Press. Copyright 2009 by the Oxford University Press Inc., New York.

2.4.2 LCCM framework

The framework begins with the selection of suitable lexical concepts for fusion to take place. Fusion is the process of integrating lexical representation when selected lexical representations are composed and give rise to a certain meaning or concepts (Evans, 2006). Fusion involves integration and interpretation. Integration is the process of integrating the linguistics content that gives rise to the formation of lexical conceptual unit whereas interpretation is the activation of cognitive models that matched with the conceptual units. A clash will be resulted if the matching fails at the primary cognitive model profile and clash resolution is needed to rematch the conceptual unit with the cognitive models at the principle of secondary activation.

2.4.2.1 Lexical concept of selection

In the theory of LCCM, selection is one of the steps in narrowing down and identifying an appropriate lexical concept from the potential lexical concepts based on the linguistics content and the conceptual content. This is because every lexical concept has distinctive profiles and it is these profiles that define its property. According to Evans (2009), the process of lexical concepts selection can be divided into broad selection and narrow selection. Broad selection is the identification of lexical concept among a number of possible lexical concepts whereas narrow selection is the selection of lexical concept within a lexical concept. That means when the parameter is selected as the function of the context, the meaning is foregrounded. Then, the selected lexical concept will go through the second compositional process to integrate with other lexical concepts of the utterance. Once the appropriate lexical concept to interpret expressions has been singled out, the selected concept will undergo fusion to specify its semantic contribution and achieve what informally known as “reading”. The “reading” interpreted will be further analysed by lexical concept of integration and interpretation. These processes are presented in Figure 2.2.

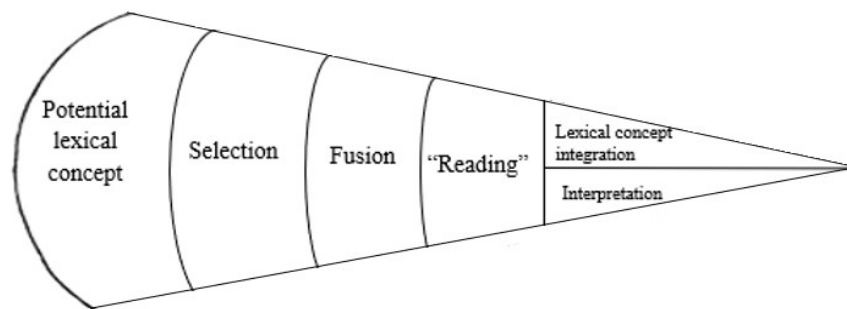


Figure 2.2: The concept of narrowing in the lexical concept of selection. Adapted from *How Words Mean: Lexical Concepts, Cognitive Models and Meaning Construction* (p. 219), by V. Evans, 2009, Oxford University Press. Copyright 2009 by the Oxford University Press Inc., New York.

2.4.3 Fusion

In the process of fusion, the lexical concept of integration involves the integration of different lexical concept in order to unpack the linguistics content of a lexical conceptual unit. Then, the produced lexical unit will be interpreted to construct the informational characterisation. Upon identifying the informational characterisation, the lexical conceptual unit will then be integrated with other lexical concept or lexical conceptual unit in order to be interpreted by the process of matching the cognitive model profile of a given lexical concept with other. The complete informational characterisation of the utterance will represent the semantic value. Figure 2.3 shows the process of fusion in constructing the meaning of a word.

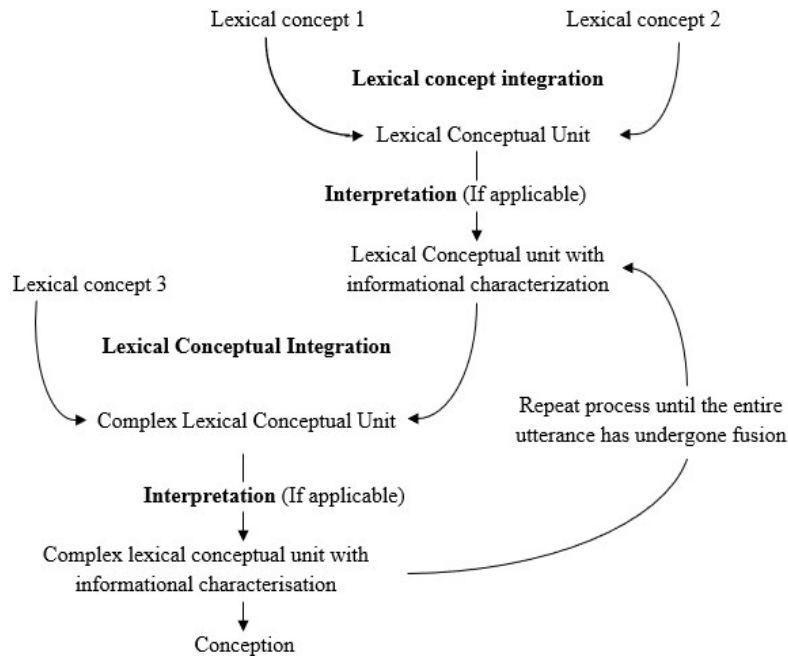


Figure 2.3: The process of fusion in LCCM theory Adapted from *How Words Mean: Lexical Concepts, Cognitive Models and Meaning Construction* (p. 240), by V. Evans, 2009, Oxford University Press. Copyright 2009 by the Oxford University Press Inc., New York.

2.4.3.1 Lexical concept of integration

The first process of fusion, integration is the process in which selected lexical concepts are included into larger structures for the process of elaboration to occur and therefore forming

composite lexical conceptual structures. These structures can be joined with other via the process of constituency. This highlights the compatibility between the process involved in integration for both elaboration and constituency to happen.

Based on the theory, the lexical concept integration is influenced by the lexical profile that associated with internally open lexical concepts and closed lexical concepts. Thus, this process of analysis can be divided into internal lexical concept integration and external lexical concept integration which are based on their lexical profile. The internal lexical concept of integration applied to the internally open lexical concepts and this is limited by the internal selection tendency. On the other hand, the external lexical concept of integration integrates the lexical concept specified by their lexical profile. That is to say, this process of integration involves the internally closed lexical concept and an internally open lexical concept that has become closed due to internal concept integration. Upon external integration, a lexical conceptual unit subjected to the process of interpretation will be formed. Finally, as linguistics content is included in the process of lexical concept integration, the semantic value identified will be concerned with the utterance context.

Moreover, Evans (2009) pointed out that both the process of integration is governed by the three different principles. The first principle is the Principle of Linguistics Coherence that rely on the Principle of Schematic Coherence. That is to say, an internally open lexical concept must only be integrated with another lexical concept that share or exhibit the same schematic coherence in fusion via the Principle of Linguistics Coherence. Besides, the internal integration also occurs by the Principle of Ordered Integration in which the internally simpler concept will

be integrated before the internally complex concept. This is to ensure that all the linguistics content is unpacked thoroughly.

2.4.3.2 Interpretation

In Evans (2009), interpretation, the last compositional process in the LCCM theory, is “the activation of cognitive models belonging to distinct cognitive model profile which are matched” (p. 253) to provide the informational characterisation. The process of interpretation served to match a lexical concept with others from the simple to the complex concepts to give rise to informational characterisations. At the same time, co-selection will also take place as the non-linguistics information will also be explore while interpreting the lexical representation. Once all the lexical concepts have been interpreted, the informational characterisations or in another way of saying, the meaning at the sentence level will be formed. The meaning will highlight or stimulate and activate the unique cognitive model that the concept provide access according to the Principle of Guided Matching forming primary activation. Despite that, if the process of meaning construction experienced “a clash” that means the failure to match, a secondary cognitive model will be accessed through clash resolution site. All this will be guided by the contextual information (Pustejovsky, 1995). Figure 2.4 shows all the processes involved in meaning construction for LCCM theory

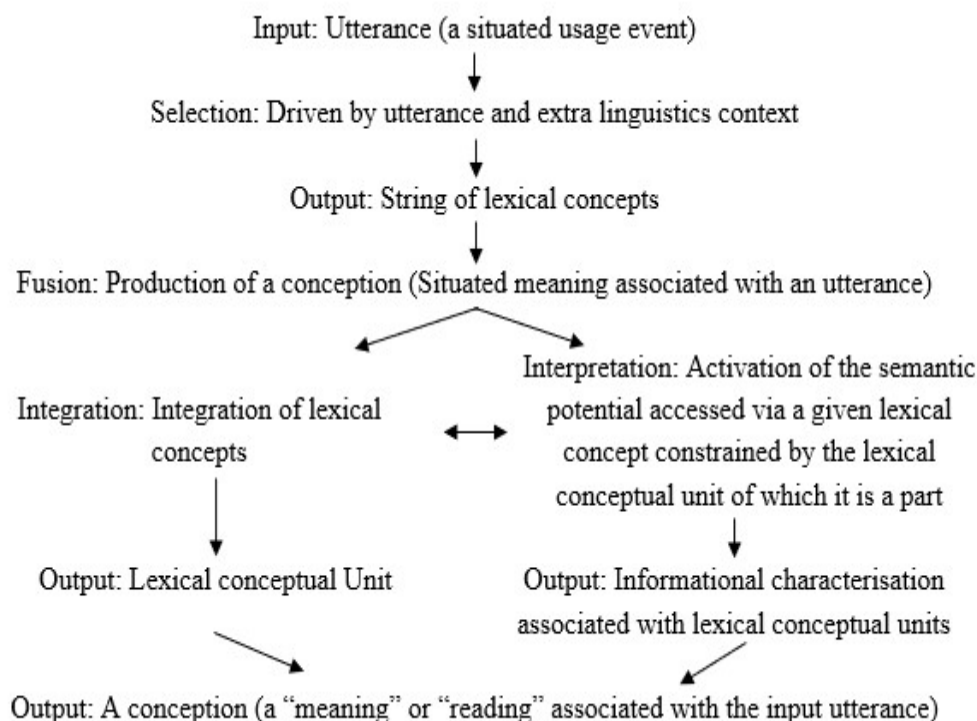


Figure 2.4: Meaning construction in LCCM theory. Adapted from *How Words Mean: Lexical Concepts, Cognitive Models and Meaning Construction* (p. 267), by V. Evans, 2009, Oxford University Press. Copyright 2009 by the Oxford University Press Inc., New York.

2.4.4 Cognitive models

According to Barsalou (1999), cognitive model is the frame and base (Langacker, 1987) that is needed to understand how lexical representations such as words, affixes and constructions contribute are included to meaning construction. It contents rich conceptual knowledge that represents the interface between the specified knowledge and the nodes of access provided by the lexical representations in support of the dynamic situations.

Cognitive models as the procedural body of knowledge are divided into primary and secondary cognitive models. Evans (2006) stated that cognitive models that are directly accessed by a lexical concept are labelled as primary cognitive models. In primary cognitive models, four

criteria namely conventional, generic, intrinsic and characteristics knowledge must be met. Among these four criterion, conventional knowledge is the most important and central conditions (Evans, 2006). Sato (2017) described the primary cognitive model as the direct access to the lexical concept with well-established knowledge and secondary cognitive model as adhering to the knowledge that is conventional, intrinsic and characteristic, matching the four criterions in the primary cognitive model. In short, such classification is more organised in relating to the four continua which cognitive models can be classified (Evans, 2014).

Not only that, cognitive model can also be known as multi-model conceptual entities since they served as the basis for stimulations that links specific knowledge for meaning constructions (Prinz, 2002; Zwaan, 2004). This is because Sato (2017) mentioned that cognitive models are dynamic and continuously updated when it comes to different conceptual knowledge or experiences. Thus, cognitive models are not shared although people are living in the same community as each lexical concept has unique profile. This means that the individual and cultural differences cannot be ruled out and this shows that primary cognitive models are different. In essence, both cognitive models maybe considered as more flexible in this study.

2.4.5 Literal and figurative expressions in LCCM theory

As to discuss further on how LCCM theory is applied to meaning construction, this section will detail the distinction of literal expression (also known as literal concept) and figurative expressions (also known as figurative conception).

Literal concept represents the basic sense of a word without metaphor while figurative expressions connotes additional layers of meaning or indirect meaning other than the dictionary

meaning. The basic distinction between literal versus figurative concept in the theory of LCCM is the mechanisms of meaning construction. This can be shown in the Figure 2.5. Furthermore, the important criterion that differentiate a literal conception from the figurative conception is the clash resolution process. In constructing the literal conception, the open lexical concept selected will be integrated to form the informational characterisation required for matching. This will access one or more primary cognitive models to match with one of them.

Unlike literal conception, the process of lexical concept needs to be repeated to gain the informational characterisation. This is because, conceptual content and literal content are different and it has to be repeatedly integrated until all the lexical profile and the sentence level informational characterisation is form. That is to say all the linguistics content is transferred to conceptual content through fusion to activate all the related primary cognitive models and indirectly accessing the secondary cognitive models. This is called primary activation. However, if there is a clash reported in the primary cognitive models, the informational characterisation will further match by activating the secondary cognitive model that has higher resonance than the previous and leading to a less-resonant matching. This is known as a clash resolution.

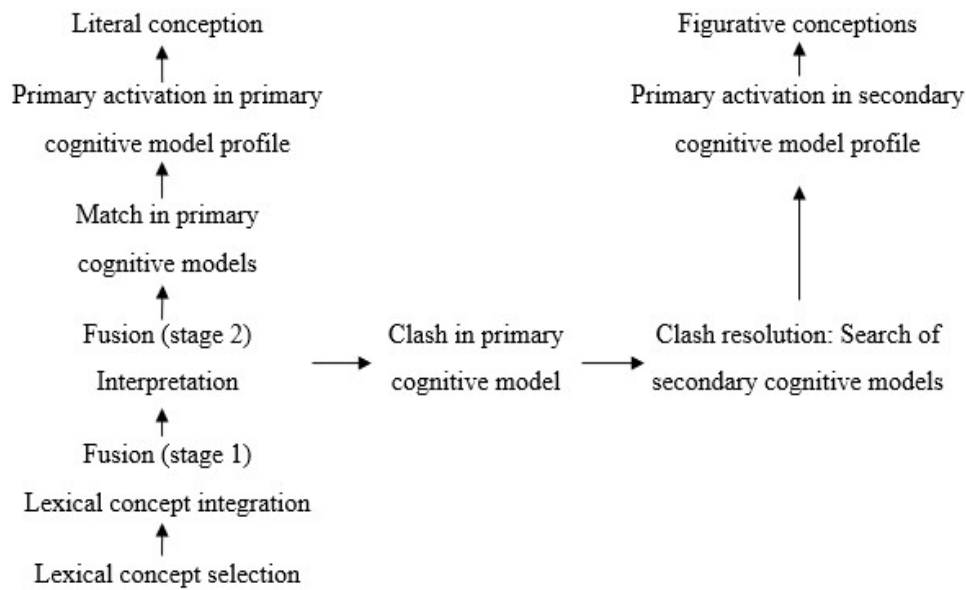


Figure 2.5: Literal and figurative concept in the meaning construction of LCCM theory Adapted from *How Words Mean: Lexical Concepts, Cognitive Models and Meaning Construction* (p. 286), by V. Evans, 2009, Oxford University Press. Copyright 2009 by the Oxford University Press Inc., New York.

In brief, the matching between one or more cognitive models in primary cognitive model will construct the literal conception via the lexical concepts selected. This is in line with the Principle of Ordered Search proposed in guiding the process of meaning construction in LCCM theory. In such linear process of meaning construction, figurative conception will arise in a secondary cognitive model following a clash in the primary cognitive model by accessing the relevant cognitive models based on the context. This will be guided by the Principle of Context-induced Clash Resolution (Evans, 2010).

Based on the LCCM theory discussed, it can be understood that insight of the theory is that the meaning is not a property of words, but it is a function to the way language is used. That means, words are highly context dependent with multiple associations. This context includes social and cultural background. Thus, this single mechanism can be used to explore the process

of constructing situated meaning for both literal and figurative expressions. Since lexical concepts are units of knowledge that relativized to conceptual knowledge, it can be clearly seen that meaning and representation are two different aspects. This is because the study of lexical representation will be varied between languages in the account of conceptual space and semantic maps based on cross-linguistics. Therefore, the framework of LCCM introduced by Evans will be applied to find out the aspects of metaphor involved in narrating cancer and how these metaphors have been framed in describing cancer.

2.5 Summary

The metaphors used in narrating and conceptualising different health problems such as cancer has been extensively studied in the field of medicine to understand how it has been understood. Based on Zhang and Hu (2009) and Thibodeau and Boroditsky (2011), metaphors are the representation of complex and abstract ideas based on the world view and sociocultural background of an individual. It has been widely applied in various fields to deliver information even though it may not be related. This grants access to the cognition and thought of the community, creating a better understanding on the health experiences.

In order to discover the metaphors used in narrating general illnesses and specific illness such as cancer, the personal narratives of patients are taken into account. From the past research done by researchers (Acuna, 2016; Bey, 2017; Camus, 2009; Chapman, 2001; Huijibrechts, 2016; Lanceley & Clark, 2013; Reisfield & Wilson, 2004; Saarelainen, 2017; Teucher, 2000), patients had shown the usage of different types of metaphors in describing different illnesses across genres to reduce misappropriation. Journey, war and ontological metaphors were used more often in conceptualising cancer as well as to illustrate the reaction and emotion of the patients.

Besides, the past research done by Chapman (2001) and Teucher (2000) also showed that the use of metaphors in narrating cancer need to be understood by its context as it affects patients differently. This shows that metaphors are connected to the sociocultural of the patients. Thus, in this study which is focusing on the personal narratives of patients, it is to identify the types of metaphors used by patients in narrating cancer and examine the way in which these metaphors are shaped by the patients' sociocultural background and cognition.

This chapter has provided a background for the understanding of the context of the study as well as the theories that underlie it. It has also highlighted the methods used by previous research projects and the different metaphorical expressions used by patients to conceptualise health issues such as cancer, which is the main objective in this study. In Chapter 3, the methodology for this study will be introduced. This includes the research design, selection of participants, instruments for data collection, data collection and analysis procedures and finally the limitations of the study.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter explains the methodology used in collecting data for the study. The research design is explained together with the selection criteria and the background information of participants. The chapter also includes the instruments and procedures to be used in data collection and analysis.

3.1 Research design

The study uses a qualitative design which is descriptive phenomenological research to examine the types of metaphors used by cancer patients to describe cancers. Besides, it also aims to explore on how the creation of these metaphors are influenced by sociocultural background. According to Creswell (2003), qualitative study is a holistic approach and an effective instrument focusing on participants that involve the process of collecting data from the field, conversing face-to-face to the people and seeing them behave and act within their context to develop a level of details from the actual experiences. In short, it is an inductive reasoning that is conducted within people's perceptions of experiences (Williams, 2007).

As phenomenological research design refers to the study of inquiry on phenomena such as situations, concepts or experiences as described by participants, Hancock (1998) found out that this qualitative method of study was crucial in raising awareness on the topic and increasing insight on the gap of understanding on issues or thoughts such as cancer brought up by different individuals even though it did not postulate definitive explanations. This design puts oneself in their point of view and to see things from their perspectives in assisting the analysis as the data

collected via this approach was to undergo the process of reduction to rule out the needless so that the in depth feelings and attitudes can be fully explored (Simon & Goes, 2011). This allows questions on why, how and in what way or simply the common themes on the narrations of cancers illness to be answered in a more detailed perspective by seeking them to provide stories about their lives. Thus, the complexity of the phenomenon studied can be understood.

Moreover, the metaphors identified will be grouped for the purpose of looking at the pattern of the data obtained. This enables data to be compared and clarified as to identify the trend and pattern of the metaphors used in narrating cancer among the subject of the study.

3.2 Selection of participants

A total of 31 respondents (mean age 48.13, mean years diagnosed five years eight months) were purposively chosen based on their willingness to participate in the study. The purposive sampling method was used to address the research questions. This is because the method, as Etikan, Musa and Alkassim (2016) and Palinkas, Horwitz, Green, Wisdom, Duan and Hoadwood (2016) contends, is used for the identification and selection of information-rich cases related to the phenomenon of interest with non-random sampling.

In this study, the phenomenon interested would be the cognition and experience on cancer by cancer patients. Under this method, the subjects are selected based on the aim and objectives of study with expectation that each participant will provide unique and rich information of value to the study. Thus, this method helps in identifying what needs to be known and who are the people willing to provide information by virtue experience (Bernard, 2002; Lewis & Sheppard, 2006). Besides, participants were approached based on the defined qualities and recruited via the

process of trial and error (Bracken, Askie, Keech, Hague & Wittert, 2019) from the Malay, Chinese, Bidayuh, Iban and other Indigenous Group to understand their conceptualisation of cancer. This is because the statistics on the overall cancer incidence showed that Sarawak was the fifth highest in the number of cancer incidence from 2007 to 2011 across the states. Sarawak has recorded 4, 549 cases among the male and 5, 185 cases among the female had happened across the Malay, Chinese, Indigenous Group and substantial populations from 2007 to 2011 (Manan, Tamin, Abdullah, Abidin, Wahab, Ahmad, Raman, Ali, Amir & Othman, 2016). Moreover, the participants of this study were based in Kuching. This is because the Sarawak General Hospital is the only public hospital in the whole state with its own oncology department (Pillai, 2020). Not only that, the Radiotherapy and Oncology Centre at Sarawak General Hospital in Kuching is the only radiotherapy centre serving the State of Sarawak. Besides, it is also the only one to receive referral from both government and private hospitals (Lee, Tang, Avatar, Ahmad, Selva, Tay, Vikneswaran & Tan, 2011) and equipped with Nuclear Medicine Service (Tamin, Lim, Hamid, Chai & Ismail, 2017).

In line with this, 13 males (41.94%) and 18 females (58.06%) aged from twenty to seventy years old were gathered in this study. Among the participants, eight of them were diagnosed with breast cancer and four patients were diagnosed with lymphoma cancer. There were also participants diagnosed with other types of cancer such as colon, prostate, stomach, testicular, ovarian, liver, lung, leiomyosarcoma, cervical, nasopharyngeal, thyroid and leukaemia. In terms of their social income, 67.74% of respondents were from low social economic status and 25.81% of respondents were diagnosed with breast cancer. (See Appendix 4 for the demographic information of the participants). As stated in Appendix 4, the participants were diagnosed with cancer diseases from nine to fifteen years ago at different age. They were from

different ethnic community, sociocultural, educational, occupational backgrounds. The diversity in backgrounds and illness conditions are important for this study as it aims to investigate the influence of diverse ethnic and sociocultural background on the metaphors used in conceptualisation of cancer among cancer patients. This corresponds with the study of Rijken, Spreeuwenberg, Schippers and Groenewegen (2013) that mentioned the need to study these factors that could affect their understanding of cancer and the metaphors used, given that cancer vary from their course, burden and stages of illness apart from causing different impact to their daily life.

Moreover, the growth of knowledge in cancer has also led to an immense progress in cancer detection, treatment plan and prevention today (Sudhakar, 2009). Besides, the differences in the background of cancer patients have also determined their understanding of cancer (Dein, 2004). Eventually, these have altered their cancer experience as different diagnosis and treatment plans affected the understanding and levels of intrusive thoughts of cancer apart from its attempts to avoid cancer-related thoughts and feeling when it comes to sharing their experience of cancer since it might be different with new cancer patients.

In terms of participants, 31 cancer patients comprise both recovered patients and recovering patients were gathered for interview. This was mainly due to the facts that it helped to ensure that enough data have been gathered to identify and clarify the relationship between concepts which is the influence of sociocultural background on the creation of metaphors in this study. Apart from that, it would also provide sufficient data that allow the examination on the aspects involved in addressing the research questions to be conducted in depth. Moreover, the

chances that negative cases have been explored methodically in the data would also be maximised (Charmaz, 2006). Thus, biasness and validity threats can be kept to a minimum.

Apart from that, the selection criteria for the participants of the study were cancer patients aged between 20 to 70 years of different ethnic background in order to ensure that they had sufficient understandings about cancer illness and the treatment they had or still going through and to understand the conceptualisation of cancer from patients of different background. Cancer patients aged 20 and above were gathered to ensure their competency in making decision to participate voluntarily as younger cancer patients may be restrained by parental permission and they may also demonstrate less understanding about research studies which may eventually affect their engagement in the research (Boles & Daniels, 2019). Besides, the statistics analysis on the cancer incidence have shown a decrease in the number of cases from 20 years old (Manan et al., 2016). This could be because they have gathered sufficient understandings about cancer illness and the treatment. Thus, their conceptualisation of cancer need to be looked into as it reflects their understanding of cancer. Furthermore, as it is not recommended to exclude the elder from participating, the age limit was set to 70 years old to reduce the tendency of multiple comorbid conditions that may pose challenges during the interview (Shenoy & Harugeri, 2015) and at the same time to collect information on the conceptualisation of cancer among the elderly patients as Lim (2002) and Manan et al. (2016) mentioned, the incidence of cancer is expected to increase in aging population.

Not only that, as the study looks into the effect of sociocultural background on the metaphorical expressions used in narrating cancer, six participants from Malays, Chinese, Indians, Bidayuh and the other Indigenous Group and seven Ibans were gathered so that

individual differences in viewing cancer can be highlighted. Furthermore, their demographic information will also be tabulated to give an overview about the participants. These participants interviewed were referred to as Informant 1 to Informant 31 to protect their identity and all the data obtained in this study will also be lock up at the end of the study.

3.3 Instruments for data collection

The present study employs semi-structured interview with patients as the main data collection method. Semi-structured interview was conducted as the approach to obtain descriptive data on the types of cancer metaphors used and how their understanding of cancer was affected by their diverse sociocultural backgrounds and illness conditions through metaphors that they used. According to Alshenqeeti (2014), semi-structured interview provides greater flexibility and freedom compared to structured interview as it could cover the relevant area by using checklist and it also allows probing to be done during interview. Through detailed probing within the parameter of study, Rubin and Rubin (2005) described that the responses given by interviewees can be expanded and detailed. Therefore, area or information related to the aim and objective of the study can be constructed accordingly as to answer the research problems highlighted.

However, participants were not directly asked to explain the types of metaphors used to narrate cancer in reflecting their cognition and why they are used based on their sociocultural background. Instead, guiding questions were designed to explore the types of metaphors and how the sociocultural background has affected the conceptualisation of cancer and also the creation of these metaphors. These guiding questions were adapted based on the study of Lendik (2016), Acuna (2016), Chapman (2001) and Sairanen (2015) that studied the metaphors and the

representation of health among indigenous community, in narratives, health communication among nurse and patient and on cancer illness. (See Appendix 5 for detailed information of the questions from each study and the consent form used).

In this study, the guiding questions were adapted from the studies by Lendik (2016), Acuna (2016), Chapman (2001) and Sairanen (2015) to address both the research questions and research objectives (RO) on the types of cancer metaphors used and its relation to the sociocultural background of the patients. The questions adopted from these four studies include their experience since being given a cancer diagnosis, their first thoughts on cancer, their choices of treatment and how cancer has changed their life. The guiding questions are as follows:

1. I heard that you have cancer, how is your conditions now?
2. Can you share with me about the cancer experience that you have diagnosed with? (RO Two)
3. What makes you think that you have cancer before any test? (Reasons that causes cancer in yourself? RO One)
4. How did you handle the news when you know that you have cancer? (Does sociocultural background or understanding affect your understanding of cancer? RO Two)
5. What are you doing/ have you done about it? (Who do you listen to during treatment? RO Two)
6. Knowing that we have various treatments for cancer, which do you prefer? Why? (Do you associate the treatment with traditions, beliefs and live styles? RO Two)
7. Do you tell people about it? (Is it easy for you? Who? Why? How often? Is it affected by sociocultural background? RO Two)
8. Has cancer changed and affected your life? (What do you associate cancer with? RO One)

9. As a survivor, how would you describe all that you have gone through? (Why would you associate all you have gone through with that? RO One)

3.4 Data collection procedures

As the study is conducted based on qualitative approach, semi-structured in-depth interview is conducted to collect the data required. According to the study of Alshenqeeti (2014), interview is one of the practical and holistic method in which researchers can apply to obtain valid results in any study. This is because interview involves different steps, namely, preparation, building close relationship, obtaining data and recording data during an interview (Edwards & Holland, 2013). Via these steps, interviewees are given the chance in the conversation to speak themselves, their thought and feeling out so that relevant information such as the participants' social lives, facts and emotions on the cancer diagnosed can be gathered to fulfil the requirement of the study (Berg as cited in Alshenqeeti, 2014). Thus, valid and reliable results can be obtained.

In the context of medical research, interviews are the part of the “art” in contrast to the “science” where it complements with therapeutic power that could establish a helping relationship on trust and commitment. Thus, interviews are essential in medical research like understanding the conceptualisation of cancer from the sample as it consists of few stages, namely, greetings and assuring patient comfort, “calibrating” the interview, questioning, listening and observing and the facilitation of techniques to collect the require data.

Before conducting interviews, consent forms with information such as aim and objectives, procedures and significance were presented face-to-face to enable participants to voluntarily decide on their participation as the research subject, not by external pressure and stress. This was

important as to obtain fair and accurate results as well as to enhance the quality of the findings. Moreover, it was also made clear on the right of the participants to withdraw from the study at any time before signing the paperwork. Since this was a low-risk study, ethical approval was not needed at the university. In this study, a total of 33 cancer patients from different ethnic groups and background in Kuching had altogether been approached. They were eight Chinese, six Malays, seven Ibans, six Bidayuhs, six from Indigenous community. Only two Chinese breast cancer participants turned down the invitation as they mentioned that they did not went for the post-treatment after surgery and they are not sure what to share during the interview. This reduced the total number of participants to 31 that is seven Ibans and six for other ethnic groups. Besides, the distribution of ethnic groups also appears to affect the ethnic groups involved in this study. According to the population statistics in 2010, the total population of Sarawak was 2, 471, 140 with 28.87% of Ibans, 23.38% of Chinese, 22.99% of Malay, 8.03% of Bidayuh and 11.99% of other Indigenous Group (Lam & Aduce, 2018). Thus, to reflect the population of Sarawak, seven Ibans, two Bidayuhs, six Chinese and Malay and four from other Indigenous Group were gathered in this study.

However, since Bidayuhs were reported to have a higher risk of developing nasopharyngeal carcinoma (NPC) as compared to other ethnic groups worldwide (Devi, Pisani, Tang & Parkin, 2004; “Research vital to identify root cause of high prevalence of NPC among Bidayuhs”, 2017), the number of participants for Bidayuhs and other Indigenous Group were both increased to six in order to build a better understanding on how cancer have been conceptualised. This may enrich the results of the study as the concept of cancer may appear to be different among the ethnic groups.

Once the permission was granted, the interviews were carried out whenever they were ready either at their houses or in an air-conditioned surrounding as a quiet and comfortable environment is provided for the recording to be clear. Since the topic is personal and it could be sensitive to others, consents about recording the interview were also sought. Also, to ensure that the participants felt comfortable throughout the interview, non-technical terms were used and the language of the interview depended on the subject's preference. During the interview, semi-structural interview method was applied during interviews to give room to the interviewees in expressing their personal identities by relating it with past experiences. The interviews began with opening questions that helped to lead the participants into sharing their cancer experience (Williams & Jeanetta, 2015). However, the participants were not directly asked about the metaphors that they used to describe cancer. With this method, their cancer experiences can be shared without any restrictions or based on the social desire. This enabled the relationship of an individual with their culture and with other people to be understood easily and at the same time comprehensively. Hence, the data collected can be enriched as participants are more open in narrating about themselves and topic that are not conversed daily.

Apart from that, repeated-interviews were also conducted when necessary to gather additional data from the cancer patients. This was conducted with all the participants because additional information about the topic studied could be obtained apart from developing quality understanding and trusts with participants over time (Vincent, 2012; Williams & Jeanetta, 2015). Alternatively stated, repeated-interviews provide additional opportunities in apprehending data or sensitive issues that were unavailable to be captured in a single-interview. Hence, repeated-interview is an appropriate approach to be carried out when needed for this study as it dealt with vulnerable group which is the cancer patients and their personal cancer experiences. Besides,

repeated-interviews also provide rooms for participant validation or member checks to be done after interview. This is because the data gathered were returned to participants to check its precision and resonance with their personal experiences (Birt, Scott, Cavers, Campbell & Walter, 2016). Thus, the credibility of the results can be enhanced.

After conducting the interviews, the emotions of the participants were reassured before leaving to avoid severe problems (Chapman, 2001). All the data collected were transcribed in a verbatim manner before being analysed. The total number of words transcribed were 77, 206 words. Besides, translations adopting the cultural elements of source language were provided if the interviews were conducted in local dialects or Mandarin to ease understanding. This enhanced the process of analysing the data and discussing the findings gathered.

3.5 Data analysis procedures

The interview data will be explained and analysed to investigate the types of metaphor and how sociocultural background have influenced the cognition of patients in conceptualising cancer via the cancer metaphors used.

First and foremost, the demographic information of the participants was sorted out before being tabulated as to gather the idea or general understanding on the background of the participants since it contributes to a better understanding on how the social and cultural background have affected the shaping of metaphor to narrate cancer. This was taken before the data collected being assessed and explored step-by-step with LCCM theory. Then, the audio-recordings of the interviewees were transcribed verbatim. Interviews that were done in Mandarin and local dialects were translated into English by using the back-translation method (Tyupa,

2011). According to Son (2018), back translating is a three steps translation quality control method comprising: translating a completed translation back to the original language used, comparing the new translation with the original text and lastly, reconciling the meaningful differences between the original text and the translated text (An example of the translation can be seen on Appendix 6). Thus, the accuracy and the quality of the translation can be enhanced.

Next, relevant phrases or sections related to metaphors were elicited using the Metaphorical Identification Procedure (MIP) proposed by scholars from Pragglejaz Group (2007). Each lexical unit was determined whether or not they possess a rather basic contemporary meaning in other contexts as opposed to the given context. This is because metaphors are abstract and they are not visible easily compared to literal expression. According to the MIP, the transcripts are first extensively read to establish a general understanding on its meaning. Then, the meanings of lexical units are determined according to the context (contextual meaning) and by taking the utterance before and after the lexical unit into consideration. For each lexical unit, it is also identified whether it consists a basic contemporary meaning in other context opposing to the given context. If they do, comparisons are done between the basic contemporary meaning in the current context and in another context. The lexical units are marked as metaphorical units when the contextual meaning and the basic meaning are still understandable although they contrasted with each other. Similar procedures were repeated to identify the metaphors in transcription.

Once the metaphors are identified, the metaphors are sorted based on the primary meaning into the categories that emerge simultaneously with the grouping process. From this process, the first objective that is to identify the types of metaphors used by cancer patients to

narrate cancer would be answered. Next, the transcript with the metaphors identified will go through the process of validation by sharing it with the participants to improve the accuracy, credibility and validity of the study. This technique helps to decrease the incidence of misinterpretation of the data as their comments and further sharing serve to understand and determine what the patients intended to deliver through their words. Besides, the context involved in each conversation was also taken into account as it becomes part of the cues for the analysis. Hence, the viability of the interpretation can be verified.

Upon identification and validation, the frequency associated with the number of times each cancer expression occurs were used to organise and summarise the interview data. Tables were also used to present the findings in order to explain the complexity of the phenomenon study. This step is included in this study as it helps to build a big picture on the metaphors used often in conceptualising cancer instead of disregarding their complexity. After that, the procedure of analysis was continued with an analysis of LCCM using the unified framework for meaning construction analysis developed by Augustyn (2017).

According to this framework, the lexical concepts relevant to the lexical units are firstly identified. Then, the appropriate lexical concepts are selected for the expressions. Next, the process of analysis continues with the understanding of conceptual representation. The selected lexical concepts will go through the process of lexical concept of integration and interpretation with other lexical concepts in the fusion to unpack the informational characterisation and the semantic value of the utterance for matching to take place. If a clash is reported in accessing and matching the conceptual content in primary cognitive model, the process of meaning

construction will continue with searching operation in the secondary cognitive model that is not directly associated with the lexical concept.

Next, the cognitive model constituting the semantic potential to which the lexical concept can access will be activated. This contributes to the meaning as a continuity between the figurative and literal language of the figurative utterance studied. On top of that, this also enables the relation between the contextual factors which is the sociocultural background and the cognition of the cancer patients to be understood as this process took place simultaneously at the subconscious level and all of them are context driven. Figure 3.1 summarises the framework proposed by Augustyn (2017).

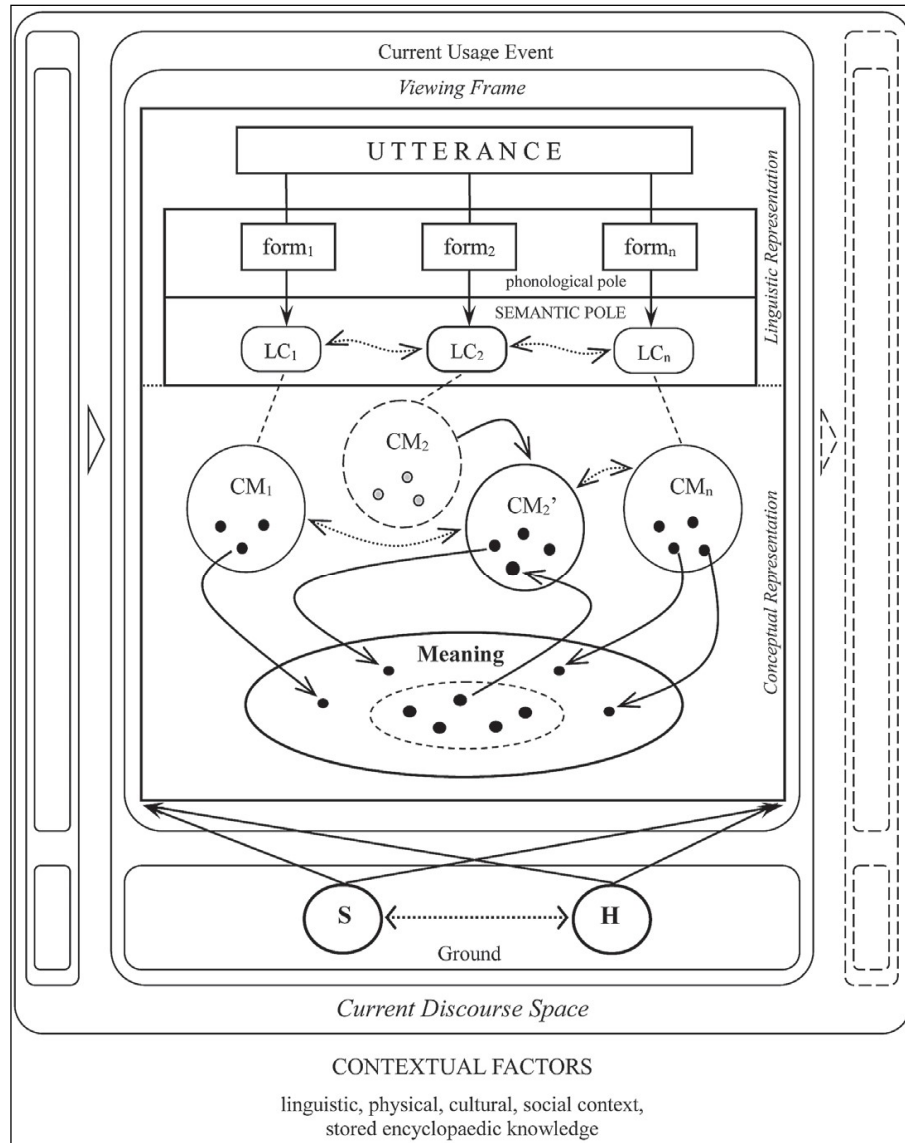


Figure 3.1: Unified framework for meaning construction analysis. Adapted from “Deciphering novel expressions: A proposal for an integrated cognitive meaning construction analysis,” by R. Augustyn, (2017), *Annales Universitatis Mariae Curie-Skłodowska Sectio Philologiae*, 35, p. 200. Copyright 2017 by Index Copernicus.

Then, the analysis is proceeded with examination of reliability to establish results and study with good quality. As reliability refers to the exact replicability of the process of analysis, the results obtain in the existing findings are compared with the results gathered in past studies to highlight the influence of sociocultural on the cancer metaphor used. Via this method, the data

collected can be coded and analysed in order to develop concepts by continually compare and identify or refine the properties of the metaphors other than understand its categories of metaphor. Besides, the relationship of the data with one another and its contextual factor can be explained (Taylor & Bogdan, 1984). Hence, the consistency of the results can be ensured.

3.6 Conceptual framework

Figure 3.2 outlines the framework used to explore the metaphors used by patients in describing cancer. The framework comprises three main stages, namely: a) Input; b) Process; and c) Output.

The first stage in doing this research is to study the relevant research with regards to metaphors and the metaphors used in personal narrations of cancer. The identification of related issues, establishment of problem statement, identification of research objectives and research questions will be explained in this stage. For the second stage, the methodology used will be explained. Qualitative methods will be used as research methods to achieve the research objectives and research questions. Semi-structured interview will be conducted with cancer patients. Then, the data collected will be interpreted through the LCCM theory in the unified framework of analysis. The research objectives will be achieved in this stage. At the last stage, the output stage, all the findings of the study conducted in the stages earlier will be concluded and recommendations for future studies will be provided.

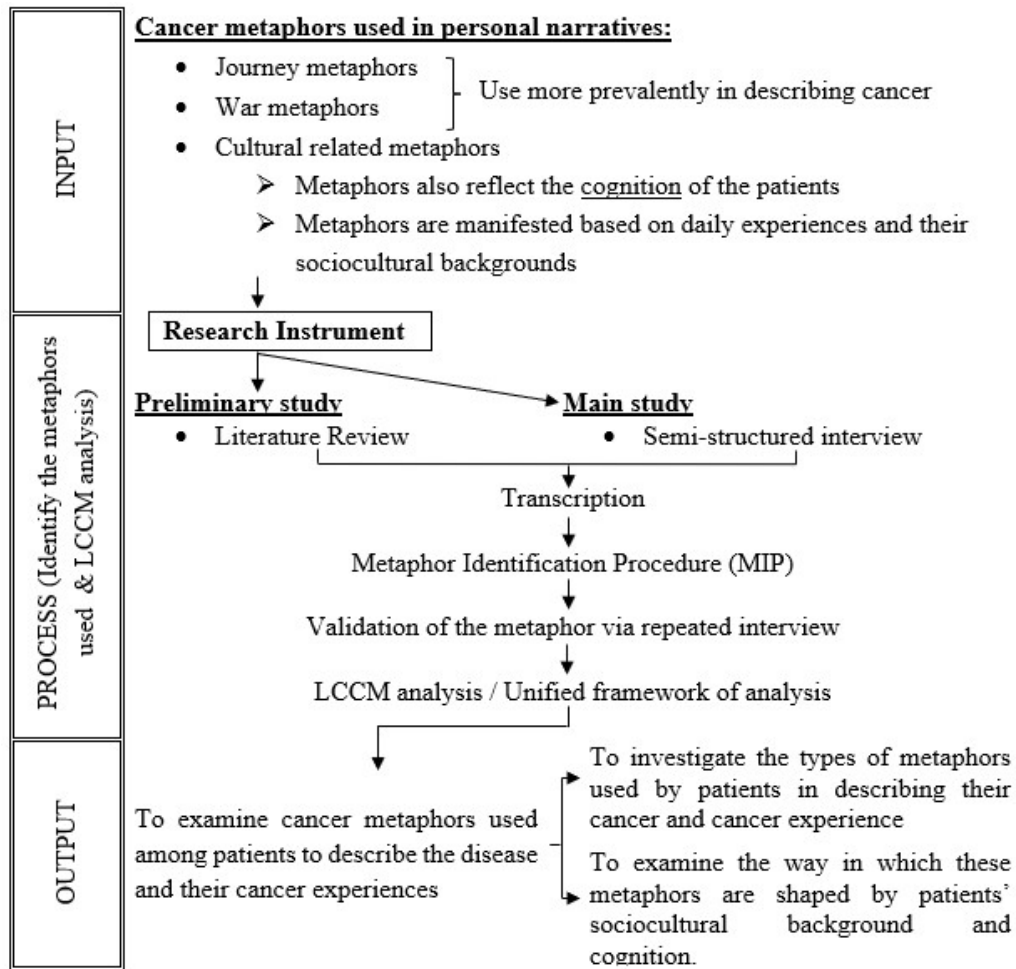


Figure 3.2: Conceptual Framework

Next, the practical application of this framework will be discussed via data “I was like a cow” gathered from one of the interviews with patients. The steps involved in how a lexical unit is determined to be metaphorical or not are as follows: It is also important to note that similar procedures will be repeated to identify the metaphors in transcription

Step 1	Identify the implied meaning of the utterance.	The utterance implied that cancer is nothing
Step 2	Determine the contextual meaning and basic meaning of the lexical involved	<i>Cow</i> (a) Contextual meaning - The contextual meaning of <i>cow</i> is an account of

		patient's behaviour – strong and determine. (b) Basic meaning – The basic meaning of <i>Cow</i> is a fully grown female animal of a domesticated breed of ox.
Step 3	Compare the contextual meaning with the basic meaning and make a final decision as to whether the unit is used metaphorically in the context of the discourse	The contextual meaning of <i>cow</i> is in contrast to the basic meaning. Therefore, it indicates a metaphor.

Based on the MIP analysis on the data, “I am like a cow” is metaphor because the contextual meaning of is in contrast to the basic meaning. The contextual meaning suggests that *I am like a cow* means cancer is nothing because the “I” (the patient) is strong and determine and based on the basic meaning, it means the disease is something of no importance or concern as the patient possess characteristics of a cow.

The utterance “I was like a cow” was interpreted as a figurative conception as the two relevant lexical concepts for interpretation, [I] and [COW] has access sites and thus, providing direct access to the conceptual content. This is where metaphor differs from literal class-inclusion statements. Interpretation proceeds by matching the primary cognitive models’ profiles associated with the lexical concepts guided by the Principle of Conceptual coherence and Principle of Ordered Search. Hence, it is semantically acceptable to describe that I am a cow because the referent of “I” is a human (patient) and a human could be like a cow.

The primary cognitive model profile for [I] shown in Figure 3.3 includes cognitive models connecting to the fact that [I] is, typically a living thing concerning what is involved

being a human being, that a human has different responsibilities and roles apart from being animals. In addition, there are a large number of secondary cognitive models associated with each of these and only a few of which are represented. In particular, being a human being, she has a particular personality and behaviours of various sorts depending on its role in various context and situations.

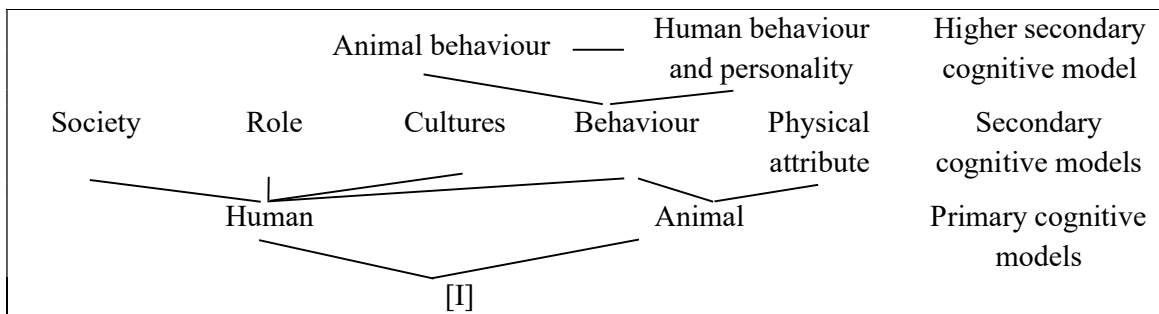


Figure 3.3: Partial cognitive model profile for [I]

Apart from that, the lexical concept of [cow] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures. A partial cognitive model of [cow] is provided in Figure 3.4.

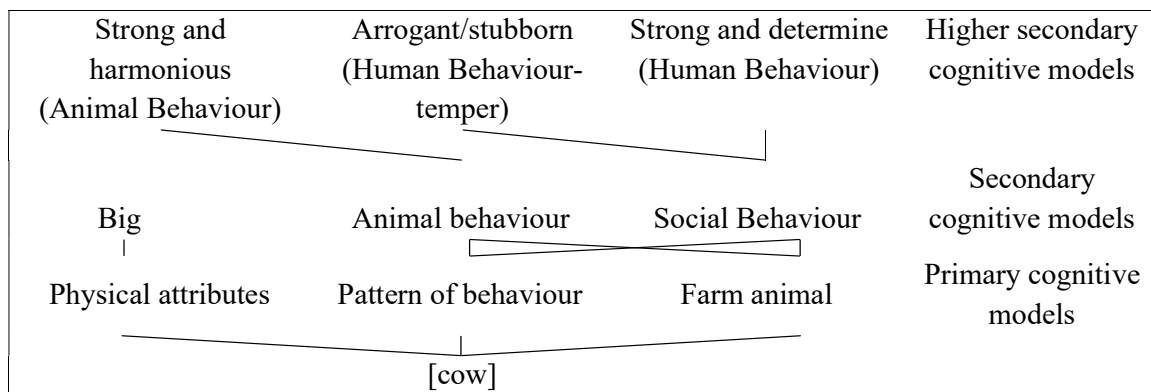


Figure 3.4: Partial cognitive model profile for [COW]

The lexical concept of [cow] relates to cognitive models having to do with knowledge concerning physical attributes, behaviour and a type of farm animal. In secondary cognitive

model, there are a number that relate to our knowledge associated with the sorts of behaviour including the animal behaviour and social behaviour a cow exhibit. For example, a cow exhibits animal behaviour such as producing milk needed by the market. Cow also exhibits social behaviour towards another cow and to human. Hence, social behaviour is a cognitive model related to at least two primary cognitive models: PATTERNS OF BEHAVIOUR and FARM ANIMAL.

In this finding, it can be observed that, a figurative conception arises due to failure to establish a match between the primary cognitive model profile of [I] and [COW]. Hence, a clash occurs leading to a search in a secondary cognitive model profile. In the theory of LCCM, the primary activation in the secondary cognitive model profile is contextually determine and formalised as the Principle of Context-induced Clash Resolution. In the phrases, a patient has been sharing her cancer experience. Thus, in such a context, the figurative target is her cancer experience and what cancer is since this is the theme of the utterance. In other words, the point of this utterance is to share about her cancer experience. From this, it follows that the figurative vehicle is the cow. Crucially, the secondary cognitive model profile of [cow], rather than the target, which undergoes search in order to facilitate clash resolution using the Principle of Context-induced Clash Resolution to identify which of the secondary cognitive model in the lexical concept is subjected to search.

Considering the context in which the speaker in making the utterance is actually talking about her life experience and due to an extreme similarity with the behaviour of cow, the speaker's life is in certain similarised with the patterns of behaviour or specifically the physical strength of cow. This is because the understanding of the term "cow" was built based on the

patient's social and cultural understanding. According to the background of the patient, the patient was born in the year of ox or simply the year of cow and she grew up in the rural area where farming has become the main occupation of the people. Besides, the physical attributes of cow also corresponded with the physical size of the patient as the patient has a larger body frame size like a cow. These gave the first impression on what a cow is, how does a cow look like and how it is connected to human life. In other words, the sociocultural understanding offers new approach to the understanding of how people come up with new ideas in narrating themselves and situations. Hence, based on the social and cultural understanding of the patient, the term "cow" can be interpreted into behaviours that includes determined, being able to handle many challenges and being stubborn or arrogant person. This is proven when the patient during the interview mentioned that “像我这头牛又大又壮，没什么苦字啦 (*I am big and strong like cow, nothing hard for me*)”. In such scenario, this metaphor functioned to describe the patient herself with the animal, cow and it is the [I] which becomes the figurative vehicle rather than the [cow]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the [cow] lexical concept becomes the figurative target as there is an attempt to ascribe the quality of [I] to the cow in the interpretation.

Besides, the Principle of Context-induced Clash Resolution confirmed that the [I] lexical concept is treated as the figurative vehicle, that is it receives an informational characterisation that relates not to the role or society, but rather an animal that exhibits behaviour that serve to represent the pattern of behaviour of a patient who is strong with the ability and determine to accept treatment for cancer. This is achieved by conducting a search on the secondary cognitive model profile for [I] in order to provide a primary activation of a cognitive model relating to strong ability and determine behaviour. With the interpretation of “cow person”, the differences

arise due to the context the speaker is describing herself and hence the utterance is about she being strong, not about the cow. Indirectly, the patient was trying to convey that the cancer she went through was nothing to her and she was physically strong like a cow in facing cancer. Thus, it can be concluded that structural metaphor “cancer was nothing” was employed to reflect the cognition of patient in conceptualising cancer as the patient described herself as strong and determine like a cow.

3.7 Limitations of study

In terms of physical setting, the participants of this study were only restricted in Kuching context. The sample in this study does not include cancer patients from other places. Therefore, results obtained from this study might not be applicable to understand the cancer narrations in other places as the results might differ if another group of participants from different social background joined the study. Hence, the results of this study cannot be generalised to the whole population of cancer patients in Sarawak or Malaysia. Besides, it should be mentioned that the results only focused on the data during the interviews. This was done without ignoring the facts that patients might use other metaphors to describe cancer and cancer experience.

Furthermore, self-reported data collected through interviews might not be valid as participants were conscious in sharing their actual experience and how they would narrate cancer from their point of view. Besides, they could also be affected by their health condition when the interview was conducted. This remains a challenge as researcher need to assure the health condition of patients and use other approaches to obtain the actual data from the participants. Despite that, this could still be overcome as face to face interview allowed researchers to clarify ambiguous data with the interviewees. Thus, the hurdles in gathering the data can be lessened.

Apart from that, the translation is also a limitation found in this study. The process of translating from Malay, Mandarin and Mandarin dialects to English was challenging because it was essential to keep the metaphors without changing its meaning. During this process, some meanings may have been lost because words that were used metaphorically may have lost its metaphorical value due to unavailability of exact word in the other language. In spite of that, the context in which the metaphors were used is crucial for the analysis as different individuals could make sense of the words differently, thus, resulting in different findings. However, misinterpretation could have occurred if the words were interpreted without referring to the context.

3.8 Summary

This chapter starts with the research design followed by the methodology applied to conduct the study with all the instruments and procedures involved in collecting and analysing the data. Next, the data collected will be analysed and discussed in the following chapter accordingly.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the findings in three parts: (1) the types of cancer metaphors used by cancer patients in narrating cancer, (2) cancer metaphors in relation to the patients' sociocultural background and (3) cancer metaphors in connection to the patients' experience and perception. The results are discussed in light of the research questions and of existing research on cancer metaphors.

4.1 Types of cancer metaphors used in narrating cancer

The first research question seeks to address the types of metaphors used in narrating cancer among the cancer patients. The results of the study show that 292 metaphors were used with average usage of nine metaphors by each patient in narrating cancer. Besides, it was also identified that the cancer patients started to use metaphors when they were asked to describe their cancer experience during the interviews. These metaphors can be grouped into nine types. Table 4.1 presents the overall results of each metaphor based on all the 31 patients interviewed.

Table 4.1: The frequency and percentage of usage for each types of metaphors

Types of metaphor	Frequency of usage	Percentage (%)
Structural	108	36.99
Conspiracy	91	31.16
Journey	34	11.64
Living	23	7.88
War/military	18	6.16
Ontological	7	2.39
Theological	6	2.05
Orientational	4	1.37
Machine	1	0.34
Total	292	99.98

Based on the data interpreted in Table 4.1, it is observed that different types of metaphors were used in narrating different types of cancer. This was indicated by the words and phrases used by patients in expressing their different mentality on cancer and cancer experience. Based on the frequency count, the structural metaphor (108 or 36.99%) was the most commonly used type, followed by the conspiratorial metaphor (91 or 31.16%) and the journey metaphor (34 or 11.64%). At the same time, 23 living metaphors (7.88%) were also used to narrate cancer. As living metaphors refer to the narration of cancer with living characteristics, metaphors such as “spreading actively”, “come back/ come” and “grow”, just to name a few, were applied as if cancer was a living thing that could spread, come and grow easily like living things to ease the understanding of cancer.

Besides, some of the types of metaphors were in less preference in term of usage by the participants in conceptualising cancer. Only 6.16% of war or military metaphors such as “fight”, “enemy” and “battle (win/lose)” were identified in the interviews. 2.39% ontological metaphors such as “The end of the world”, “heavy” and “dangerous” were used to narrate cancer as it offers concrete representations to abstract ideas like cancer through the idea of substance, container or person. Theological metaphors such as “message from God”, “under God’s control” and “gift/ present from God” were used at 2.05% whereas orientational metaphors that are spatially related were used at 1.37% as compared to the others. Example of orientational metaphors include “tumbling down”, “down” and “up and down”. The least used metaphors by participants in narrating cancer is machine metaphor as it was only used once (0.34%) to narrate cancer. This may be due to her family background which is having a child in the field of engineering.

These findings resonated those reported in several studies regarding the nature of these respective metaphors. The structural metaphor, as Ignasi (2016) contends, “instantiates many expressions depicting the disease, the patient as well as medical care and treatment, as if they were characters in a story” (p. 135). The conspiratorial metaphor is often understood in terms of cancer as a conspiracy where the “truth about cancer is hidden”, that “cancer is something other than what (has) previously been told” and “is a scam...perpetuated in the financial interests of pharmaceutical companies and physicians (Nicholas, 2013, p. 608). The journey metaphor, on the other hand, depicts cancer as a journey “through diagnosis, treatment and the consequences”, “an emotional rollercoaster” and “the transformation journey of a tumour cell” (Fawcett & McQueen, 2011, p. 9).

Table 4.2 shows details on the most commonly used words, phrases for each type of metaphor in conceptualising cancer. The complete details (e.g., words, phrases) used for each type of metaphors in conceptualising cancer in this study and the list of existing cancer metaphors found in past studies can be found at Appendix 7.

Table 4.2: The types of metaphors and its most commonly used words or phrases in conceptualising cancer.

Types of metaphor	Examples of words	Frequency of occur/times
Journey	Journey (to get there)	12
	Through	11
	Way	4
Conspiratorial	Story/experience	8
	Nothing	7
	Task	5
Orientational	Down	2
	Tumbling down	1
	Up and down	1
Ontological	The end of the world	2
	Heavy	1
	Dangerous	1

Table 4.2 continued

Theological	Message from God	2
	Under God's control	1
	Challenge from God	1
War/military	Fight (<i>berjuang, menempuh, melawan</i>)	8
	Enemy	4
	Battle (win/lose)	3
Living	Spreading actively	5
	Come	3
	Grow	3
Machine	Activated	1
Structural	Shocking	12
	Scary	9
	Object	8

These findings showed that “journey (to get there)” from journey metaphor and “shocking” from structural metaphor recorded the highest frequency of usages, which is 12 times, in conceptualising cancer. According to Hui, Zhukovsky and Brurea (2018), “journey” in journey metaphor is related to taking a road trip with the goal of reaching the destination, that is to treat cancer effectively. Besides, journey metaphor also provides positive vibes as cancer patients presumed that they were on a “cancer journey” with many travelling companions heading to recovery (Semino et al., 2017). For example, Patient 12 explained the experience using the journey imagery as her doctor explained her diagnosis and what will she be going through during the treatment clearly. This serves as the cushion for her to tolerate cancer treatment better.

In terms of structural metaphors, Lakoff and Johnson (2003) explained that structural metaphor provides understanding on the target domain by means of the structure of the source domain. As part of structural metaphors, “shocking” has constructed the conceptual configuration on the concept of cancer to ease communication (Ignasi, 2016). This is followed

by metaphors such as “through” used 11 times; “scary”, used nine times; “story/experience” and “object”, each used eight times. “Fighter” was used eight times and “nothing”, “fight”, “fearful” and “changing point in life”, were each used seven times; “disease” and “die”, each used six times; “task”, used five times; “way”, “not a death sentence”, “teacher”, “enemy”, “come back/come” and “aggressive”, each used four times; “unexpected”, used three times. The second least cancer metaphors reported are “sailing boat”, “holiday/ break”, “being pampered”, “reminder”, “crime”, “challenging time”, “changes of lifestyles”, “down”, “the end of the world”, “message from God”, “return”, “kills” and “not frighten” and “treatable”, each with only two usages respectively. The other metaphors were only used once in narrating cancer.

These findings show that patients interviewed shared some common understanding in conceptualising cancer as similar metaphors were found applied by different participants during the interview. This could be due to the patients’ diverse sociocultural background (Pahria, 2017; Potts & Semino, 2019; Wiafe, 2017). Thus, Section 4.2 presents review on studies of cancer metaphors in relation to their sociocultural background.

4.2 Cancer metaphors and its relation to the sociocultural background

This section presents findings on metaphors in relation to the sociocultural background of the cancer patients. The findings will be discussed in relation to the gender, ethnicity and occupation and socio-economic status.

4.2.1 Cancer metaphors and its relation to the gender

Table 4.3 shows the metaphors used by the male and female cancer participants in narrating their understanding and experiences on cancer.

Table 4.3: The usage of metaphors according to male and female

	Male	Female	Total
Structural	36	72	108
Conspiracy	27	64	91
Journey	8	26	34
Live	6	17	23
War/military	9	9	18
Ontological	3	4	7
Theological	1	5	6
Orientational	1	3	4
Machine	0	1	1
Total	91	201	292

From the results tabulated, it can be observed that female used more metaphors (68.8%) compared to male (31.2%) although they shared most of the metaphors used in describing cancer. This can be shown when McQueen, Vernon, Meissner and Rakowski (2008) mentioned that females are frequent cancer worriers than men who have greater comparative perceived risk for cancer. Women are found to be more fearful, emotional and vulnerable although pain tolerance and they perceived that they were being treated differently. This could be due to their gender and social role as a mother in treating cancer.

Among the metaphors, structural metaphors were most dominantly used by both male and female cancer participants in narrating and reflecting their understanding of cancer disease. According to Haase (2002), structural metaphor has helped to enhance the understanding of cancer as it has highlighted and hid certain aspects about cancer whereas other ones are out of sight. Besides, structural metaphor also “instantiates many expressions depicting the disease, the patient as well as medical care and treatment, as if they were characters in a story” (Ignasi, 2016, p. 135). This has helped to conceptualise cancer with simple but known experiences. By comparing the results obtained from this study with the study done by Yu (2013) on the use of

cancer metaphors, similar results were obtained where structural metaphors were identified as the most common metaphors used in conceptualising cancer and cancer experience.

This is followed by the usage of conspiracy metaphors and journey metaphors in conceptualisation cancer. Female participants used 26 journey metaphors and 64 conspiratorial metaphors in narrating cancer. According to Nicholas (2013), conspiratorial metaphors are closely related to the realm of commerce whereas journey metaphors are symbols of adventure and quest, a search of truth, peace and immortality (Correia, 2014). This apart from representing the thought and cognition of the participants, it is also suitable to communicate about the change process in facing cancer. From this, it can be inferred that the knowledge of commerce as well as the sense of direction and predictability for a process contributed to the understanding of cancer as well among the cancer patients.

Besides, it was found that male participants used six live metaphors whereas female used 17 in narrating cancer. In terms of war or military metaphors, interestingly, both male and female used nine war or military metaphors in narrating cancer. Hendricks, Demjen, Semino and Boroditsky (2018) described that war or military metaphors are dominant because it is one of the best ways to assess their mentalities about their disease, in particular, one they can fight. This suggests that there may be similarities on the knowledge and fear of cancer between female and male participants that is influenced by their sociocultural background (Katz, Hislop, Thomas & Larson, 1993). Thus, through the use of such metaphors, the understanding of cancer and how a patient would respond to it can be well presented.

Out of seven ontological metaphors, three were used by male participants to project their understanding of cancer as qualities of some concrete example, substance, container or people to represent and communicate their concept of cancer. This was evidenced by the language (e.g., words, phrases) that patients used in expressing cancer and cancer experiences metaphorically such as “heavy”, “falling into ravine” and “collapse”. Moving on to the use of theological and orientational metaphors, female participants used five theological and three orientational metaphors in narrating cancer. This may be due to the difference in the sociocultural background of the patients themselves. The study of Potts and Semino (2019) showed that religion and belief of patients have captured their understanding of cancer and this thus lead to the usage of different description and narration of cancer. This indicates that religious background of the patients has connection with the understanding of cancer as well as the metaphors associated in narrating cancer which is closely similar to the results of this study.

However, only one machine metaphor was found used by the cancer patients in describing their understanding of cancer. Hui, Zhukovsky and Bruera (2018) explained that different metaphors were used at a different frequency and suitability to conceptualise cancer, to make strange familiar, to gain insights into patients’ conditions and to foresight their future. For example, Patient 11 who live in a town area was actively involved in the field of tailoring and baking. Besides, one of her children was also studying in vocational college. All these experience have introduced her to the idea and usage of machines. This can be shown in the transcription as follows:

Patient 11: ... Bayang anak dua di Mukah tengah study ehmm seorang di kolej vokasional
seorang di kolej komuniti... nya akan mengaktivatekan activatekan you punya
kanser that why... I memang mak yang buat banyak kerja bikin kuih, bikin baju
macam macam during hari raya I bikin biskut jual

*(My translation: ...imagine two children in Mukah still studying ehmm one in vocational college,
one in community college... it will activate your cancer that's why ... I am a
mother who does a lot of works making cakes, making shirts many more during
Raya I make cookies to sell...)*

In this metaphor, cells in the body are said to possess switches that could cause cancer to
activate or reactivate (Camus, 2009) like machines. This shows that understanding cancer as a
machine has helped them to understand issues connected to cancer disease.

On top of that, the results gathered also showed that more metaphors were used by
women to narrate cancer as compared to male participants. This could be due to the biological
and behavioural differences among the genders (Kimura, 1992). According to Kimura (1992),
the differences in social roles played by men and women in evolutionary history have eventually
caused the differences in behaviour. Such differences in behaviours which include psychological
behaviours like men having power than women in the Malaysian civil society could also affect
the usage of cancer metaphors as women in Malaysia are still far from being on par with their
male peers (World Economic Forum, 2013). Women in Malaysia are still expected to play a
disproportionate role in domestic duties and a “second-shift” at home if they are working
(Hirschman, 2016).

For instance, Patient 11, a female patient during interview was more emotionally expressive, worrying her children compared to male patient like Patient 6 who appeared to more calmed and cheerful during the interview. Patient 6 mentioned that his concern was to know about his condition and treatment plan. Apart from that, Patient 10 was identified to be more calmed when he received the news and he sought for second opinion and more information before and while accepting the treatment. Thus, it can be shown that cancer metaphors were used more as a channel to seek for encouragement and support to the female participants compared to men who were more likely to seek for further information (Eun-Ok, 2006) in understanding and treating cancer.

4.2.2 Cancer metaphors and its relation to ethnicity

Apart from looking at the gender of the patients, research shows that ethnicity influences the metaphors that patients used to describe the disease and their cancer experience. This is because the different culture and traditions of each ethnic group has influenced the ways patients think and understand cancer (Dein, 2004). In this study, interpretation on the data obtained found that different ethnic groups employed different metaphors to explain their understanding on cancer. This is in line with the study of Henze (2005) which found that some of the metaphors like conspiratorial metaphors and structural metaphors stood out because of diversity and intergroup relations or equity. Table 4.4 outlines the usage on the types of metaphors across different ethnic groups.

Table 4.4: The usage of the types of metaphors among ethnics and its percentage

Types of metaphor	Chinese	Malay	Iban	Bidayuh	Indigenous group	Total
Structural	25	17	24	15	27	108
Conspiracy	34	15	11	12	18	91
Journey	12	7	5	5	5	34
Live	5	6	4	1	7	23
War/military	3	3	6	3	3	18
Ontological	3	2	1	-	1	7
Theological	-	1	1	1	3	6
Orientational	1	1	1	-	1	4
Machine	-	1	-	-	-	1
Total	83	54	53	37	65	292

According to Dein (2004), the differences in the metaphors used to narrate cancer could also be due to their cultural explanations of health and its behaviour based on external factors such as social and economic factors.

Based on the data tabulated in Table 4.4, Chinese participants used more metaphors (28.42%) in narrating cancer as compared to other ethnic group. Journey in the context of study refers to the connection of the sense of purpose, control and companionship (Semino et al., 2017) in completing a task or travelling to place. According to the findings of Huijbrechts (2016), journey metaphors are neutral way in conveying illness experience. It is one of the dominant metaphors in narrating cancer because the social understanding of journey has been adapted to conceptualise cancer. To put it differently, it has embodied the whole experience of a patient moving along the path like went on a journey, attempting to reach a goal that is fully recovery. In other words, journey metaphors reflected the stage of patients in their illness experience. Among the Chinese, the use of the term “journey” provides an insight to the understanding health problems among the Chinese community because their culture is front to the future orientated

(Yu, 2012). This means that the past is already a “journey” or trace that has already been left behind. Thus, this shows that the patients are looking forward to their own future with medicine as their travel tool to reach the goal of recovery since the visual effect would be stronger than the verbal effect.

4.2.3 Cancer metaphors and its relation to occupation and socio-economic status

Furthermore, the occupation and socio-economic status also affected the metaphors that the participants used to conceptualise cancer. For example, Patient 12 who live in a town area where handling business has been her occupation for the past 25 years, the background of the patient has built up the basic understanding on the concept of “journey” through travelling around for her business and family. Moreover, the social habits of accompanying friends or family members like Patient 12 who have accompanying her children’s caregiver, uncle’s wife as well as herself receiving treatment in Singapore also contributed to the social and cultural understanding on the meaning of “journey” in the context of utterance. Hence, based on the social influence and network of the participant, the term “journey” can be interpreted into behaviours that include accompanying friends for cancer treatments and experience of travelling around for treatment. This can be shown in the transcription below:

Patient 12: ... my husband and I were actually shown images of how a lumpectomy and how a mastectomy look like... they also counselled you on you know how people might feel ... they also talked to me about plastic surgery ...

This can be further highlighted when terms such as “way”, “a journey (to get there)”, “through”, “sailing (boat)”, “go”, “path” and “follow” were used since it provides excellent cross

domain mapping with the concept in daily life like from one side to another or to get through to the other side with cancer illness experience in reconstructing the concept of illness from a disease to the process of arriving at a destination and to keep faith in recovering from cancer. For example, Patient 13 met a counsellor and was presented a book on cancer to understand which stages of treatment was she at and to fully prepare herself for the next stage. This can be shown in the transcription as follows:

Patient 13: ...a counsellor talked to me and say yea go see the doctor they gave very good advice ... don't eat unhealthy stuff ... told me what to expect that what is happening ...inside the body...the book really helped from beginning till the end...

This shows that understanding cancer as a journey has helped them to understand all the issues related to active cancer treatments. Apart from that, it has also helped by providing some comforting features and the achievable hope towards the end of the treatment. This result ties well with previous studies wherein journey metaphors were widely used to conceptualise cancer (Huijbrechts, 2016).

Besides, Chinese's participants also used 34 conspiratorial metaphors (37.78%) which is the highest among the ethnic group to conceptualise the cancer that they were diagnosed into realm of human imagination despite knowing that they are not literally true (Nicholas, 2013). Under this category, the metaphors assured that the truth about cancer has been hidden by taking the alternative forms of expressing while narrating cancer. For instance, the Chinese participants used metaphors like story and experience to describe and share their understanding of cancer with general public due to the conspiratorial mentality practised in the Chinese culture such as

in the Chinese community in Malaysia (Lu, 2004). Conspiratorial mentality means that they are unbiased in the sources they are in contact with and in the context of utterance, it is cancer disease. Through the use of conspiratorial metaphors like story or experience, motivations on the behaviour of cancer patients and the public can be postulated in enhancing the cancer treatment and general understanding of cancer. This can be shown when Patient 13, a language teacher mentioned that cancer from diagnosis, treatment until recovery can be structured and “described from the beginning till the end like telling a story to her young children” teaching them the knowledge of cancer and what is going on since they were too young to visit her at the hospital at that time. This therefore mould cancer into a story for a patient to share with others.

Out of the seven ontological and theological metaphors found, the Chinese participants applied three ontological metaphors (42.86%) to visualise the cancer. Ontological metaphors refer to the representation of abstractions like emotions, activities or ideas with something concrete using the idea of substance, container or person. In the results analysed, cancer has been conceptualised differently using ontological metaphors such as “heavy”, “the end of the world”, “dangerous”, “the whole world will collapse”, “fell in ravine” and “heartbroken”. These metaphors described their feelings and thoughts when they were first diagnosed with cancer. Among these metaphors, “The end of the world” was used twice as cancer was viewed as a complete disaster that could lead to the termination of life and the Earth. This again strengthen the point that cancer is fearful, scary and a false thing to happen from the perspective of patients. From the sociocultural point of view, this can be connected to the religion. Patient 1, who is a Christian mentioned so because she connected it with the destruction of the Earth during God’s judgement days on the world as only one ark (Noah’s Ark) is provided to protect Noah and his family from the flood whereas Patient 11, who is a Muslim described so because of her

understanding of the Day of Judgement based on the Quran. This can be further strengthened when Nasr (2002) mentioned that Quran explained about the end of the world, Day of Judgement, paradise, purgatory and hell in the Surah. These show that she is relating the illness with God and using metaphor used that are connected to religious factor which is a part of the sociocultural of the cancer patient in narrating cancer.

Besides, a Malay patient (Patient 11) described that due to financial limitation, her first understanding of cancer was “mati” (die) because there is no suitable bone marrow from her siblings and sufficient money for transplant to be done. Farooqui, Hassali, Knight, Shafie, Farooqui, Saleem, Haq and Aljadhey (2013) stated that financial constraint is one of the obstacles for patients to cancer screening. For the case of Patient 11, the only choices left with was death causing her to have cancer conceptualise as death and hopeless as she did not have other way to treat it apart from receiving chemotherapy. Such conceptualisation was made even stronger when the doctor said “*tok antara hidup dan mati*” (it is between life and death) before she accepted any treatment. However, her job as a mother made her strong to face and overcome cancer. This can be shown in the transcription as follows:

Patient 11: Either you change your darah and then you buat your transplant la. Five hundred thousand mun you ada duitlah ...I think arr yang buat kita tok kuat as a mother...

(My translation: Either you change your blood and then you do your transplant. Five hundred thousand if you have money... I think what make me strong [is] as a mother)

This finding indicates that the sociocultural background particularly the socioeconomic status of the participants influenced their understanding of cancer. This can be seen when the

patient mentioned “five hundred thousand, if you have money” because she generally perceived patients with lower socioeconomic status will have lower chance of survival. This has been perceived as their fate in life, connecting to death that no one could change although such view is not supported by literature. However, according to Lyle, Hendrie and Hendrie (2017), socioeconomic status does not necessarily influenced the life and death but it is moderated by the choice of treatment as survivals have been shown similar across different diagnosis stages. This shows that social understanding of cancer have influenced their perception on cancer.

Apart from that, the cancer patients interviewed also shared a common understanding that cancer is nothing because it is treatable, not a dreaded disease and it is not as frightening as what people say although at some point, it could be fearful and emotional draining. Patient 6 and Patient 18 both described that cancer is definitely a shock in the first place but they were strong enough throughout the treatment cycles because of the strong support from the family members and the cancerous cells have been removed. This can be shown in the transcription below:

Patient 6: 医生讲是癌症，你没有办法...

(My translation: doctor said is cancer... there is nothing much can be done about it...)

Patient 18: I was strong enough to go through the cycles, I didn't have to like miss...

In other words, they already have nothing to be worried about because they are already sick. Thus, the outcome of the treatment could be enhanced because they felt that there is nothing to be fear off although the diagnosis can be first shocking since there is a stigma on cancer is a death sentence among the general public.

For orientational metaphors, the analysis of the results showed that the Chinese, Malay, Iban and other Indigenous groups participants interviewed each used one orientational metaphor in narrating cancer. Orientational metaphor is the application of concepts that are spatially related to each other whereby upward orientation represents positive evaluation and downwards orientation describe negative one (Kovescses, 2010). For instance, “happy is up, sad is down”, conscious is up, unconscious is down”, “up is explicit, down is implicit” and “health and life are up, sickness and death are down”, just to name a few, are applied as comparisons to health problems among the Chinese and Arabians (Almirabi, 2015; Henze, 2005). Based on the results gathered from the interviews, orientational metaphors such as “down”, tumbling down” and “up and down” were used to describe the emotions and feelings of patients in facing cancer diagnosis. This is because it has directly emerged from our daily physical experience and sociocultural understanding on the idea of ups and downs. This can be seen from Patient 24, a Kenyah model who mentioned that cancer was down at first due to the stigma and misinformation such as connecting to dead, scared, sexual promiscuity and embarrassment that are social motivated from her community’s beliefs on cancer. However, the courageous nature and the culture of emphasising the importance of children from the modern community of Kenyah (Liau, 2007) along with her love to her children probably changed her understanding of cancer and the metaphors she used as she described that “cancer is not a death sentence, it can be beaten” after she managed to recover from cervical cancer. Thus, it can be seen that such metaphors were used to describe patients’ emotions on the cancer diagnosed.

In terms of war or military metaphors, it can be observed that the Ibans participants used six (33.33%) while the Chinese, Malay, Bidayuh and other Indigenous groups participants each used three (16.67%) war and military metaphors to express their understanding and concepts of

cancer. In the findings gathered, terms related to the conceptual network of military such as “fight”, “enemy”, “huge bomb”, “battle”, “competition” and “attack” have been used to narrate personal cancer experience especially among the Iban and the Bidayuh participants. This can be shown in the transcription below:

Patient 21: ... With cancer, the mental **battle** is just as hard, if not harder, than the physical battle.

And just like we have medications to **fight** the physical disease, you need tools to face the mental challenge...

According to Penson, Schapira, Daniels, Chabner & Lynch (2004), war metaphor has been firmly established in their culture even though there is no actual enemy or fight or war in cancer. Not only that, the study of Kadam-Kiai (2016) also mentioned that in the Iban community, war has been perceived as activity involving two different groups of people and only the one chosen by God may lead a war that aimed to gain something from it. Nie, Gilbertson, Roubaix, Staunton, Niekerk, Tucker and Rennie (2016) explained that the understanding of war have eased the understanding of health diseases as it helps in fighting various diseases. According to Huijbretchts (2016), cancer patients are actually making a directly reference to the cancer diagnose with the understanding of “war” itself. For instance, Patient 25 described cancer as fighting the bad cells as if it was a war to fight enemy in order to gain recovery. Therefore, war or military metaphors are often used by the Iban patients to describe their desire to get cured of their illness resembling the hope and desire of winning the battle in the Iban community.

At the same time, other Indigenous groups participants related the cancer diagnosed with three theological metaphors (42.85%) as compared to the Malays, Ibans and the Bidayuh

participants in the same area. No theological metaphors were identified among the Malaysian Chinese participants. The results analysed found that cancer was described as theologically as a message, challenge and gift from God and it is under God's control on what will happen next. This can be shown in the transcriptions below:

Patient 2: ...I think that twinge was probably, purposefully done because **God wanted me to feel (my) breasts...**

Patient 20: ...I truly feel that **God has performed a miracle in my life**—everything happened in His perfect timing...

In other words, it connects religions and the connections with God that could help them to grow by giving them a challenge to uplift their strength, faith and understanding in overcoming the problems related to cancer apart from relieving their hard feelings on cancer.

Furthermore, the other Indigenous groups participants also used more living metaphors and structural metaphors which is seven (30.43%) and 27 (25.00%) respectively in conceptualising cancer. Living metaphor refers to a non-living concept being given characteristics of a living thing like human being whereas a structural metaphor can be defined as the understanding of a concept by referring it to other structured and sharply defined concept to ease understanding. Based on the data gathered in the study, it was found that cancer has been represented as a living object since it could “hit”, “spread”, “come back”, “return”, “move”, “responded” and “grow” just to name a few like living things such as human which can “grow”, “move”, “hit” and “come back”. This, therefore enhances the understanding of cancer diseases. The transcription below shows the usage of living metaphor by cancer patients:

Patient 12: ...you gonna eat crab and worry for the next six month whether your **cancer will come back** then don't eat la it wont kill you not to eat...

Patient 14: ... **cancer** is something that won't hurt you when its **growing** you wont feel pain...

On structural metaphors, cancer was represented differently by patients based on the understanding of the nature world and also on the social contact they were involved with. Among the structural metaphors, the expression “shocking” was used at most because cancer evoked feeling of surprise and dismay or bad to the patient. It is like a “culture shock” to the patient because of the social identification among themselves in the community since the need to engage into a new social interaction arises along with the changes of social roles in the community. This can be clearly seen in Patient 28 when her son reminded her not to be stress after diagnosis. She also volunteered herself to take care of the booth during a cancer charity walk although she was still under treatments and followed her husband to the medicine man for traditional cancer treatments. These showed the changes in the social roles from being a wife and a mother to a cancer patient, a survivor and a volunteer in the context of the diseases.

However in this study, only one Malay participant applied machinery metaphor to correlate the cancer that they were diagnosed with. This could be due to the background of the Malay community. Since the colonial time, Malays in Malaya were often linked to the concept of subsistence production and agriculture done by the Malay labour in the tin and rubber industries (Tajuddin, 2012). This is because they were required to work actively to ensure sufficient and continuous supply of tin and rubber. In directly, these professions have shaped their perceptions of themselves and on disease such as cancer because it can be like rubber or tin,

activated or operated if patient was feeling stress with the cancer diagnosed. This showed that the tradition of the Malays has been adapted to narrate the idea of cancer.

From the results, it is clear that cancer participants used various types of metaphors to describe cancer and their cancer experience. The most dominantly used was structural metaphors and the least dominantly used was machine metaphor. It was found that structural metaphor was prevalent regardless of the participants' age, race or ethnicity, gender and religion, just to name a few. This corresponds with the findings of Camus (2009) as structural metaphors has been found prominent used in structuring and describing cancer because it provides a wide range of correspondences with the target domain. Machine metaphor was less prevalently used in this study although it represents cancer being dehumanised or controlled (Van Rijn-van Tongeren, 1997). It could be due to the differences in social and cultural background of the patients. This finding may add on to the literature in the field as on top of war or military metaphors and journey metaphors being used inevitably (Huijbrechts, 2016), they are also other types of cancer metaphors being used and their usage are depending on the sociocultural background of the patients.

In order to highlight how these differences in social relationship and cultural background of cancer patients had contributed to the usage of different metaphors in reflecting the cognition of patients on cancer, the next section, Section 4.3, will highlight the link between the cancer metaphors and its connection with the cognition.

4.3 Cancer metaphors and its connections with patients' experience and perception

This section discusses the types of cancer metaphors used in relation to cognition and the sociocultural background of the patients using the LCCM theory proposed by Evans (2009). Based on the data collected, nine types of metaphors were used at a different regularity by cancer patients in narrating cancer and cancer experience. The analysis of LCCM theory showed that the cancer metaphors used by the patients further revealed their thoughts and cognition on cancer. This could be due to the differences of patients' sociocultural background.

Figure 4.1 shows the partial cognitive mode for [CANCER]. The primary cognitive model profile for [CANCER] includes cognitive models relating cancer as disease caused by uncontrolled growth of cells in the body of a living things. Apart from that, [CANCER] can be connected to knowledge concerning the sign of zodiac represented by the traditional symbol of “crab” and harmful activity that spreads quickly in the society. In addition, there are also a large number of secondary cognitive models associated with the each of these but only a few connected to the context of study are represented. In particular, the understanding of cancer as a disease, its causes and effects and the behaviours exhibited by cancer of various sorts based on its role in various context and situations.

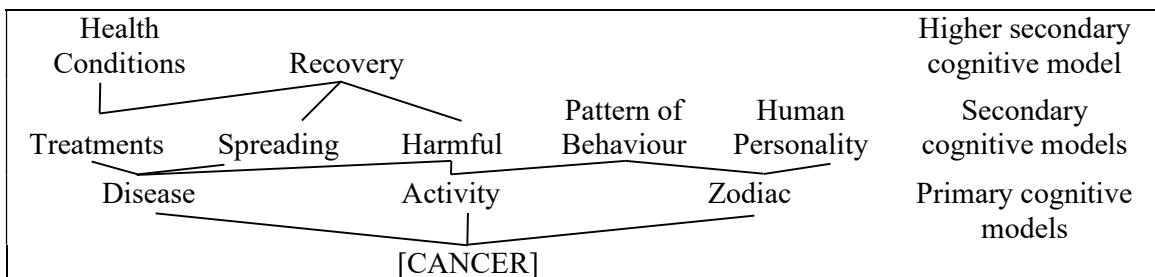


Figure 4.1: Partial cognitive model profile for [CANCER]

Following the analysis of the partial cognitive model of [CANCER], the most dominantly used metaphor in each types of metaphors begin with journey metaphor, conspiratorial metaphor, orientational metaphor, ontological metaphor, theological metaphor, war/military metaphor, live metaphor, machine metaphor and structural metaphor will be discussed in detail in terms of their connections with the sociocultural background and cognition using the LCCM theory in the following sections.

4.3.1 Journey metaphor

The results in Table 4.2 reveal that the most frequently used metaphor among the journey metaphor was “journey (to get there)” as a reflection of the cancer experienced at a particular stage. The utterance, “cancer is a journey” was interpreted as a figurative language because without a specific utterance context, it could only be defined as an action of travelling from one place to another or to somewhere. Based on the analysis in MIP, journey in the context of cancer possessed a different contextual meaning as it also connotes the ups and downs and potholes along the way to be recovered from cancer. This can be shown when the study of Fawcett and McQueen (2011) described cancer as a journey as patients went through a long process starting from diagnosis, treatment and the consequences to fully recover from cancer.

In the analysis of LCCM theory, the utterance is interpreted as a figurative conception since the two relevant lexical concepts for interpretation, [CANCER] and [JOURNEY] have direct access to the conceptual content. This marks the differences with literal class-inclusion statements. Following the matching of cognitive profiles associated with the lexical concepts in interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now acceptable to describe that cancer is journey because the referent of “cancer” is a subject

(disease) and cancer can be like a journey because it is long and it involves challenges and actions like travelling or moving around different clinics.

Apart from the lexical concept of [CANCER], the lexical concept of [JOURNEY] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures related to it. A partial cognitive model for [JOURNEY] is provided in Figure 4.2.

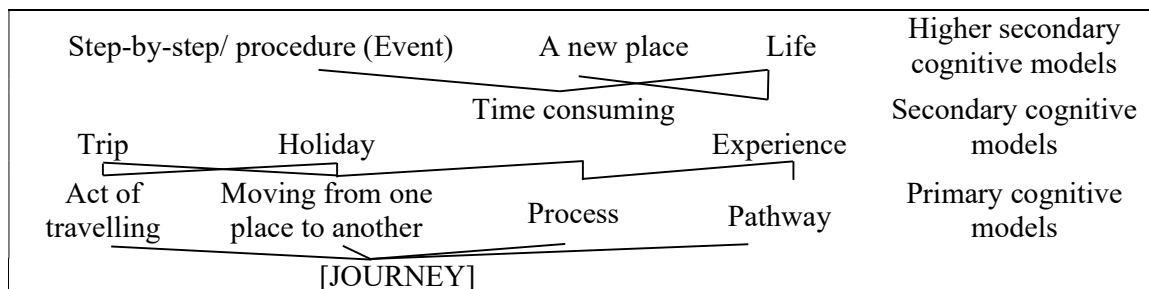


Figure 4.2: Partial cognitive model profile for [JOURNEY]

The lexical concept of [JOURNEY] relates to cognitive models concerning the act of travelling, moving from one place to another, process and pathway. In the secondary cognitive models, there are also a few concepts that relate to the knowledge associated with journey. For example, a journey of travelling to a new place during holiday. Besides, journey also exhibits the idea of process that is time consuming, requiring experience and involves procedures or step-by-step in completing an event. Apart from that, it manifests the experience of travelling to a new place or experience gained as a part of life event. Hence, experience is the cognitive model that relates to at least two primary cognitive models which are: PATHWAY and PROCESS.

In these findings, it can be observed that a figurative conception arises due to the match between the primary cognitive model profile of [CANCER] and [JOURNEY]. Thus, a clash

occurs leading to a search in a secondary cognitive model profile. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, patients have shared their own thoughts, feelings and experiences on cancer. Thus, the target is now their understanding of cancer and their experience since the topic of the conversation was on their cancer experience. Following this, the figurative vehicle is the [JOURNEY] because the secondary cognitive model profile of [JOURNEY] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the background of the patients, it can be noticed that the utterance was made based on their personal life experience as the concept of cancer have been equalised with their idea and understanding of journey. This is due to the fact that the patients' social-cultural background has strong influence on their understanding of the term "journey". A majority of the patients understood the term "journey" as the act of travelling or on a trip that is moving from one place to another like travelling to another country. Besides, this concept of "journey" is evidenced when the cancer patients interviewed mentioned that they came from urban area with above average living standard working in the field of business, productions and entrepreneurship that involved visiting different places around. For instance, Patient 10 as a web developer, his jobs required him to visit different places to gather information and to gather idea of design in order to develop a good web page. This indirectly gave the first impression on what is a "journey" and how it has been applied in daily living. During his time at the hospital and quarantine, he mentioned that "I have adjusted to the fact that I can work from home no need to go out and see

customer everything”. This shows that his previous experience on travelling around to meet customer has gave him the first impression on the idea on “journey”.

Furthermore, the idea of a journey which includes “way”, “time consuming” and “far” also contributed to the social and cultural understanding on the meaning of “journey” in the context of utterance. In other words, the sociocultural understanding provides a new platform to understand of how people come up with the idea of “journey” in narrating themselves and their situation on the cancer diagnosed. Therefore, based on the social and cultural understanding of the patients, the term “journey” in the context of cancer can be understood as one part or pathway in the life of patients as they had to go a different route which took place step-by-step from diagnosis, surgery, post-treatment and post-consultation compared to a healthy individual. Apart from that, it is also much more time consuming and keep moving to different path such as to other clinic to another for treatments compared to a normal life as they are going through their treatments. This causes patients to have a different experience compared to a non-cancer patient or a healthy individual. This is evidenced when the participants mentioned that “It is a journey in the sense that it is a different path from a normal life (healthy person)” [Patient 10], “... to the ordeal, the constant fear of recurrence, the treatments, the cycles of hopes and the despair...” [Patient 26]. In such scenario, the patients have described cancer as a journey or pathway that is unusual as compared to their normal journey in life as a businesswoman, teacher and others because it is a new journey that is full of obstacles. Thus, it is the [CANCER] that becomes the figurative vehicle instead of [JOURNEY]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the [JOURNEY] lexical concept becomes the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of journey in the interpretation.

Besides, the Principle of Context-induced Clash Resolution also confirms that the [CANCER] lexical concept is treated as the figurative vehicle because it received informational characterisation that relates the understanding of cancer with the concept of journey that is a part of life experience upon recovering from cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to a different pathway and life experiences. With the interpretation of “journey”, the differences arise knowing that the cancer patients were describing their own cancer experience and hence the utterance is serving a cognitive purpose by reflecting their experience and pathway on cancer instead of the act of travelling or moving to places. This means that patients were trying to convey that the cancer and the treatments that they went through was like a pathway or a way. Thus, it can be concluded that journey metaphor “cancer is a journey” was employed to conceptualise cancer as the patient described it as their special pathway in life.

4.3.2 Conspiratorial metaphor

On conspiratorial metaphors, it was identified that “story/ experience” was used more regularly than other conspiratorial metaphors in conceptualising cancer. The metaphorical idea of this phrase emerged from the understanding of cancer in a narrative form according to the context of utterance. This is because without specific context for interpretation, it can only be understood as a “modern disease” as mentioned by Patient 13. Following the matching of cognitive profiles associated with lexical concepts in the interpretation guided by the Principle of Coherence and Principle of Ordered Search, it is now semantically acceptable to describe that cancer is a story or experience because the referent of “cancer” is a subject (disease) and cancer can be like a story or experience that are sharable because it can be told or shared to other people

who need it. This is in line with the findings of Nicholas (2013) where cancer has been described as a scam or a made up story to hide the real facts about cancer.

In LCCM, it is interpreted as a metaphor because the two relevant concepts of [CANCER] and [STORY/EXPERIENCE] have direct access to the conceptual content. This indicates the contrast with the literal class-inclusion statement. Based on the matching of cognitive profiles with the lexical concepts in the interpretation guided by the Principle Conceptual Coherence and the Principle of Ordered Search, it is now agreeable to describe that cancer is a story because the referent of “cancer” is a subject (disease) and cancer could be like a story because it may has plot or story line. Besides the cognitive model profile of [CANCER] provided in Figure 4.1, the lexical concept of [STORY/ EXPERIENCE] also provides a rich model profile that provides access to the knowledge related to it. A partial cognitive model for [STORY/ EXPERIENCE] is provided in Figure 4.3.

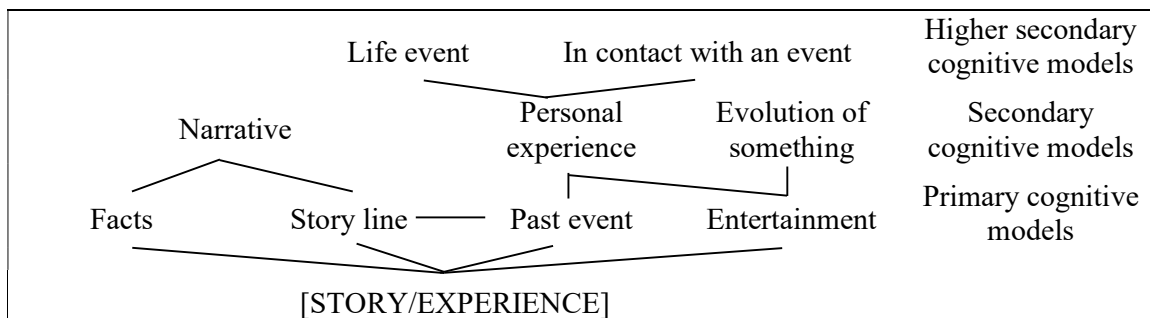


Figure 4.3: Partial cognitive model profile for [STORY/ EXPERIENCE]

The lexical concept of [STORY/EXPERIENCE] connects to the cognitive models of facts, storylines, past events and experiences. In the secondary cognitive model, there are a few that are interconnected to our understanding and knowledge like narrations, personal and evolution of new thing. For example, a story be it is fiction or non-fiction may consist of its own storyline that makes it easier to be narrated. Apart from that, it also portrays the idea on personal

story or experience in life other than manifesting ideas on experience handling new challenges in contact with and on the evolution of a new thing in daily life. Hence, experience is the cognitive model that connects to at least two primary cognitive models: PAST EVENT and ENTERTAINMENT.

Based on these interpretations, it can be found that a figurative conception arises as a match between the primary cognitive model profile of [CANCER] and [STORY/ EXPERIENCE] is initiated. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase as well as the context of the study, patients have been expressing about their own cancer experience. The target is now their understanding of cancer and their experience since the topic of the conversation was on cancer experience. Following this, the figurative vehicle is the [STORY/EXPERIENCE] because the secondary cognitive model profile of [STORY/EXPERIENCE] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the scenario and the background of the participants interviewed, it can be noticed that the utterance was made based on their personal life experiences. This is because the concept of cancer has been conceptualised with their idea and understanding of a story and experience as the social and cultural comprehension have affected their interpretation of the term “story/experience”. The analysis also reveals that the patients’ sociocultural backgrounds influenced their conceptualisation of the term “story/experience” as a part of narrations that can be told and shared easily like telling a story for entertainment to others because by professions,

they are teachers and counsellors who use to deliver lessons or activities in class or counsel students and cancer patients. For example, Patient 13, who is a language teacher requires her to know different stories, novels and its narrative structures very well before she shares it with her students. This gave the first thought of what is a “story” and what are the components or elements in a story. By adapting this concept, she can communicate “like telling a story” to her young children from the beginning till the end about her cancer experience.

Moreover, the concept of story which could be talking about facts or personal life experience, or imaginary narrations also gives rise to the social and cultural understanding on the concept of story and experience since it provides a new platform to understand how cancer patients came up with the idea of “story and experience” in narrating the cancer diagnosed. Therefore, based on the social networks and occupations of the participants, the term “story/experience” in the context of cancer can be connected to the narrations of personal past experience on cancer after being diagnosed and recovered from cancer as it could be structured like a story line or plot that begins from diagnosis until recovery. Besides, it can also be an entertainment as it could be a leisure activity of telling what they have gone through in cancer and their treatment plans to the new cancer patients or to the community during sharing sessions. This causes patients to have a different personal past events in life or story and experience as compared to a normal and healthy individual. This can be evidenced by the language used in the metaphor such as “... it is an experience I mean in actual fact if I am given opportunity, I would like to share to many...” [Patient 30] and “... I can tell like a story to my children” [Patient 13]. In such circumstances, the patients have described their experience of cancer as a story or experience which is sharable to others and it is the [CANCER] that turns the figurative vehicle rather than [STORY/EXPERIENCE]. Hence, the secondary cognitive model is subjected to

search as clash resolution. On top of that, the lexical concept of [STORY/ EXPERIENCE] becomes the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of story and experience in the interpretation.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle since it received an informational characterisation that relates the understanding of cancer with the concept of story or experience in which it is a personal life event experienced by the cancer patients although they had fully recovered from cancer. This can be obtained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to a past event. With the interpretation of “story or experience”, the differences arose knowing that the cancer patients are describing their own cancer experience and hence the utterance is serving a cognitive purpose to describe their experience and story of a past event on cancer diagnosis instead of facts. This signifies that their cancer diagnosis and experience that they have gone through can be conceptualise in story. Thus, it can be concluded that conspiratorial metaphor “cancer is a story or experience” was applied to narrate cancer as the patients described it as a story or experience that had happened in their life.

4.3.3 Orientational metaphor

The results show that orientational metaphors “down” was used the most in reflecting their cancer experience. The utterance “cancer is down” was classified as a figurative expression because without a specific context, it can only be understood through the idea of position in which cancer is classified at a lower position or place. Nevertheless, in LCCM analysis, this utterance is explicated as a figurative expression because according to Ignasi (2017), Kovesces

(2010) and the MIP, “down” also describes negativity apart from position. This shows that the two relevant lexical concepts for analysis, [CANCER] and [DOWN] have provide direct access site to the conceptual content, highlighting the differences with the literal class-inclusion statement of “cancer is down”. Following the matching of cognitive model profiles associated with the lexical concepts in interpretation led by the Principle of Conceptual Coherence and Principle of Ordered Search, a match is achieved in the primary cognitive model profile of each lexical concept and it is now semantically acceptable to relate cancer is down because the referent of “cancer” is a subject (disease) and cancer could be depressing because it affects the emotions of an individual causing unhappiness.

In considering the utterance “cancer is down”, it was found that the primary cognitive model profile for [CANCER] is correspond with health disease or a medical condition that caused by controlled growth of cells in the body of a living things, a complex body of knowledge in zodiac concerning the human being that is represented by the traditional symbol of crab and harmful activities that spreads quickly in the society. This corresponds with the study of Ismail (2017) that mentioned that cancer apart from the meaning of diseases in the medical context, it also describes claw-like animals like crabs, thoughts and behaviours and negative activities in a society. Other than the cognitive model profile of [CANCER] presented in Figure 4.1, the lexical concept of [DOWN] also provides access to a wide range of knowledge structure. Figure 4.4 shows the partial cognitive model profile of [DOWN].

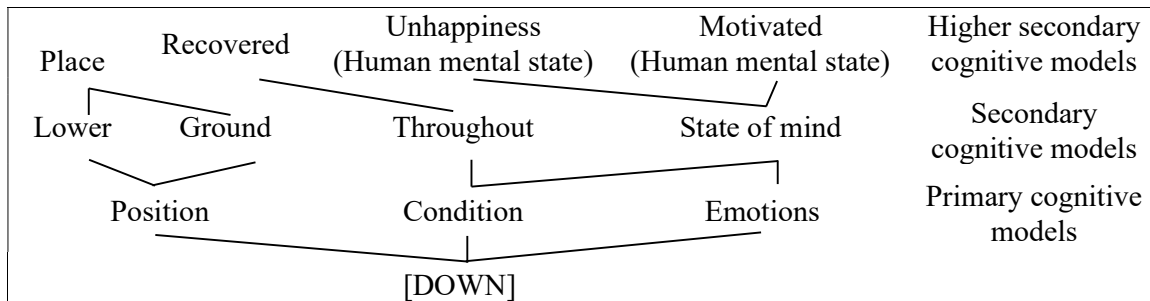


Figure 4.4: Partial cognitive model profile for [DOWN]

The lexical concept of [DOWN] relates to the cognitive models having to do with at least the knowledge concerning position including lower position, condition, patterns of behaviour and emotions. In addition, there are also a large number of secondary cognitive models associated with each of these. In particular, the physical position such as lower or ground other than relating it to the idea of condition and state of minds of the patients. Hence, state of mind is the cognitive model that relates to at least two primary cognitive models: the CONDITION and MENTAL STATE.

According to the data interpreted, it can be observed that a figurative conception arises as a match between the primary cognitive model profile of [CANCER] and [DOWN] is established. Thus, a clash occurs leading to a search in a secondary cognitive model profile. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, patients have been mentioning about their own cancer experience. Thus, the target is now their understanding of cancer and also their experience since the topic of the conversation was on cancer narration. Following this, the figurative vehicle is [DOWN] because the secondary cognitive model profile of [DOWN] went through a search via the Principle of Context-induced

Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the social network and support and the influence of the community of the participants, it can be noticed that the utterance was made based on their personal life experience as the concept of cancer has been conceptualised with their idea and understanding of the term “down”. This is due to the facts that the social and cultural understanding of the community and ethnic group have strongly affecting the understanding of the term “down”. According to the social aspect of the sociocultural background of the cancer patients interviewed, they have understood the term “down” as some negative, full of unhappiness and depressions when it comes to describing topics such as cancer. In the utterance “cancer is down”, the interviewees have been mentioning and sharing about their cancer experience. In such context, the figurative target is [DOWN] because the secondary cognitive model profile of [DOWN] went through a search via the Principle of Context induced Clash Resolution to facilitate clash resolution and to determine which of the secondary cognitive model in the lexical concept is subjected to search.

Based on the context of the background of the participants and the context of the utterance, it can be identified that the utterance was made based on their personal life experience as the idea of cancer has been matched with the idea of down. This is because the sociocultural background of the cancer patients and the understanding of cancer has provided a new platform to for cancer patients to explain the term “down”.

Based on the social understanding and network of the patients interviewed, the term “down” in the context of cancer has been understood as an expression of sadness or reduced in

happiness among the patients throughout the treatment. Cancer patients used “down” at the beginning of their description on cancer to explain the changes that they experienced when they heard the diagnosis compared to non-cancer patients. This can be shown when the cancer patients interviewed mentioned that “... my life came tumbling down...” [Patient 24] and “... he (their friend) kinda lightened up the situation for the both of us” [Patient 14] (they were down with sadness when the doctor announced the cancer). In such scenario, the patients have described cancer as down to express their emotions and it is the [CANCER] that becomes the figurative vehicle instead of [DOWN]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the lexical concept of [DOWN] becomes the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of down in the interpretation.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle, that is it received an informational characterisation that relates the understanding of cancer with the concept of down that is sad or unhappy when they were diagnosed with cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to the state of mind which is unhappiness. With the interpretation of “down”, the unhappiness emotion arose knowing that the cancer patients are describing their own cancer experience and hence the utterance is about their cognition, experience and emotions on cancer instead of position. This means that patients were trying to convey their sadness and depression when they were being diagnosed with cancer. In short, it can be summed up that orientational metaphor “cancer is down” was applied to conceptualise cancer as the participant described it as their change in their state of mind and emotions were influenced by their personal lives and types of occupations.

4.3.4 Ontological metaphor

The most frequently used ontological metaphor in describing cancer was “the end of the world”. This metaphor was used as a reflection to the understanding of cancer and the emotions of patients in their illness experience. The utterance “cancer is the end of the world” was interpreted as a figurative language because without the specific context, it can only be defined as a disaster that could lead to the termination of the earth. In the concept of LCCM, the utterance is interpreted differently because the two relevant lexical concepts for interpretation, [CANCER] and [THE END OF THE WORLD] have access site directed to the conceptual content. This indicates the differences with the literal class-inclusion statements. Following the matching of cognitive profiles associated with the lexical concepts in interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now acceptable to describe that cancer is a disaster because the referent of “cancer” is a subject (disease) and cancer could be like a disaster because the MIP shows that it is a sudden event that may disturb the emotions of the cancer patients in understanding the diagnosis or cause death to oneself.

Apart from the lexical concept for [CANCER] shown in Figure 4.1, the lexical concept of [THE END OF THE WORLD] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures related to it. A partial cognitive model of [THE END OF THE WORLD] is presented in Figure 4.5.

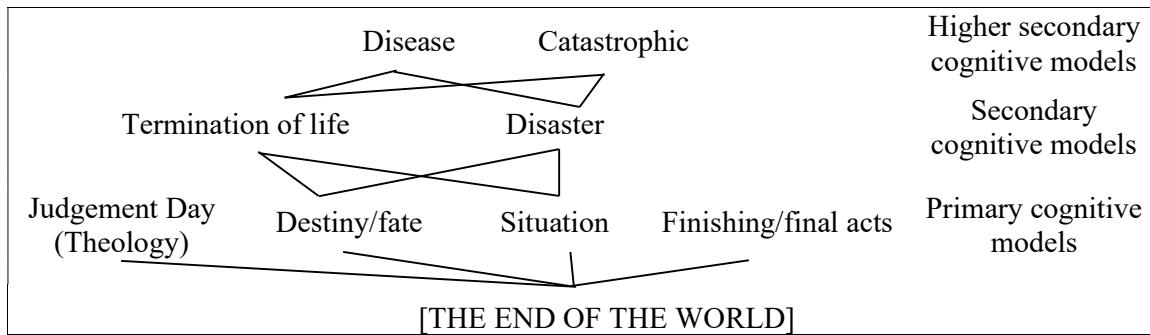


Figure 4.5: Partial cognitive model profile for [THE END OF THE WORLD]

The lexical concept of [THE END OF THE WORLD] relates to the cognitive models connecting to the idea concerning the judgement day in theology point of view, describing the destiny or fate of an individual, narrating the situation and the finishing or final acts. In the secondary cognitive models, there are a few that can be connected to our knowledge associated with the end of the world. For instance, the end of the world could be describing the judgement day religiously or the idea of impermanence that describe nothing lasts forever. Besides, it is also exhibiting the idea of destiny or fate of an individual apart from the situation faced in addition of manifesting the idea of finishing or final acts. Based on these cognitive models, it was identified that termination is a cognitive model that relates to at least two primary cognitive models which are: DESTINY OR FATE and SITUATION.

According to the analysis, it can be found that a figurative conception arises as a match between the primary cognitive model profile of [CANCER] and [THE END OF THE WORLD] is established. Thus, a clash occurs leading to a search in a secondary cognitive model profile. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, patients have been mentioning about their own cancer experience. Thus, the target is now their understanding of cancer and their experience since the topic of the conversation was on cancer

experience. Following this, the figurative vehicle is the [THE END OF THE WORLD] because the secondary cognitive model profile of [THE END OF THE WORLD] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the religious background of the participants, it can be noticed that the utterance was made based on their personal life experience as the concept of cancer has been narrated with their idea and understanding on the end of the world. This is because the religious understanding of the participants has strongly affected the understanding of the phrase “the end of the world”. According to the religious background of the patients interviewed, they have understood it as the termination of life on Earth due to disaster such as the catastrophic disasters caused by natural processes of the Earth due to their higher educational background occupations and understanding from theological point of view. For example, Patient 1 who is a Christian, received her education until lower Form 6, an ex-accountant and a current housewife has helped her to build the meaning of the phrase “the end of the world” in the context of cancer as the termination of life because she viewed it as a judgement or challenge that was very hard to cure from different exposures in daily life due to her background in religion as Christian, accounting and handling house chores. This indirectly built the first impression on what it means by “the end of the world” and how this concept has been applied in describing daily life such as facing with illnesses. However, her religion as Christian has helped her to confront with her sickness and help her to hope, to develop abilities and skills in their fight against cancer and in the resolution of problem. This corresponds with the study of Vonarx and Hyppolite (2013) that described religion as a tool to systematically reduce the negative worldviews of cancer as it can contribute to coping when life is threatened. Moreover, the idea of the end of the world which is a finishing or final acts and destiny also

contributed to the sociocultural understanding on the meaning of “the end of the world” in the context of utterance. This is because, the sociocultural background of the cancer patient gave a new platform to comprehend how the idea of using the phrase “the end of the world” was evolved in narrating themselves as a cancer patient and their circumstances on the cancer diagnosed. Hence, with reference to the social and cultural background of the patients, the phrase “the end of the world” in the context of cancer can be understood as a disaster as it could cause death as compared to a healthy individual. Apart from that, it is also seen as a destiny or fate and a finishing or final act because they assumed that it is their destiny or fate to end their live with cancer diagnosed. This is shown when the patients interviewed mentioned that:

Patient 1: ... last time while working, you crossed two line and you wrote cancel you won't feel scared? It was like the end of the world ...

Patient 11: ... bayangkan nya madah suddenly... dalam mindset oh my god...

(My translation: ... Imagine she said suddenly... in my mindset oh my God...)

In such scenario, these cancer patients described cancer as the end of the world and it is the [CANCER] that becomes the figurative vehicle instead of [THE END OF THE WORLD]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the [THE END OF THE WORLD] lexical concept because the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of disaster and termination of life on Earth in the interpretation.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle, that is it received an informational

characterisation that relates the understanding of cancer with the concept of disaster that is a termination of life upon being diagnosed with cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primacy activation of the cognitive model relating to disaster and termination of life. With the interpretation on the concept of “the end of the world”, the differences arise knowing that the cancer patients are describing their own experience and hence, the utterance is about their thought, experience and understanding on cancer as a disaster and termination of life rather than the concept of position and situation. This means that the patients were trying to convey that the cancer diagnosed was like a disaster that terminate life on Earth. Therefore, it can be concluded that ontological metaphor “cancer is the end of the world” was employed to reflect cancer because of their understanding of cancer as a critical disease that could lead to death.

4.3.5 Theological metaphor

The results interpret from the interview revealed that “cancer is a message from God” in theological metaphor was applied most frequently as a reflection of cancer and their cancer experience. Based on this experience, the utterance, “the cancer is message from God” was interpreted as a figurative language because without a specific utterance context, it can be defined as an action of messaging like sending message to friends by different medium or platform. However, in the concept of LCCM, it can be defined as a figurative conception since the two relevant lexical concepts for interpretation, [CANCER] and [MESSAGE FROM GOD] have access site directed to the conceptual content. This indicates the differences with the literal class-inclusion statements. Based on the analysis in MIP, the phrase “message from God” in the context of cancer indicated a different contextual meaning as it represents the words God wanted to deliver to His people and cancer could be the medium for Him to deliver the message. This

can be shown in the study Sterba, Burris, Heiney, Ruppei, Ford and Zapka (2014) where cancer has been described as under God’s control and He is the healer to the disease upon knowing what He has done. Following the matching of cognitive profiles associated with the lexical concepts in the interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now semantically acceptable to describe that cancer as a message from God because the referent of “cancer” is a subject (disease) and cancer could be a message from God because it could be reminder from God to His people.

Other than the cognitive model profile of [CANCER] presented in Figure 4.1, the lexical concept of [MESSAGE FROM GOD] also has a sophisticated model profile to which the lexical concept affords to provide access to the knowledge structures related to it. A partial cognitive model of [MESSAGE FROM GOD] is provided in Figure 4.6.

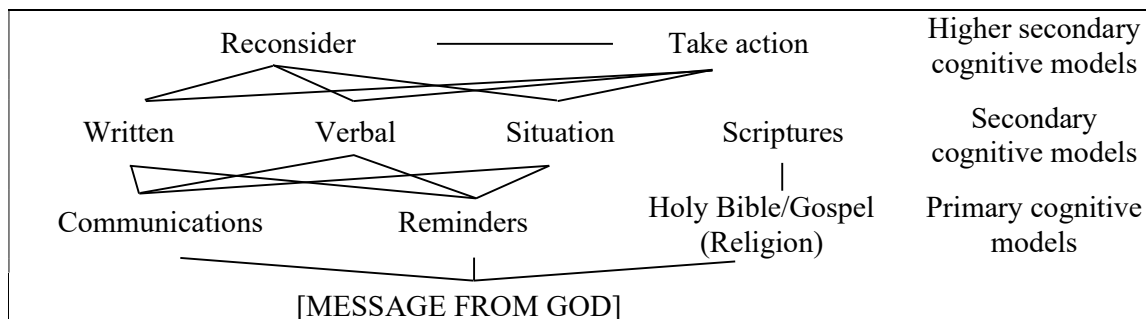


Figure 4.6: Partial cognitive model profile for [MESSAGE FROM GOD]

The lexical concept of [MESSAGE FROM GOD] relates to cognitive models having to do with the idea concerning the action of communications, reminder and the Holy Gospel. In the secondary cognitive models, [MESSAGE OF GOD] can be related to our knowledge connected to various mediums of communications and The Holy Bible containing both the Old and New testaments of God. Besides, a message from God also manifest the idea of reminding what we as his disciples should reconsider and do through different situations. Hence, it can be seen that

reminders is a cognitive model that relates to at least two primary cognitive models which are: COMMUNICATIONS and REMINDERS.

In this finding, it can be observed that a figurative conception arises as match between the primary cognitive model profile of [CANCER] and [MESSAGE FROM GOD] is established. Thus, a clash occurs leading to a search in the secondary cognitive model profile. Based on the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, patients have been narrating about their own health experience. This implied that the target is now their understanding of cancer through the experience that they have gone through since the topic of conversation was on their cancer experience. Following this, the figurative vehicle is the [MESSAGE FROM GOD] because the secondary cognitive model profile of [MESSAGE FROM GOD] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the religious background of participants and the context of utterance, it can be noticed that the utterance was made based on their personal life experience as the idea of cancer has been matched with the idea of message from God. This is because, the social and cultural background understanding of the cancer patients has provided a new understanding on the phrase “message from God”. According to the social and cultural background of the cancer patients interviewed, they have understood the phrase “cancer is a message from God” as a reminder that God sent through a situation which was cancer through their spiritual beliefs. In other words, it uplifted the spirit of patients throughout the treatment process. Not only that, this finding is also

similar to the study of McLaughlin, Yoo, D' Angelo, Tsang, Shaw, Shah, Baker and Gustafson (2013) that described that religion has led patients to a passive coping styles even though it lowered the levels of concerns on cancers. This can be shown when Patient 21's question on "what are you trying to show me?" to God as well as using faith as her tool for her to move on and regain some control from her diagnosis. This gave the first understanding on what is "message from God" and how it has been applied in daily living.

Furthermore, the message from God which can be in the form of verbal and written through the priests and the scripture in the bible also contributed to the social and cultural understanding on the meaning of "message from God" in the context of utterance. In other words, the social and religion background of patient has provided a new platform to explore how patients applied the idea of "message from God" in conceptualising cancer and their cancer experience. Thus, based on the social and cultural context of the cancer patients, the phrase "message from God" in the context of the utterance can be understood as a situation set by God to remind patients to reconsider and take some actions on their lifestyle and habits. This caused cancer patients to have a different experience compared to other cancer patients or non-cancer patients or healthy individual. This can be shown when the patients interviewed mentioned that:

Patient 5: ... you take it very lightly tapi suddenly you know Tuhan bagi one... terkejut bila doctor cakap you had cancer...

(My translation: ... you take it very lightly but suddenly you know God give one... [I was] shocked when doctor said you had cancer)

Patient 2: ... I suddenly felt a twinge at the side ... purposefully done because God wanted me to feel ...

In such circumstances, these patients have described their cancer as a message from God and it is now the [CANCER] that becomes the figurative vehicle instead of [MESSAGE FROM GOD]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the lexical concept [MESSAGE FROM GOD] has become the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of message from God in the analysis.

Moreover, the principle of Context-induced Clash Resolution also further affirmed that the [CANCER] lexical concept is treated as the figurative vehicle as it received an informational characterisation relating it with the concept of message from God that is a reminder set by God upon the diagnosis. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to reminder through situation in life. Thus, the differences between the literal and figurative meaning arises knowing the cancer patients are describing their cognition and cancer experience. Hence, the phrase “cancer is a message from God” is reminder from God to take action and reconsider their lifestyles instead of the scripture from the Holy Bible. Hence, this means that patients were trying to understand their diagnosis of cancer via theological metaphors as the patients described it as a reminder from the God.

4.3.6 War/military metaphor

The most frequently used war or military metaphors in describing cancer is “cancer is a fight”. This metaphor was used as a reflection to patients’ comprehension of cancer and their cancer experience (Camus, 2009; Hujibrechts, 2016; Reisfield & Wilson, 2004). The utterance of “cancer is a fight” was interpreted as a figure of speech because without a specific context, it can only be defined as a violent confrontation or struggle involving weapons between two or

more individuals. In the concept of LCCM, the utterance can be interpreted differently because the two relevant lexical concepts for interpretation, [CANCER] and [FIGHT] have direct access site to the conceptual content. This highlighted the differences with the literal class-inclusion statements. Following the matching cognitive profiles associated with the lexical concepts in interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now semantically accepted to narrate cancer as a physical confrontation because the referent of “cancer” is a subject (disease) and cancer could involve internal physical confrontation like an inner battle that requires the assistance of doctors (commander) and medication (weapons) to sustain life.

On top of the cognitive model profile of [CANCER] showed in Figure 4.1, the lexical concept of [FIGHT] also provides a sophisticated profile to which the lexical affords to provide access to a wide range of knowledge structures related to it. Figure 4.7 shows the partial cognitive model of [FIGHT].

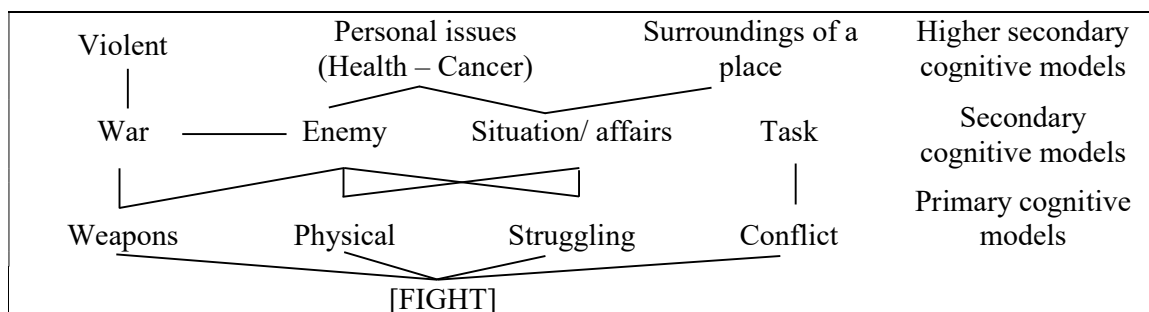


Figure 4.7: Partial cognitive model profile for [FIGHT]

The lexical concept of [FIGHT] relates to cognitive models having to do with the idea concerning the use of weapons, physical fight among individual, struggles of an individual as well as conflict. In the secondary cognitive model, there are also a few cognitive models that can be connected to our knowledge. For example, the term “fight” could be described as a war that

involved enemy, a situation or affairs or a task. Based on these cognitive models, it can be identified that enemy is a cognitive model that relates to at least three primary cognitive models: PHYSICAL, WEAPONS and STRUGGLING.

According to the analysis, it can be found that a figurative conception arises as a match between the primary cognitive model of [CANCER] and [FIGHT] is established. A clash in the primary cognitive model led to a search in the secondary cognitive model profile. In the LCCM theory, a primary activation is activated in the secondary cognitive model profile based on the Principle of Context-induced Clash Resolution. In this stage, patients have been mentioning about their own cancer experience. Thus, the target now is their understanding of cancer and also their cancer experience since the topic of conversation was framed on cancer experience. Following this, the figurative vehicle is the [FIGHT] because the secondary cognitive model profile of [FIGHT] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

Based on the culture of the Iban community and the social understanding of the participant, it can be noticed that the utterance was made based on their personal life experience and cultural background as the concept of cancer has been made conceptualise based on their idea and understanding on the meaning of the term “fight”. According to the participant interviewed, they have understood the meaning of fight through the literal meaning which is a violent struggle involving weapons and physical blows. In such circumstances, cancer involved not only physical blows but mental blows too. This can be shown when Patient 9 mentioned that he was shock to learn about the diagnosis. He repeated the word “fight” trice:

Patient 9: I still **fight** for it ... you have to be strong to **fight** cancer... we have to be strong to **fight** cancer.....

This shows his desires to recover from the cancer diagnosed. Besides, the use of this term was also affected by his background as an Iban. Their struggle can be represented through their famous cry “*Agi Hidup Agi Ngelaban*” which means “while I am alive, I still fight” (Khoo, 2014). Patient 9 mentioned that this has built his background on his understanding of cancer as it has been perceived as an enemy that need to be fought so to gain his own reputation in cancer as part of the warriors in the Iban community. Besides, his job as a constructor also contributed to his understanding on the term “fight” because of the needs to gain a project from other constructor. This indirectly built his understanding on meaning of “fight” and how this concept has been adapted to describe his emotions and thought on his cancer problem.

Moreover, the idea of physical fight and struggling also contributed to the social and cultural understanding on the meaning of “fight” in the context of utterance. This is due to the facts that the social and cultural background of the gave a new platform to understand the reasons for patients to come up with the reason of using the term “fight” in narrating themselves as cancer patients and their experience on cancer. Hence, with reference to the social and cultural background of the patients, the term “fight” in the context can be understood as a mental and emotional fighting with the enemy, cancer as it required the patient to be strong, consistent and patient to overcome it. As Patient 15 explained using the war or military metaphor:

Patient 15: saya cuba untuk melawan...memberi semangat saya untuk berjuang menghadapi kanser...keberanian kita untuk menempuh penyakit

(My translation: I try to fight... give me strength to fight cancer... our courage to overcome disease).

In such scenario, these cancer patients have described cancer is a fight and it is the lexical [CANCER] that becomes the figurative vehicle instead of [FIGHT]. Hence, the secondary cognitive model is subjected to search to resolve the clash. Besides, the lexical concept of [FIGHT] has become the figurative target as the quality and meaning of [CANCER] has been ascribe to the idea of fighting or struggling to recover from cancer in the interpretation.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle, that is it received an informational characterisation that relates the understanding of cancer with the concept of fight that is mental and emotional struggles to overcome and recover from cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to the struggles on cancer. Based on the interpretation of the concept of “fight”, the differences arise knowing that the cancer patients are describing their own experience and hence the utterance is more to their understanding and experience on cancer as a fight and struggles on the situation. This means that the patients perceived the cancer that they were diagnosed with was like a fight. Therefore, it can be concluded that war metaphor “cancer is a fight” was employed in narrating cancer because of their understanding of cancer as a critical disease that require a patient to be fully prepared like going to war.

4.3.7 Live metaphor

On live metaphor, the most frequently used live metaphors in describing cancer by cancer patients interviewed was “cancer is spreading actively”. This metaphor was used as a reflection to the understanding of cancer and also the emotions and thought of patients in their illness experience. The utterance “cancer is spreading actively” was interpreted as a figurative language for cancer has been described as a living thing with the ability to move around, growing, acting independently and autonomously. Without the context of utterance, it can only be defined as an entity spreading over an area or covered by something. In the concept of LCCM, the utterance is interpreted differently because the two relevant lexical concepts for interpretation, [CANCER] and [SPREADING ACTIVELY] have direct access to the conceptual content. This indicated the differences with the literal class-inclusion statements. Following the matching of cognitive profiles associated with lexical concepts in the interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now acceptable to describe cancer as a living entity because the MIP shows that the referent “cancer” is a subject (disease) and cancer could be like a living thing because it moves or grows from one part of the body to another.

Apart from the lexical concept for [CANCER] showed in Figure 4.1, the lexical concept of [SPREADING ACTIVELY] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures related to it. A partial cognitive model of [SPREADING ACTIVELY] is provided in Figure 4.8.

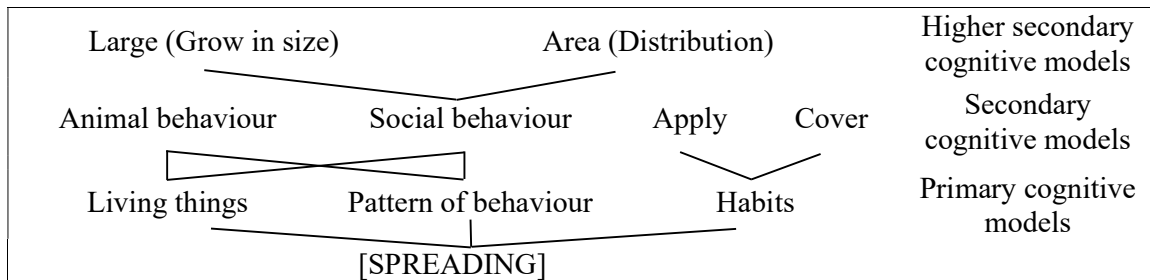


Figure 4.8: Partial cognitive model profile for [SPREADING]

The lexical concept of [SPREADING] relates to the cognitive models having to do with the idea of living things, pattern behaviour and habits. In the secondary cognitive models, there are a few that can be connected to our knowledge associated to the understanding of spreading. For example, spreading could be describing living things exhibiting different pattern of animal of behaviour. Besides, it also exhibiting the idea of pattern of behaviour such as social behaviour and animal behaviour as well as habits like applying and covering. Based on these cognitive models, it was identified that animal behaviour is the cognitive model that relates to at least two primary cognitive models which are: LIVING THINGS and PATTERN OF BEHAVIOUR.

According to the analysis, it can be found that a figurative conception arises as a match between the primary cognitive model profile of [CANCER] and [SPREADING] is established. Thus, a clash occurs leading to a search in a secondary cognitive model profile. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, patients have been mentioning about their own cancer experience. Thus, the target is now their understanding of cancer and also their experience since the topic of the conversation was on cancer experience. Following this, the figurative vehicle is the [SPREADING] because the secondary cognitive model profile of [SPREADING] went through a search via the Principle of Context-induced

Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

As the social understanding of the participant suggests, it can be noticed that the utterance was made based on their personal life experience as the concept of cancer has been conceptualised with their idea and comprehension on the term “spreading”. This is because the social network backgrounds and understanding of the participant in the community has been strong affecting the comprehensions of the term “spreading”. Based on the patients interviewed, it was identified that cancer has been understood through the idea of spreading as their background knowledge described it as an open out, extending its surface area to other places. For example, Patient 14 whom is an Iban and a producer has helped him to build the meaning of “spreading” in the context of cancer as his career involved manufacturing and production of videos and publishing or spreading it through printed and electronic media to other place and individual. This unconsciously built the first impression on what is mean by “spreading” and how this concept has been applied in describing daily life and facing cancer.

Moreover, the idea of “spreading” which include open up and extended to other place also contributed to the social and cultural understanding on the meaning of “spreading” in the context of utterance. This is because, the social life of the participant has given a new platform to understand how cancer patients have come up with the idea of using the phrase “spreading” in narrating cancer and their circumstances on the cancer diagnosed. Hence, with the reference to the social and cultural background of the patients, the phrase “spreading” in the context of cancer can be understood as an open out as it could cause the area infected to be enlarged. Apart

from that, it is also seen as an extension of cancer cell like how living things populate like human a new area. This can be strengthen when cancer patients interviewed described that:

Patient 14: ... the cancer cells did not spread to any other part of my body...

Patient 26: ... The ovarian cancer had metastasised to my liver...

In such circumstances, these cancer patients have narrated cancer as a living things that spread and it is the [CANCER] that becomes the figurative vehicle rather than [SPREADING]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the lexical concept of [SPREADING] becomes the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of living things that spread and broaden to other place.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle, that is it received an informational characterisation that relates the understanding of cancer with the concept of disaster that is spreading in the body upon being diagnosed with cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to disease. With the interpretation on the concept of “spreading”, the differences arise knowing that the cancer patients are describing their own experience and hence the utterance is more to their understanding and experience on cancer as a disease that spread rather than the pattern of behaviour or habits. This means that the patients were trying to reflect their cognition on the cancer that they were diagnosed with as living things that can be spread to other parts and grow. Therefore, it can be concluded that live metaphor “cancer is spreading”

was employed in narrating cancer because of their understanding of cancer as a critical disease that could be spread to a larger area or grow larger in living things.

4.3.8 Machine metaphor

Machinery metaphor, “cancer is activated” was used as a reflection on the understanding of cancer as machine and thought of patients on their illness experience. The utterance “cancer is activated” was interpreted as a figurative language because without the context of cancer, it can only be understood as gadgets or objects such electronic gadgets being switch on. Besides, the contextual meaning obtained from the MIP also suggested that “activated” is related to the awakening the cancer cells in the body which is in contrast to the basic meaning which is make (something) active or operative. Thus, it indicates a metaphor. Moreover, the utterance “cancer is activated” was interpreted as a figurative language because in the concept of LCCM, the utterance is being interpreted differently as the two relevant lexical concepts for interpretation, [CANCER] and [ACTIVATED] have access site to the conceptual content. This indicates the differences with the literal class-inclusion statements. Following the matching of cognitive profiles associated with lexical concepts in the interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now semantically acceptable to mention that cancer is like a machine or gadget because the referent of “cancer” is a subject (disease) and cancer could be like machine that can be activated.

Apart from the lexical concept for [CANCER] showed in Figure 4.1, the lexical concept of [ACTIVATED] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures related to it. A partial cognitive model of [ACTIVATED] is presented in Figure 4.9.

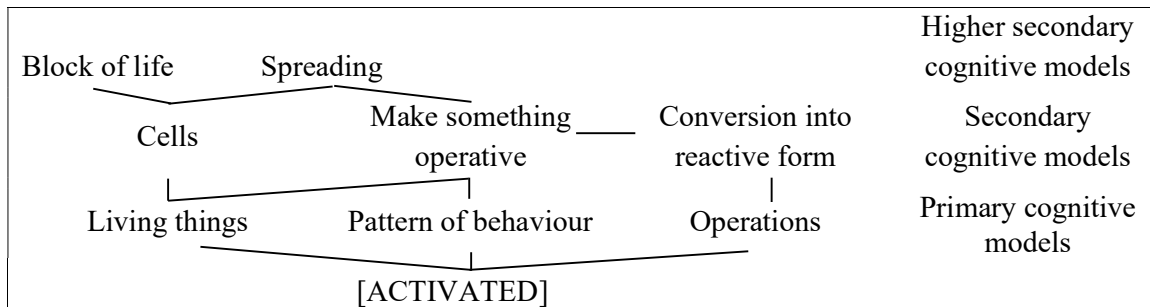


Figure 4.9: Partial cognitive model profile for [ACTIVATED]

The lexical concept of [ACTIVATED] relates to the cognitive models connecting to the idea of living things, pattern of behaviour and operations. In the secondary cognitive models, there are a few that can be connected to our knowledge associated to the understanding of activated. For example, activated could be describing living things such as cells as block of life and dividable. Besides, it is also exhibiting the idea of pattern of behaviour such as making something operative as well as operations such as conversion into reactive form. Based on these cognitive models, it was identified that making something into operative is the cognitive model that relates to at least two primary cognitive models: LIVING THINGS and PATTERN OF BEHAVIOUR.

According to the analysis, it can be found that a figurative conception arises since a match between the primary cognitive model profile of [CANCER] and [ACTIVATED] is now established. Thus, a clash occurs leading to a search in the secondary cognitive model profile. Based on the LCCM theory applied, a primary activation in the secondary cognitive model is contextually based on the Principle of Context-induced Clash Resolution. In this phrase, interviewees were sharing their personal cancer experiences. Thus, the target is now their understanding of cancer and also their experience since the topic of the conversation was on cancer experience. Following this interpretation, the figurative vehicle is now the [ACTIVATED]

because the secondary cognitive model profile of [ACTIVATED] went through a search through the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

According to the social lifestyle of the participant, it can be identified that the utterance was applied based on their life experience and sociocultural background. This can be seen when the participants used the term “activated” to describe their idea and comprehension of cancer diagnosed. At such, it was identified that cancer disease has been understood through the idea of activation as their background knowledge have suggested, apart from the religiosity and spirituality, to find some meaning in their illness (Ahmadi, 2006). For example, Patient 28 who is a Malay and a housewife who comes from a construction family has helped her to build up the meaning of the “activated” in the context of cancer by dehumanising it since her social background of being partially involved in the industry and seeing the operation of machines. This has activated the understanding of the term “activated” uses in daily life and unconsciously gained some insight into the cognitive underpinnings her illness by understanding the meaning of “activated” in the context of cancer (Reisfield & Wilson, 2004).

Furthermore, the idea and concept of “activated” which include conversion into reactive form also contributed to the idea of “activated” in narrating cancer. This is because the social and cultural background of the cancer patient have contributed to the understanding on how cancer patients have come up with the idea of using the phrase “cancer is activated” in narrating cancer cells, themselves and their circumstance on the cancer diagnosed. Thus, with the reference to the social lifestyles of the patient interviewed, the phrase “activated” in the context of cancer

can be understood as a pattern of behaviour. This is because cells in the body can be made operative through cell division. This can be highlighted when the cancer patient described that:

Patient 28: ... orang cancer tak boleh stress kalau cancer nanti aunty panggil alien alien lagi cepat kerja...

(My translation: cancer patient cannot stress if cancer later aunty called alien, alien will work faster)

In such circumstance, this cancer patient has narrated cancer as an entity that can be activated by stress and it is the [CANCER] that becomes the figurative vehicle rather than [ACTIVATED]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the lexical concept of [ACTIVATED] becomes the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of making something into operative.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle. This is because it received informational characterisation that relates to the understanding of cancer with the concept behaviour, that is making some into operative and spreading in the body, upon diagnosed with cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to disease. With the interpretation on the concept of “activated”, the differences arise knowing that the cancer patients were describing their own experience and hence the utterance is about their experience. Thus, the utterance is more to their thought and understanding on cancer experience as a disease that can be make into operative rather than habits. This means that the patients were trying to convey

that the cancer they were diagnosed with was like machine that can be activated or make into operative by external factors like stress. Therefore, it can be concluded that machine or machinery metaphor “cancer can be activated” was employed in narrating cancer because of her understanding of cancer as a critical disease that can be operated by external factors.

4.3.9 Structural metaphor

On structural metaphors, the most regularly used metaphor in describing cancer and cancer experience was “cancer is shocking”. This metaphor was used as a reflection to the understanding of cancer and also the emotions and thought of patients in their illness experience. The utterance “cancer is shocking” was interpreted as a figurative language because it instantiates expressions depicting the disease. This is because without the context of cancer, it can only be understood as an entity that came without any signs or symbols as a surprise. In the concept of LCCM, the utterance is interpreted differently because the two relevant lexical concepts for interpretation, [CANCER] and [SHOCKING] have access site directed to the conceptual content. This indicates the differences with the literal class-inclusion statements. Following the matching of cognitive profiles associated with lexical concepts in the interpretation guided by the Principle of Conceptual Coherence and Principle of Ordered Search, it is now semantically acceptable to describe cancer in a structural manner because the referent “cancer” is a subject (disease) and cancer can be shocking because the MIP shows that it does not give any first signs before proper diagnosis and it is loaded with fear. This can be strengthen when Camus (2009) and Tajer (2012) described cancer as an enigma to a story, a mystery rather than being a disease because it does not show proper symptoms before diagnosis.

Besides lexical concept for [CANCER] presented in Figure 4.1, the lexical concept of [SHOCKING] also has a sophisticated model profile to which the lexical concept affords to provide access to a wide range of knowledge structures related to it. A partial cognitive model of [SHOCKING] is provided in Figure 4.10.

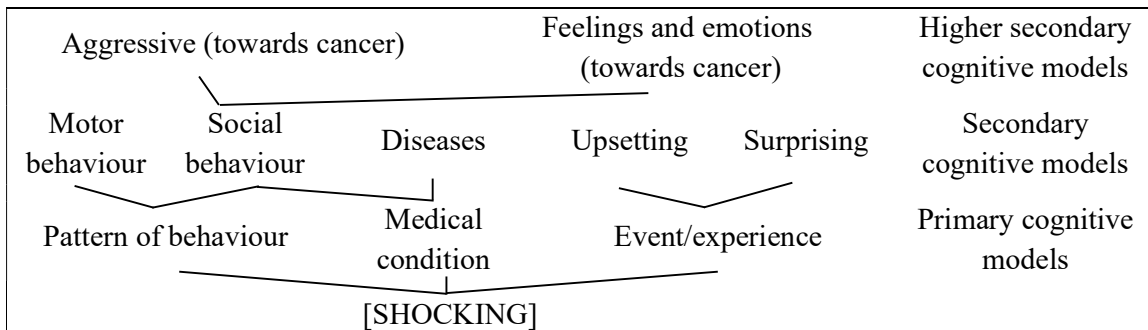


Figure 4.10: Partial cognitive model profile for [SHOCKING]

The lexical concept of [SHOCKING] relates to the cognitive models connecting to the idea of pattern of behaviour, medical condition and event or experience. In the secondary cognitive models, there are a few that can be connected to our knowledge associated to the understanding of spreading. For example, shocking could be describing different pattern of motor behaviour and social behaviour. Besides, it can also be exhibiting medical conditions as well as event or experience that are upsetting and surprising. Based on these cognitive models, it was identified that social behaviour is the cognitive model that relates to at least two primary cognitive models: PATTERN OF BEHAVIOUR and MEDICAL CONDITION.

In the analysis, it can be found that a figurative conception arises as a match between the primary cognitive model profile of [CANCER] and [SHOCKING] is established. Thus, a clash occurs leading to a search in a secondary cognitive model profile. According to the LCCM theory, a primary activation in the secondary cognitive model profile is contextually based on the Principle of Context-induced Clash Resolution. In the phrase “cancer is shocking”, patients have

been describing their own experience on cancer. Thus, the target is now their understanding of cancer and also their experience on cancer since the topic of the conversation was on their cancer experience. Following this, the figurative vehicle is [SHOCKING] because the secondary cognitive model profile of [SHOCKING] went through a search via the Principle of Context-induced Clash Resolution to facilitate the clash resolution and to identify which of the secondary cognitive model in the lexical concept is subjected to identify.

According to the background of the participants interviewed, it can be noticed that the utterance was made based on their personal network and social understanding as the concept of cancer has been described similarly with their idea and comprehension on the term “shocking”. This is because the social and cultural understanding of the patients have been strongly affecting the meaning of the term “shocking”. In the interviews conducted with the cancer patients, it was identified that cancer disease has been understood through the idea shocking as their background knowledge have understood it as a sudden incidence that may cause a feeling of surprise, happiness or dismay. For example, Patient 8, an Iban security guard, Patient 25, an Iban housewife and Patient 17, a Kenya PhD fresh graduate has helped them to explain their meaning of the term “shocking” in the context of cancer due to their background in guarding, handling house chores and children and in the field of academia. Indirectly, their background has built up their up the first impression on the meaning of “shocking” that include “sudden”, “helpless” and “unexpected” and how this concept has been applied in conceptualising cancer.

Moreover, the idea and concept of “shocking” which is causing upset or surprise in event or experience also contributed to the social and cultural understanding on the meaning of “shocking” in the context of utterance. This is because, the life experience and social networks

of the participants have given them a new platform to understand how cancer patients have come up with the idea of using the phrase “shocking” in narrating themselves as a cancer patients and their experience on the cancer diagnosed. Hence, with reference to the social background including education level and social economic status of the participants, the phrase “shocking” in the context of cancer can be narrated as it could create different feelings and emotions toward the disease. Apart from that, it can also be seen as a part of medical condition as the diagnosis may trigger the feelings of shocking among the cancer patients. This can be strengthened when the cancer patients interviewed described that “...I felt shocked as it was unexpected and all this while it was just high blood pressure...” [Patient 8], “I was shocked...” [Patient 25] and “... you are going to be probably in a shock and you are probably gonna cry a lot at least this is what I did...” [Patient 17]. In such circumstances, these cancer patients have narrated cancer as a pattern of behaviour particularly social behaviour on feelings and emotions toward cancer and it is the [CANCER] that becomes the figurative vehicle rather than [SHOCKING]. Hence, the secondary cognitive model is subjected to search as clash resolution. Besides, the lexical concept of [SHOCKING] became the figurative target as there is an attempt to ascribe the quality of [CANCER] to the idea of behaviour which is their feeling and emotion on the cancer diagnosed.

Besides, the Principle of Context-induced Clash Resolution also confirmed that the [CANCER] lexical concept is treated as the figurative vehicle, that is it received an informational characterisation that relates the understanding of cancer with the concept of behaviour, feelings and emotions upon being diagnosed with cancer. This is gained by searching the secondary cognitive model profile of [CANCER] as to provide a strong primary activation of the cognitive model relating to cancer. With the interpretation on the concept of “shocking”, the differences arise knowing that the cancer patients are describing their own experience and hence the

utterance is about their cancer experience. Therefore, the utterance is more to their understanding and experience on cancer as a disease that creates different emotions upon diagnosis. This means that the participants were trying to convey cancer as a medical condition that lead to changes on feeling and behaviour. Thus, it can be concluded that structural metaphor “cancer is shocking” was employed in narrating cancer because of their understanding of cancer as a sudden news that could affect one’s feelings and emotions.

4.4 Discussion of results

Based on the interpretation on the results gathered, it was found that different metaphors have been used at a different regularity by cancer patients in narrating cancer. The results of the study showed that apart from war and journey metaphors being commonly used in narrating cancer, other types of metaphors are also being used to describe cancer. This could also be due to the different needs of the cancer patients in expressing their thought. Since the cancer patients interviewed in the current study have gone through or are at the end of their cancer experience, the sense of control of the situation may have rose among the patients. Besides, as the interviews was conducted one to 16 years after cancer was first diagnosed, some cancer survivors could have forgotten the upheaval they experienced. This may caused the cancer metaphors used to be different as it will depend on the stage they are at and on the prognosis they received. Out of the nine metaphors, structural metaphors were found to be the most dominantly used metaphors in narrating cancer among the male and female cancer participants. This is aligned with the findings in study of Reck (2002) where structural metaphors have been found most used as compared to other types of metaphors in narrating cancer. This is followed by the use of conspiracy metaphors and journey metaphors in narrating cancer and cancer experience. The least used types of metaphors in narrating cancer is machinery metaphor. These findings resonated those reported

in several studies (Fawcett & McQueen, 2011; Ignasi, 2016; Nicholas, 2013) regarding the nature of these respective metaphors.

Further analysis of the metaphors in terms of the sociocultural background of the cancer patients has revealed that the context of metaphor is very important, and it cannot be assumed that every individual using the same metaphor is also expressing the same meaning (Czechmeister, 1994). In terms of the gender of the cancer patients interviewed, the results of the study show that different types of metaphors are used by male and female cancer patients in describing their cancer experience and some interesting findings have emerged in relation to this point. Although previous studies have suggested that the war metaphor is inherently masculine (Reisfield & Wilson, 2004), the results of the study show that, relatively speaking, both men and women use the war metaphor approximately an equal number of times to describe their cancer experience. Not only that, even though structural metaphors are most frequently used by both male and female in narrating cancer, female cancer patients were found to use structural metaphors two times more frequently and three times more frequently for both conspiracy and journey metaphors as compared to male cancer patients to reflect on their cancer experience. The results of this study showed similarities with the findings of Kimura (1992) and McQueen et al. (2008) as the female cancer patients were found used more metaphors of all types to narrate cancer as compared to male cancer participants.

In terms of ethnicities, the results show the choices of metaphors are different across different ethnic groups. The findings suggest that cancer patients were most likely to use and interpret the metaphors in ways that supported by their own sociocultural systems and value schemata. This can be strengthen when Kovecses (2010) highlighted that metaphorical

conceptualisation occurs under the pressure of context which is determined by local culture and the pressure of embodiment. The usage of different metaphors to describe cancer could be due to the differences in sociocultural background of the cancer patients as sociocultural background have caused cancer and cancer experience to be understood differently. The results of the present study show similarities in findings with the study of Lendik et al. (2017) where different metaphors and cultural related metaphors have been employed to describe the illnesses. Besides, this is in line with Tetteh and Faulkner (2016) discovery that the metaphors used in describing abstract concepts such as cancer are prompted and defined by the sociocultural background of the cancer patients. In other words, the social and cultural contexts of the participants are one of the factors that influence and conceptualise their abstract ideas through metaphors about cancer in the medical discourses.

As the metaphors used in narrating cancer were found connected to the sociocultural background and personal life experience of the participants, the LCCM analysis through the Unified Framework of Analysis on the most used metaphors from each types of metaphors again showed that the metaphors assisted the participants in conceptualising cancer were based on their cognition. Among the sociocultural factors, the personal life experience of patients and their sociocultural understanding are found to have more influences on the choices of metaphors used in narrating cancer. When considering previous studies which have suggested that metaphors are framework for patients to make sense of their cancer illness and communicate cancer patients' senseless suffering, and also plans for personal transformation in coping with such an illness (Bowker, 1996; Gibbs & Franks, 2002; Hurley, 2014; Magaña, 2020), the current study has shown that the metaphors identified in the findings served not only rhetorical purposes but also cognitive purposes (Stamenkovic et al., 2019) to describe emotions and develop imagery on

abstract concepts such as cancer and cancer experience. This is because metaphors have associated better with the patients' ability in understanding cancer by connecting it with the sociocultural background to improve health care communication (Casarett et al., 2010).

Thus, sufficient understanding on the sociocultural background of the participants are necessary as social environments map themselves strongly in the figurative languages people employ to communicate cancer and cultural forces impose their own logic upon the influences on the types of cancer metaphors and how the mind creates them. For instances, the understanding and interpretation of cancer metaphors like cancer is a story maybe be weak if the sociocultural background of the participants were not understood well because it is linked to the cognition of patients and the structure of the story may also appeared to be different from a story. This can be strengthen when Bourke (2014) described that people's experiences are shaped by environmental contexts and cultural processes, including language and dialect, power relations, gender, class and cultural expectations and the weight and meaning given to religious and other knowledges. This shows that metaphors serve both figurative and cognitive purposes to conceptualise cancer and cancer experience.

In conclusion, analysis of results and discussion were provided in this chapter. The next chapter will conclude the study by providing summary on the main findings accordingly. The implications, weaknesses of the study and recommendation on directions for future study will also be included in the next chapter.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This chapter provides a summary of the study and the implications of the findings. It concludes with recommendations for future research.

5.1 Summary

The study sought to investigate the types of metaphors used by patients in describing their cancer and cancer experience and examine the way in which these metaphors are shaped by patients' sociocultural background and cognition.

The theoretical framework of the study was the LCCM construction model pioneered by Evans (2009) that involved the understanding on how the knowledge of language deploys and interfaces with the non-linguistics knowledge structures in service of figurative language understanding. All the 31 cancer patients from Kuching were purposively sampled and semi-structurally interviewed. The data collected were first sorted out and MIP was applied to identify the metaphors since they are abstract concepts and not visible easily. After the validation of the metaphors were identified, these data were interpreted using the theoretical framework of Unified Framework for meaning construction analysis proposed by Augustyn (2017) that involves the investigation of the relation of the meaning of figurative utterance from the literal meaning to the contextual factors and LCCM analysis.

Prior to this study, studies on the way patients use metaphors in describing their experiences with cancer (Magaña, 2020; Magaña & Matlock, 2018; Semino et al., 2017) had

been a focus of analysis. However, much more needs to be known about these metaphors because the use of certain metaphors provides valuable insights into the shared and individual ways patients make sense of their illness, and particularly, of their cancer experience (Hammond et al., 2012). Besides, Chapman (2001) and Semino et al. (2017) also mentioned the need to explore the variation of metaphors from the sociocultural perspectives. Given the lack of research in this area, this thesis aimed to answer two research questions to gain insight into this topic area. The first research question was on the types of metaphors used in describing cancer. Previous research suggested that war and journey metaphors were more dominantly used in describing cancer. The second research question linked back to previous research by attempting to find out the connection between the metaphors used with the sociocultural background of the cancer patients.

The qualitative analysis of the data showed that 292 metaphors were found in the personal narratives of 31 cancer patients interviewed. Among the most frequently used metaphors were the structural, the conspiratorial and the journey metaphors. These findings resonated those reported in several studies regarding the nature of these respective metaphors (Fawcett & McQueen, 2011; Ignasi, 2016; Nicholas, 2013). However, it is important to be aware that every patient differs in the way they experience and describe cancer disease. The usage of cancer metaphors is not fixed and patients can use other types of metaphors (or do not use them at all) at different points during their prognosis. Furthermore, the ‘true’ extent of the effects that cancer metaphors have on patients’ health and illness experience lie within the patients’ themselves. Besides, the interviews’ results revealed that female patients used more cancer metaphors than male patients. Furthermore, the sociocultural background of patients such as social community,

education level, religion, occupation, place of living and others have much influenced the choices of metaphors derived to conceptualise cancer and their cancer experience.

Besides, through the LCCM Theory in the unified framework of analysis, the study also revealed that the metaphors used by patients under study in conceptualising cancer and cancer experiences are influenced by their cognition based on their sociocultural background. For instances, structural metaphors, on the one hand, were used not only to talk about the disease and its experience but also disclosed their thoughts and emotions on cancer when diagnosis. Those using conspiratorial metaphors, on the other hand, hid the truth about cancer by describing the diseases a something else other than what they have previously been told. Last but not least, those patients using the journey metaphors have transformed figuratively the disease from an acute event to a chronic disease that may span years or even decades. These results showed that sufficient understanding on the sociocultural background of cancer patients are necessary to understand the types of metaphors and how the mind creates them.

Therefore, through the metaphors used by the participants in this study, it can be affirmed that experience with cancer disease is not easily expressed or understood and it is indeed an abstract concept. Metaphors as a means of communication have helped to reveal the cognition and understanding of the cancer among the cancer participants concerning the cancer diagnosed by interconnecting with their sociocultural background. Thus, it should be made more aware and understood better especially by the medical teams and service providers to provide a more responsive environment throughout the process of treating patients apart from providing a channel for cancer patients to express their cognition and emotions well.

5.2 Implications of findings

Although local in scope and confined as it is to a small group of cancer patients in Kuching, the findings presented in this study have implications on the current debate on the cancer metaphors in oncology, especially in regard to cancer communication. This is because the different effects that cancer metaphors have on different people may be explained in terms of the association between these metaphors and the patients' cancer-related cognition and sociocultural background. Such associations may help to explain why certain metaphors for cancer are empowering and disempowering or have positive (beneficial) or negative (harmful) effects on patients - all of which help provide good communication between patients, family caregivers and the health care team that is crucial for cancer patients who have special communication need at different points during cancer care (National Cancer Institute, 2019). Moreover, understanding the cancer metaphors used by cancer patients also helped to understand the differences in mentality of patients, whether they are calm or aggressive, in facing cancer. Thus, the cancer metaphors (i.e., words, phrases) could provide insights on their beliefs and cognition on cancer.

Apart from revealing the insights on patients' beliefs about cancer, the results of LCCM analysis also show that the cancer metaphors used in conceptualising cancer and their cancer experience are connected to the sociocultural background of the cancer patients. In other words, the sociocultural background has influenced the cognition of cancer patients in deriving cancer metaphors and to describe cancer and cancer experience. This corresponds with the study of Blum (2015) and Semino et al. (2017) that claimed cancer metaphors as an attribution to the cancer patients' personal preferences and experiences of using them to talk about the disease. Possibly, the findings of this study could also help to construct identity and support to cancer

patients in conceptualising cancer from different aspects of lives and interests. Therefore, it could be taken as the first step in any efforts to enhance good communication in cancer care among cancer patients from various perspectives as it could help to construct a better solution.

Furthermore, a peer counselling or a patient navigator model can also be constructed based on the findings. Based on the cancer metaphors identified, education and emotional support such as the potential coping strategies in cancer can be provided to help patients to truly understand vital information about cancer. Besides, it could also be used by the authorities to develop policies or effective practices on cancer education so that the public can be more receptive towards the medicine and treatment that can be used to treat cancer. This assures that cancer patients at different stages of life can be supported in a long term basis.

5.3 Directions for future research

The present study was conducted on a small sample comprising of 31 cancer participants staying in Kuching, Sarawak at the time of the study. However, the small sample size and purposive sampling do not allow generalisation of the findings to the whole cancer community in Malaysia. Hence, further studies on the metaphors used by cancer patients and its connections with the sociocultural background should be carried out on a larger scale, in various places and in light of the complex personal experiences of cancer sufferers and other interrelated factors to identify the conceptualisation of cancer that is reflected through the use of cancer metaphors based on the influence of sociocultural background.

Besides, translating and identifying the meaning of the metaphors used were challenging because it was necessary to maintain the meaning to the metaphors used during the process of

translating the data from Malay and Mandarin to English. Although there might be a possibility of losing its metaphorical value or meaning due to translation the context, the sociocultural backgrounds of the participants were also crucial as different individual could define the same metaphors differently. In other words, language is an expression of culture and individuality of an individual. Thus, to reduce misinterpretation, the metaphors used must be analysed with reference to the discourse context and the background of the participants in future study.

In addition, Althubaiti (2016) stated that social desirability bias and sensitivity towards the topic may occur as limitations in self-reported data. This is because participants might consciously or subconsciously influenced by external bias caused by social desirability or social approval. As limitations that are inherent in not only in interview studies but also in survey and questionnaire studies, participant validation has been conducted in this present study to minimise the bias. Repeated interview has been conducted for participants to validate or further explain their thought and understanding on cancer as well as the influence of their backgrounds to address the social desirability bias. However, more tactful and effective methods such as mixed gender focus group discussion session among patients of similar characteristics should be used in future research to address the issue of sensitivity so that participants would reveal most of their true understandings and concepts on the cancer diagnosed to improve the quality of discussions and its outcomes (Freitas, Oliveira, Jenkins & Popjoy, 1998; Krueger, 1994).

Moreover, the results also show that the cancer metaphors used by patients of different types of cancer are dissimilar. However, this research did not study this matter in detailed. Thus, future studies can investigate the conceptualisation of cancer among patients diagnosed with specific types of cancer in details to understand their cognition based on the metaphors that they

applied and the impact of their sociocultural background on the metaphors used. This is because their differences in understanding could affect the cancer metaphors that they used. By applying interdisciplinary perspective using other methods, different research design and theoretical framework to enrich and extend the data obtained, the conceptualisation of each types of cancer through the use of metaphors and its connection to the sociocultural background can be further understand. This would benefit the cancer patients as their cognition about cancer could possibly result in more outcomes in terms of the data and contribution of the study.

5.4 Summary

This final chapter discusses the summary along implications of the study along with some suggestions for future studies. The findings presented have implications on the debate on cancer metaphors in oncology, especially on the role of metaphors in shading insights on the patients' cognition about cancer and its connection to sociocultural background, which is important in understanding the conceptualisation of cancer and improving the communication in cancer care. This is because different effects of cognition and sociocultural background have on different patients may explained the different usage of cancer metaphors by different cancer patients in conceptualising cancer. Thus, by understanding the cognition and influence of sociocultural background of patients on cancer, communication between patients, family caregivers and the health care team that is crucial for cancer patients who have special communication need at different points during cancer care can be enhanced (National Care Institute, 2019).

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APPENDICES

Appendix 1

Definition of all types of metaphors and the words used by patients based on past studies.

Types of metaphor	Definition	Example of words or phrases (by different study)
Structural	Structural metaphors instantiate expressions depicting the disease, the patient as well as medical care and treatment, as if they were characters in a story” (Ignasi, 2016; Tajer, 2012)	<u>Skott (2002)</u> “The word cancer is loaded with fear” <u>Camus (2009)</u> Cancer is the enigma of a detective story <u>Tajer (2012)</u> “Mystery”, “demanding”, “threat”, “fear”, “scared”
Conspiracy	Conspiracy metaphors refer cancer as something other than what (has) previously been told” and “is a scam...perpetuated in the financial interests of pharmaceutical companies and physicians (Nicholas, 2013)	<u>Nicholas (2013)</u> “scam – known to be futile”, “acquiring resistance”, “oncogene addicted” <u>Woodgate and Busolo (2017)</u> “Cancer as death itself”
Journey	- Journey metaphor is related to taking a road trip with the goal of reaching the destination (Hui, Zhukovsky & Brrurea, 2018) - Cancer is a journey “through diagnosis, treatment and the consequences”, but also “an emotional rollercoaster” and “the transformation journey of a tumour cell” (Fawcett & McQueen, 2011)	<u>Hujibrechts (2016)</u> “going”, “return(ing)”, “(a) goal”, “(moving) forward” <u>Reisfield and Wilson (2004)</u> “Cruise control”, “at high speed”, “may encounter forks”

Appendix 1 continued

Live	Living metaphors refer to a non-living concept being given characteristics of a living thing like human (Sairanen, 2015)	<u>Skott (2002)</u> “Was like a garlic with lots of roots moving around” <u>Camus (2009)</u> “Cells are human”, “beings living in a society”, “acting independently and autonomously” <u>Sairanen (2015)</u> “Comes”, “chooses” and “take away” <u>Woodgate and Busolo (2017)</u> “Growing our of control and eating away at the body’s organ”, “big clumps and other living things”, “virus”, “monster”, “plant”
War/military	The term ‘war’ connotes an act which is negative in nature, something which we are not fully in control of and must let the doctors win (Hodgkin, 1985)	<u>Teucher (2000)</u> “an inner battle”, “an unwelcome intruder in the body” and “a fight for life” <u>Reisfield and Wilson (2004)</u> “enemy”, “commander” as the physician, “combatant” as patient, “allies” as the healthcare team, “formidable weaponry” as the chemical, biological and nuclear weapons. <u>Camus (2009)</u> “war” <u>Huijbrechts (2016)</u> “fight”, “war”

Appendix 1 continued

Ontological	Ontological metaphors refer to the representation of abstractions like emotions, activities or ideas with something concrete using the idea of substance, container or person. (Camus, 2009)	<u>Kovecses (2002)</u> “Cancer finally caught up with him” <u>Skott (2002)</u> “I struggle a lot insight” <u>Tajer (2012)</u> “Medicine as art”, “medicine is a space where a suffering person and another one who intends to help him meet”
Theological	Explaining the meaning of concepts and arguments by employing religious doctrines or practices (Woodgate & Busolo, 2017),	<u>Sterba, Burris, Heiney, Ruppei, Ford and Zapka (2014)</u> “God is in control”, “...whole situation brought me closer to God”. “biggest supporter was having my spirituality and knowing what God had already done”, “God as healer” <u>Acuna (2016)</u> “The message from God” <u>Woodgate and Busolo (2017)</u> “Cancer as God’s will”, “God’s plan for you”
Orientational	The application of concepts that are spatially related to each other whereby upward orientation represents positive evaluation and downwards orientation describe negative one (Kovecses, 2010; Ignasi, 2017).	<u>Kovecses (2010)</u> “Happiness is up, sad is down”, “right”, “left” <u>Sairanen (2015)</u> “Bad lab value is up”

Appendix 1 continued

Machine	Cells in the body are said to possess switches that could cause cancer to occur or reoccur (Camus, 2009; Semino et al., 2017)	<u>Periyakoil (2008)</u> “Human body is seen as a machine with faulty parts that can be removed or replaced” <u>Camus (2009)</u> “Cells are a machine”, “cells contain machineries”, “cancer cells were said to have an engine, or the disease could be driven, or viruses were engineered to attack cancer”, “switch mechanism induced cancer cells to die, provoked an immune response towards the tumour or had a cancer-killing effect”, “body is a machine”
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Appendix 2

Overview on the purpose, methodology and finding of studies of metaphor in cancer

Study	Purpose of study	Methodology	Findings	Conclusion/Directions for future study
Bey (2017)	To study the metaphorical implications of romanticized cancer in young adult's fiction in revealing a person's hidden desires	Analysis of six popular American novels	Cancer have been conceptualised as romanticism, social conformity, freedom and others via metaphors.	The anxieties and thoughts of young reader that are not being actively voice are represented by cancer.
Saarelainen (2017)	To deepen the knowledge on the impact of religion and worldview in the process of coping with cancer in Finland	Narrative approaches and thematic perspective analysis - Life tree drawings - Autobiographical interviews - Blogs - Letter *16 participants involved	- The meaning making process occur within the understanding of self - Meaning of cancer is related to the meaning of life.	- Cancer carried explicit meaning to the patient - The three dimensions of the future namely fragile, dualistic and positive are important discovering meaning of life for patients <u>Future research</u> The three dimensions of future need to be further study with patients from different background using qualitative and quantitative perspectives

Appendix 2 continued

Study	Purpose of study	Methodology	Findings	Conclusion/Directions for future study
Camus (2009)	To compare metaphors used in 34 popularizations of cancer studies from The Guardian <u>Hypothesis</u> Different genres would draw different source domains to conceptualize cancer and its metaphors differently	- Framework of cognitive paradigm by Lakoff and Johnson - Metaphors were identified based on the three-step procedure adapted from Pragglejaz Group	Cancer metaphor would be varying in terms of both source domain and function across genres.	Cancer metaphors are varying in terms of both source domain and function across genres
Reisfield and Wilson (2004)	Focused on the predominant metaphor, that of war in terms of their strengths and limitations and briefly survey alternate metaphor concepts	Survey and discussion	- Metaphor is pervasive and it has strong impact on cancer experience. - Metaphors established understandings in the therapeutic relationship	- Metaphor facilitates communication although it is at risk of misappropriation - Patients' metaphorical expressions need to be understood
Wagner (2005)	Examines the history, composition and performativity of the "Pink Ribbon" in the global campaign of breast cancer awareness and prevention	Discussion	There are many signifiers that contribute to its whole in signifying breast cancer	The "Pink Ribbon" is a social advocacy marker <u>Future research</u> The cause-advertising, marketing practices and behaviours related to breast cancer need to be monitored

Appendix 3

Summary on methodology and findings for studies reviewed on metaphor of cancer in personal narratives

Study	Purpose of study	Methodology	Findings	Conclusion/ Direction for future study
Lanceley and Clark (2013)	To identify the chances patients, take in conversation between personal meaning and emotional expression for this “psychic trauma”	Sixty conversations were recorded and it was analysed by using traditional discourse analysis followed by the techniques of literary criticism within a psychodynamic framework	- Patients expressed their emotions in a direct manner with emotional expression symbolized and figurative language to avoid negative emotion.	- Multiple challenges are involved in emotion talk in cancer - Patients use individual figurative language and metaphor in emotional expression.
Huijibrechts (2016)	To identify metaphors used between male and female in describing their experience of illness.	Qualitative and quantitative methods with metaphorical identification procedures	- Both male and female preferred to use journey and war metaphors in describing cancer - Only female used war and journey metaphors in a negative but empowering way - Neutral metaphors were also found but it does not reflect illness experience.	- Illness experience is reflected through metaphors - Males and females experience differences in narrating cancer <u>Future research</u> The differences between men’s and women’s illness experience from different cultures, ethnic background and age should be look into through by analysis the metaphor use

Appendix 3 continued

Study	Purpose of study	Methodology	Findings	Conclusion/ Direction for future study
Sairanen (2015)	To study the health communication among nurse and patients in Finnish specifically on the use of metaphors and how these metaphors are interpreted	Quantitative and qualitative methods with conceptual metaphor theory	Ontological metaphors were found the most in narrating and conceptualising illness	Patients' use of metaphor should be identified and understood by the healthcare team in order to aid patients in coping the illness with supporting words.
Acuna (2016)	To understand how survivors cope with cancer by narrating their experiences and observing the feelings of healing	Narratives qualitative approach with basis narrative medicine with five participants.	- Different narratives were used to describe cancer - The participants were found healing as they narrate their experience.	Metaphors are useful in narrating cancer and conceptualising the reaction and emotional they demonstrate in the illness
Chapman (2001)	To discuss how do people share about cancer and to explore problems other than dilemma a cancer patient might face in expressing cancer	Discursive psychology and discourse analysis in ethnomethodology via interviews with 17 participants.	- Patients constructed their identity as someone who is positive in bearing their illness with patient - The dominant culture and language of cancer have been guiding how patients are anticipated to conceptualise cancer	Topics on illness and dying have been rhetorically conversed via metaphors to maintain the positivity, being normal and living <u>Future research</u> The social and culture interactions among patients and their social networks should be studied as the culture of cancer are socially and culturally constructed.

Appendix 3 continued

Study	Purpose of study	Methodology	Findings	Conclusion/ Direction for future study
Teucher (2000)	To understand the importance of metaphor in cancer by surveying cancer metaphors available within different culture and to analyse its resource, ambiguities and ambivalence in narrating cancer in English and German	Three-fold approach with four different studies involving cancer and non-cancer patients. First study: Questionnaire Second study: Survey Third study: Similarities sorting task with co-occurrence matrices Four study: Patients' autographical narration	- Cancer has been conceptualised in a more healing term to enlighten patients - The highest rated cancer metaphor was "cancer is like an inner battle" - The highest rated cancer treatment metaphor was "cancer treatment is like a long hard road with many ups and downs" - The labels for cancer metaphors include: battle/invasion group; intrusion group; growth from inside; oppressive surroundings; obstacles group. - For cancer treatment metaphors, it had been group into: battle group; lottery group; tentative hope; taking on the task; perseverance, work; and race	Metaphors are personal narratives that need to be understood by its context and it affects patients differently <u>Future research</u> Cancers' narratives study need to be done across discipline to understand the cultural impact as language can be traumatizing and therapeutic. The range of metaphor in cancer discourse need to be explore for cancer can be a psychological and literal story apart from medical

Appendix 4

The demographic background of participants.

ID	Gender	Age	Race	Religion	Qualification	Occupation	Income (SES: Low, Medium, High)	Primary site of cancer	Years diagnosed
1	Female	57	Chinese	Christian	Lower 6	Housewife	-	Breast cancer Stage I – C	4 years (Sept/2014)
2	Female	60	Chinese Muslim	Islam	Master's degree	Voluntary Counsellor	-	Breast cancer	8 years (Sept/2010)
3	Female	60	Bidayuh	Christian	Form 5	Pensioner/ Keropok seller	RM 1,000 – 1,999/L	Colon Cancer	9 years (Apr/2009)
4	Male	67	Iban	Christian	Form 5	Contractor	RM 2,000 – 2,999/L	Prostate Cancer	3 years (Aug/2015)
5	Female	43	Malay	Islam	Degree	Administrative Officer	RM 7,000 – 7,999 /M	Breast Cancer Stage I – A	9 months (Feb/2018)
6	Male	55	Chinese	Buddhist	Form 3	Businessman (stainless steel)	RM 3,000 – 3,999/M	Stomach cancer Stage II or III	11 years (2007)
7	Female	22	Chinese	Buddhist	A-Level	Barista (Gap years)	Less than RM 1, 000/L	Acute Myeloid Leukaemia (MDS-AML)	4 years (Sept/2014)
8	Male	32	Bidayuh	Christian	Form 5	Security guard	RM 1,000 – 1,999/L	Acute Leukaemia	1 year (Apr/2017)
9	Male	56	Iban	Christian	Primary 6	Constructor	RM 1,000 – 1,999/L	Lymphoma Cancer Stage 4	3 years (Early 2016)

Appendix 4 continued

10	Male	41	Malay	Islam	Degree	Web developer	RM 2,000 – 2,999/L	Hodgkin's Lymphoma Stage 2B	4 years (2014)
11	Female	43	Malay	Islam	Form 5	Housewife	-	AML Leukaemia Stage 5	3 years (Jul/2016)
12	Female	56	Chinese	Christian	Degree	Businesswoman (Semi-retired)	RM 3,000 – 3,999/M	Breast Cancer Stage 2 – B	9 years (2009)
13	Female	51	Chinese	Christian	Degree	English tutor	RM 2,000 – 2,999/L	Breast Cancer Stage 1	8 years (2010)
14	Male	29	Iban	Christian	Degree	Producer (Film maker)	RM 2,000 – 2,999/L	Testicular cancer	9 months (Feb/2018)
15	Male	26	Malay + Jawa	Islam	Form 5	Student	-	Lymphoma cancer	16 years (2002)
16	Male	66	Bidayuh	Christian	Primary 6	Alarm Installer	RM 1,000 – 1,999/L	Liver cancer	3 years (2015)
17	Male	38	Kenyah	Christian	PhD	Lecturer	-	Pancreatic cancer	6 years (2012)
18	Female	59	Bidayuh /Eurasian	Christian	Degree	Director of STB	RM 6,000 – 6,999/M	Ovarian cancer	11 years (July/2007)
19	Female	62	Bidayuh	Christian	Degree	Pensioner (Teacher)	RM 3,000 – 3,999/L	Brain, Bladder and lung cancer	15 years (2003)
20	Male	45	Iban	Christian	Degree	Businessman	RM 3,000 – 3,999/L	Brain cancer Grade II	3 years (2015)
21	Female	40	Bidayuh	Christian	Form 5	Housewife	-	Breast cancer	4 years (2014)

Appendix 4 continued

22	Female	48	Iban	Christian	Form 5	Housewife	-	Leiomyosarcoma cancer	5 years (2013)
23	Male	51	Melanau	Christian	Form 5	Businessman (Own business)	-	Breast cancer	9 years (2009)
24	Female	45	Kenyah	Christian	degree	Model	RM 3,000 – 3,999/L	Cervical Cancer	9 years (2009)
25	Female	55	Iban	Christian	Form 5	Housewife	-	Lung cancer	2 years (Jan/2016)
26	Female	38	Melanau	Christian	Form 5	Housewife	-	Ovarian cancer - metastatic	8 years (2010)
27	Male	59	Chinese	Christian	A-level	Retired (volunteer)	-	Nasopharyngeal cancer	13 years (2005)
28	Female	48	Malay	Islam	Form 5	Admin clerk	RM 2,000 – 2,999/L	Breast cancer	1 year (Mar/2017)
29	Female	55	Kenyah	Christian	Primary 6	Cleaner	RM 1,000 – 1,999/L	Thyroid cancer	6 years (2013)
30	Female	30	Lunbawang	Christian	Degree	Language teacher	RM 2,000 – 2,999/L	Diffuse large cell B Lymphoma Cancer	3 years (Nov/2016)
31	Male	55	Iban	Christian	degree	Police officer	RM 2,000 – 2,999/L	Lung cancer Stage 3A	3 years (Oct/2017)

Appendix 5

Detailed questions adapted based on the study of Lendik (2016), Acuna (2016), Chapman (2001) and Sairanen (2015) and the consent form used in this study

Lendik, L.S. (2016). Metaphors of health and illness in the oral discourses of the Indigenous Semai Community in Perak.

1. How are you and your family doing? Is everything okay? Do you mind telling us about you and your family?

(Apa khabar anda dan keluarga anda? Adakah anda semua sihat? Boleh tak anda ceritakan serba sedikit mengenai diri saudara/saudari dan keluarga?)

2. Have you been sick for the past few days or months? If yes, when was the last time you got sick? What kind of illness that you get and how long does it takes for you to recover from the illness?

(Pernahkah anda mengalami kesakitan sebelum ini? Jika ya, bilakah kali terakhir anda sakit? Apakah jenis penyakit yang anda hidapi dan berapa lamakah masa yang diambil untuk anda sembuh dari penyakit tersebut?)

Probe: Was it serious or just some minor illness? Which treatment that you go for and why did you choose it over the other?

(Adakah penyakit tersebut ringan atau teruk? Apakah tindakan yang anda ambil untuk menyembuhkan diri anda dan kenapakah anda memilih rawatan berkenaan?)

3. Which type of treatment would you prefer, modern or traditional treatment and can you tell us why?

(Rawatan yang manakah menjadi pilihan anda, adakah rawatan moden atau tradisional dan bolehkah anda jelaskan kenapa?)

Probe: In your opinion which treatment is better? Does tradition affects your selection?

(Pada pendapat anda, rawatan yang manakah lebih bagus? Adakah tradisi anda menpengaruhi pilihan tersebut?)

4. What do you think about modern medicine as compared to traditional medicine?
(Apakah pendapat anda tentang ubat-ubatan moden jika dibandingkan dengan ubat tradisional?)
 Probe: Do you think one of it is better than the other?
(Adakah anda berpendapat bahawa salah satu daripada rawatan tersebut lebih baik?)
5. Can you explain to us what or how do you make sure that you follow every single instruction that has been told in order to get better.
(Bolehkah anda jelaskan kepada kami bagaimana atau apa yang anda lakukan bagi memastikan anda mengikut setiap arahan yang telah diberikan supaya anda sihat?)
 Probe: Who do you listen to entirely, the doctor or the medicine man?
(Jika dibandingkan antara doktor dengan bomoh, siapakah yang akan anda turuti arahnya sepenuhnya?)
6. Do you have any genetically linked disease in the family? Do you mind telling us about it? How was it treated?
(Adakah keluarga anda menghidapi penyakit yang berketurunan? Bolehkah anda ceritakan kepada kami tentang penyakit tersebut dan bagaimanakah ianya dirawat?)
 Probe: How many suffers from it?
(Adakah ramai dikalangan keluarga anda yang menghidapinya?)
7. Do you know anyone who has been sick or was sick? Can you recall the incident?
(Adakah anda mengetahui tentang seseorang yang sedang sakit atau pernah sakit? Bolehkah anda mengingati kejadian tersebut?)
 Probe: Do you mind telling us the experience based on your observation?
(Bolehkah anda menceritakan kepada kami tentang kejadian tersebut berdasarkan pemerhatian anda?)
8. What cured them? Can you tell how the person is being treated?
(Apakah yang menyembuhkan mereka? Bolehkah anda ceritakan bagaimana orang tersebut disembuhkan?)
 Probe: How did they deal with the situation?
(Bagaimanakah orang tersebut menghadapi situasi tersebut?)

9. How do you define healthy (size, appearance, age, physical/mental strength)?
(Bagaimanakah anda tahu jika seseorang itu sihat atau tidak (saiz badan, perwatakan, umur, kekuatan fizikal/mental)?)
 Probe: How do you keep yourself healthy (food, lifestyle, beliefs, weather, nature, culture, physical activities)?
(Bagaimanakah anda memastikan bahawa anda kekal sihat (makanan, gaya hidup, kepercayaan, cuaca, alam sekitar, adat, aktiviti harian)?)
10. How do you feel when health personnel come to your village?
(Apakah perasaan anda apabila pegawai kesihatan datang ke kampung anda?)
 Probe: Do you go for regular checkup? Is there any memorable incident that happens when you go for checkup? Would you like to tell us about it?
(Adakah anda sering memeriksa kesihatan anda? Adakah apa-apa peristiwa yang anda tidak dapat lupakan ketika menjalani pemeriksaan kesihatan? Bolehkah anda menceritakan kisah tersebut?)

Acuna, M. I. V. (2016). Narratives to live by: Stories of a cancer survivor and her care-takers.

1. What were your first thoughts and reactions when you were diagnosed with breast cancer?
2. How did you deal with the news as you received it?
3. Who was the first person you informed about diagnosis, if you did? Otherwise, what was the first thing you did right after diagnosis, if you can remember?
4. What was the next step you took after you received the news?
5. How did you deal with your feelings and emotions at this point? What were your inner thoughts or fears?
6. Were you able to talk about the news with your family, or did you decided to keep the information to yourself and if you did explain why?
7. Can you describe the experience with the doctor as you were receiving the news? How do you think the physician handle the information with you?
8. How was the overall experience of dealing with breast cancer?
9. When you share the information with your family what were the reactions you received from them?

- a. What comments upset you the most?
 - b. What are some comments or things you can remember about your family that were helpful or comforting to you?
10. Think of the people who provided support for you during your illness. Was there someone who you relied on?
11. What kinds of counseling were provided for you after your diagnosis?
12. How was the experience during the time of treatment?
 - a. What is the worst part you remember of it? What can you possibly takeaway from all this experience? What did you learned from all this?
 - b. Describe the way you communicated with others about your illness.
13. What part, if any, does sharing your story have with the way you have managed this illness?
14. How do you feel as you share your story?
15. What are your final thoughts you about the importance of narrative?
 - a. How can this help yourself and others deal with the experience of breast cancer?
 - b. How do you think narrating your story can help others who are dealing with the experience of breast cancer?

Chapman, R. (2001). "Am I doing it right?": A discursive analysis of cancer narratives.

1. Can you tell me something about your experiences since being given a cancer diagnosis.
2. When your diagnosis was confirmed, did you feel that you received adequate emotional support from the hospital? (YES/NO)
3. Do you think the medical profession, as a whole understands your needs? (Never or rarely / sometimes / often / always or almost always)
4. When you were first given your diagnosis did they give you any information about organisations who could give you support information about your illness? (YES/NO)
5. Did you follow any of these suggestions up? (YES/NO)
6. After receiving your diagnosis, who was the first person you told?
7. Do you thinking talking about your illness is helpful? (YES/NO)

8. How often do you talk about your illness? (Never or rarely / sometimes / often / always or almost always)
9. Who have you talked to about your illness apart from people in the medical profession?
- | | |
|---------------------------|--------------------|
| Spouse | MacMillan Nurse |
| friends | Chemotherapy nurse |
| Consultant | Breast care nurse |
| Oncologist | LOROS |
| radiotherapist | Counsellor |
| local cancer organisation | Other |
| family (who) | GP |
10. Who have you found it easy to talk to?
- | | |
|---------------------------|--------------------|
| spouse | GP |
| friends | MacMillan Nurse |
| Consultant | Chemotherapy nurse |
| Oncologist | Breast care nurse |
| radiotherapist | LOROS |
| local cancer organisation | Other |
| Counsellor | family (who) |
11. Do you find it easier to talk to people who have experienced cancer? (Never or rarely / sometimes / often / always or almost always)
12. Since your illness was diagnosed have your relationships changed in anyway? (YES/NO – Are they more difficult, unchanged, or easier)
13. Have you found any of your friends, or family have found it difficult to talk to you about your cancer? (YES / NO - Never or rarely / sometimes / often / always or almost always)
14. Who found it the most difficult?
- | | |
|---------------------------|--------------------|
| spouse | GP |
| friends | MacMillan Nurse |
| Consultant | Chemotherapy nurse |
| Oncologist | Breast care nurse |
| radiotherapist | LOROS |
| local cancer organisation | Other |
| Counsellor | family (who) |

15. What do you think made it difficult for them?
16. How would you describe your quality of life before your illness was diagnosed? (very good / good / average / bad / very bad)
17. How would you describe your quality of life now? (very good / good / average / bad / very bad)
18. Do you think, since being given your diagnosis, your approach/attitude to life has changed in anyway? Yes/No
19. Do you think you have changed? Yes/No
20. In what ways have you and your life been affected since your diagnosis? How has having cancer changed or affected your life?

Sairanen, I. (2015). Metaphors in health communication between nurse and patient.

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

*The interview questions were conceived by Kleinman et al. (1978)

The Template of Consent Form used in Interviews



Title: Cancer Metaphors: A Sociocultural Perspective Study of Cancer Patient Narratives

Consent Form for Interview

Thank you for reading the information sheet about the interview sub-study. If you are happy to participate then please complete and sign the form below. Please initial the boxes below to confirm that you agree with each statement:

Description	Tick (√)
I confirm that I have read and understood the information sheet and have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.	
I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials and will not be identified or identifiable in the report or reports that result from the research.	
I agree for this interview to be tape-recorded. I understand that the audio recording made of this interview will be used only for analysis and that extracts from the interview, from which I would not be personally identified, may be used in any conference presentation, report or journal article developed as a result of the research. I understand that no other use will be made of the recording without my written permission, and that no one outside the research team will be allowed access to the original recording.	
I agree that my anonymised data will be kept for future research purposes such as publications related to this study after the completion of the study.	
I agree to take part in this interview.	

Name of participant

Date

Signature

Appendix 6

Sample of Interview Transcript (Patient 6)

STOMACH CANCER/ 11 yrs (Chinese/Businessman)

Enumerator	老板你今年几岁啊 How old are you this year?
Informant	今年是五十五了 This year I am 55 years old
Enumerator	哦五十五哈？你的。。。你是什么癌哈？ What was your cancer problems
Informant	他讲胃癌，我不知道啦 The doctor told me that was stomach cancer I don't know much too
Enumerator	胃癌是什么期的初期的吗还是比较严重一点的 Stomach cancer. Can you share with me whether it was diagnosed at initial stage or more serious?
Informant	我也忘记了啊，第二还是第三期卜 I have forgotten whether second stage is or third stage
Enumerator	第二期还是第三期这样子啦 Second stage or third stage?
Informant	嗯 Yes
Enumerator	多少年了 How many years already?
Informant	二零零七到现在几年了？十一年了 2007 until now. 11 years already
Enumerator	十一年了。那你现在还会感觉到怎样吗？ 11 years already. How is your condition now?
Informant	不会叻 I don't feel anything
Enumerator	什么感觉都没有？会 I mean 如果工作太久啊会累吗还是什么 You don't feel anything?. Even like for example, tired after working for a long hour?
Informant	就是总是要找吃而已啦 Always wanted to eat
Enumerator	总是要找吃？ Always wanted to eat?
Informant	啊你吃吃不会多，吃饭什么不能够吃多啦，嗯 少吃多餐 Yes. i eat less. I only eat a little bit of rice. Enn eat less but multiple meal

Appendix 6 continued

Enumerator	哦 Oh
Informant	我现在没有胃， 我需要靠一个维他命这样三个月要打一次那个维他命啊,这样一罐小小罐的啊 Now that I have not stomach. I have to depend on vitamin. The vitamin is injected once per three months
Enumerator	三个月， 在中央医院打？ Three months, do you gave it injected at General Hospital?
Informant	啊， 对 Yes
Enumerator	Okay, 就是你的， 就是总是会肚子饿， 总是要吃而已啦？ Ok. Always feel hungry, want to eat?
Informant	想吃而已 Always want to eat
Enumerator	总是要想吃啦。哦那你有什么， 什么东西是不能吃的吗？ Always want to eat. Is there any food that you are not allowed to eat?
Informant	没有哦 No
Enumerator	没有？ 都吃啦 No. Eat everything?
Informant	我就讲， 我就跟你讲什么都可以吃 I told you I eat everything
Enumerator	你是怎样发现到你自己有胃癌的？ How do you found out that you have stomach cancer?
Informant	呃胃痛 Eh...gastric pain
Enumerator	胃痛 Gastric pain
Informant	胃痛就是吃药咯吃到要不能吃咯 Gastric pain until a stage whereby I cannot overcome it even though I take medicine
Enumerator	吃到药不能吃 Still not getting better even I take the medicine
Informant	药不能吃了， 你吃早上吃， 吃到那个药不能吃了啦， 那个药吃下去， 顶不到[还是会痛这样子讲啦？]顶不到变成你吃东西啊， 就是吃了他不会消化

Appendix 6 continued

Informant	The medicine cannot handle the pain. Even I take the medicine in the morning, it was still very painful [still painful la you mean?] It can't overcome the pain and when you are eating something, it couldn't be digested.
Enumerator	哦你吃东西吃到不会消化 Oh. The food you take cannot be digested
Informant	嗯不会消化，不会消化的时候他是吐出来 When the food cannot be digested, it then vomits.
Enumerator	会吐是吗？ Vomit, is it?
Informant	啊他差不多是十二个小时啊，早上八点，早上八点到晚上八点 Yes. Is about 12 hours. Like from 8 am until 8 pm
Enumerator	就是说你吃，你胃痛你吃药那个药不能够处理那个痛了 Oh. That means you even you take the medicine, the medicine cannot handle the pain and it did not get better
Informant	呃不能够处理那个痛 Yes. It did not get better
Enumerator	然后过后你吃你会吐 Then you vomit after you ate?
Informant	那就是吃了啊，他就吐吐了哈就没有办法就去，去那个四方楼 check After I ate then I vomited. Then I went to polyclinic to check
Enumerator	哦就四方楼 check So, you went to polyclinic to check
Informant	Check, check 了哈他讲不能够就是进大医院 [进大医院] 进大医院，大医院差不多有五天啦五天，四五天啦 Yes. After checked, the polyclinic told me cannot. So, they ask me to go to General Hospital. It took more or less 5 days in hospital, 4 to 5 days in hospital
Enumerator	有住院是吗？ Been admitted in hospital?
Informant	有 [住在医院里面]住在医院里面四五天，才开刀咯 Yes. Admitted in hospital 4 to 5 days, to do operation
Enumerator	开刀哈[em] 那开刀之前，他有抽什么东西来化验码？ Before operation, do they take out something to examine?
Informant	Emmm 化验啊，他是没有了咯 They did not do any test
Enumerator	没有啊？直接开啊？ No? they perform operation directly?

Appendix 6 continued

Informant	啊，他他他是有 check， check 一下 check 了啊他就不能够，他就是去 x-ray， x-ray 了才开刀。 Yes. They did check but they told me that cannot, then I was asked to do x-ray. After x-ray, then they operate
Enumerator	x-ray 了才开刀，他有像拿什么东西，从你胃那边拿什么东西来验吗这样 Do operation after x-ray. Do they do like take out something from your stomach to be tested?
Informant	验哈我早早是有验， 早早是在 Timberland 验 Earlier on I did examine at Timberland.
Enumerator	哦 timberland At Timberland
Informant	Ah timberland 验了， 我没有我有拿那个报告去那个四方楼。 他讲不能够他讲 Yes, after I have it examine at timberland, I took the result to polyclinic, but they said cannot
Enumerator	就一定要去大医院啦？ Must go to General Hospital
Informant	啊， 因为我吃吃那个 timberland 的药啊吃一个月 Yes. Because I had taken medicine from Timberland for a month
Enumerator	吃一个月啊？ For a month
Informant	啊一个月， 吃了一个月变胃癌咯 Yes. A month. After that it became stomach cancer
Enumerator	啊你是说之前那个不是胃癌， 是那个 timberland 的药让他变成胃癌啊？ Do you mean before that it was not stomach cancer, it was the medicine from Timberland that caused it to become cancer?
Informant	啊 Yes
Enumerator	哇， okay 那为什么， 为什么不直接去大药房叻这样子讲？ Ok. Why don't you go to General Hospital directly?
Informant	没有吗想 check 一下了吃那个药看会好吗吗。[结果就。。。] 结果那她变成胃癌 [laughs] 你吃药一定要吃嘛， 你吃来讲是看它会好不会好啊， 因为吃了一个月啊差不多他就是变胃癌， 变胃癌的时候啊他就不能够吃东西。 啊

Appendix 6 continued

Informant	No, because I thought that after checking and taking the medicine, it will recover. However, it became stomach cancer [laughs]. You must take the medicine to see whether it will recover. Because I ate almost one month and when it became cancerous, I cannot eat anymore.
Informant	啊 Yes
Enumerator	哇, okay 那为什么, 为什么不直接去大药房叻这样子讲? Ok. Why don't you go to General Hospital directly?
Informant	啊 Yes
Enumerator	哇, okay 那为什么, 为什么不直接去大药房叻这样子讲? Ok. Why don't you go to General Hospital directly?
Informant	没有吗想 check 一下了吃那个药看会好吗吗。[结果就。。。] 结果那她变成胃癌 [laughs] 你吃药一定要吃嘛, 你吃来讲是看它会好不会好啊, 因为吃了一个月啊差不多他就是变胃癌, 变胃癌的时候啊他就不能够吃东西。啊 No, because I thought that after checking and taking the medicine, it will recover. However, it became stomach cancer [laughs]. You must take the medicine to see whether it will recover. Because I ate almost one month and when it became cancerous, I cannot eat anymore.
Enumerator	哦, 这样的话啊, 你听到那个是胃癌的时候啊, 你怎样? 你怎样反应? Oh... ok. After you heard that it was stomach cancer. What was your reaction?
Informant	不会怎样哦, 没有没有什么反应 [没有什么反应]就是没有办法[吓到吗? 还是会怕这下吗?] 没有 I don't feel anything, no reaction. [no reaction] because I can't do anything also [were you shocked or scared?] no
Enumerator	这样你... Like that
Informant	就是开了刀啊他们有安排打 chemo After operation, they arranged for chemo.
Enumerator	打 chemo 啊? [打 chemo] 这样你的 chemo 的过程怎样? You went through chemo [chemotherapy]. So how was your process of chemotherapy?
Informant	Chemo, chemo 我是打十八支 I did 18 cycles of chemotherapy

Appendix 6 continued

Enumerator	十八支是直接进身体 18 cycles. Directly into body?
Informant	很像是三个月，三个月打一次哦三个月，是一个月啊。一个月啊就是一号二号三号打三支了下一个个月也是一号三号 Like three months, one cycle per three months or I think is one month. Three cycles per month. I had it on the first, second and third of every month. The next month also the same.
Informant	很像是三个月，三个月打一次哦三个月，是一个月啊。一个月啊就是一号二号三号打三支了下一个个月也是一号三号 Like three months, one cycle per three months or I think is one month. Three cycles per month. I had it on the first, second and third of every month. The next month also the same.
Enumerator	一号到三号[啊]就是一个月打三次这样子啦？ First 3 days of the months. That means you did 3 injection for every month
Informant	三次一天打一支咯 Yes. 1 injection per day
Enumerator	那个过程会辛苦吗？因为很像不能吃东西 Was the process hard? Because you cannot eat right?
Informant	不会叻，不会。打了出来就是要去吃 roti canai 咯[laughs] 就是这样而已咯，你没有又不能够 No. after I had my chemotherapy, i will go to eat roti canai like that only. I must eat roti canai.
Enumerator	那有电吗？有做电疗吗？ Did you do radiotherapy?
Informant	没有哦 No
Enumerator	没有啊？ No?
Informant	没有，医院的药也是没有吃 No. The medicine from hospital also I did not take
Enumerator	啊？ What?
Informant	没有哦 No
Enumerator	没有啊？ No?

Appendix 6 continued

Informant	没有，医院的药也是没有吃 No. The medicine from hospital also I did not take
Enumerator	啊？ What?
Informant	药也是没有吃 [那你你你...]我就是去拿第一天，第一天吃而已 The medicine from hospital I also did not take. I just took the medicine for first day only
Enumerator	第一天吃而已？ You took the medicine for first day only?
Informant	啊第一天吃而已，他讲吃两粒两粒，OK 第一个晚上吃两粒两粒两粒，下来第二天就没有吃 Yes. I just take it for the first day only. They ask me to take 2 capsules 2 capsules per day. Ok, the first night I took 2 capsules, the next day I didn't take anymore
Enumerator	这样那个医生你回去复诊的时候，医生不会怎样么？ Then when you go for next consultation. Did the doctor scold you?
Informant	不会叻 No
Enumerator	啊不会哈？ No.
Informant	他没有什么事情 He did not say anything
Enumerator	哦没有什么事情 Oh, he did not say anything
Informant	啊就是讲什么都要吃啦 Yes. The doctor told me that everything must eat
Enumerator	什么都要吃啦？ Everything must eat
Informant	你医院出来，你会吃不下，不会吃没有胃口就是要吃咸鱼啊咸菜啊。就这样哦没有骗你的。你没有咸你不会吃吧 When you were discharged from hospital, you will lose your appetite. Then you must eat foods like salted fish and salted vegetables. If it is not salty enough, you don't eat right?
Enumerator	啊也对啦 Is correct also
Informant	要吃咸和酸的就是这样咯 Have to eat salty or sour stuff

Appendix 6 continued

Enumerator	这样你有没有去， I mean 有没有去可能是去外面找一些中药看那些都没有啊？ So, did you go... I mean did you went to see any traditional Chinese practitioner, or search for traditional Chinese medicine?
Informant	没有 No
Enumerator	这样你有跟人家讲你有胃癌这个事情吗？ Do you tell anybody that you have stomach cancer?
Informant	讲是医院问而已 Just tell if hospital ask me only
Enumerator	啊有跟想朋友啊这些讲吗？ Do you tell anybody such as your friends about your stomach cancer?
Informant	有 I do
Enumerator	有会觉得讲的时候很困难讲吗？ Yes. Do you find it difficult to tell your friend?
Informant	不会叻 No
Enumerator	不会？ No?
Informant	不会叻，要开心。你开心，你就没有事情，东西都割掉了 No. Must happy. When you are happy, nothing will happen. Because stomach have already been cut off.
Enumerator	割掉了啦 Been cut off?
Informant	啊所以没有办法你你在烦恼也是没有用，没有好烦恼，我是像牛皮那样 [laughs] 没有啦你真的，这些东西，生病的东西啊你是没有办法的，你再去想它，没有作用啦 Yes. It is useless even if you feel upset. Nothing to think much about it. I was like a cow. [laughs]. Is true. This kind of things, sick, you can't do much, even if you think much, it is useless too.
Enumerator	这样你有什么东西不能吃的吗还是比如说你可能.....? Do you have any food that you don't take or maybe do you have any special diet??

Appendix 6 continued

Informant	没有哦什么都，我就跟你讲什么都可以吃 No. as I told you, any food can be taken
Enumerator	像青菜那些什么都可以吃啦？ Vegetables can also be eaten?
Informant	因为我去我去医院打 chemo 的时候啊我有问那个 nurse 啊有什么不可以吃吗？他讲没有哦什么都可以吃虾可以吃吗他讲虾也是可以吃的 Because when I do chemotherapy in hospital, I had asked the nurse if there is any food that I cannot take. They told me that any food I can eat. I asked, can I eat prawn, they said that can too.
Enumerator	哦就是海鲜什么都可以 Oh. Seafood also can
Informant	啊什么都可以吃 asal 你吃得下而已 Anything can be eaten as long as you can eat
Enumerator	哦 Oh ok
Informant	你吃得下最主要是打 chemo The most important is chemotherapy injection
Enumerator	打 chemo 而已啦，打 chemo 那段时间多长， I mean 一次打，打一次多久？ How long is the duration for each chemotherapy session, I mean how long does it take for you to do each session of chemotherapy?
Informant	打一次差不多你也是要半天，你早上去，弄到好来啊也是差不多要十二点了 Nearly half day. You went in the morning and when you are done, it is almost closed to 12 pm
Enumerator	会累吗过后打完 chemo 出来 Do you feel tired after chemotherapy
Informant	你打 chemo 是没有什么累，没有什么累 Chemotherapy is not tired, not tired
Enumerator	没有什么累，没有感觉到什么啦 Oh. You don't feel tired or anything la?
Informant	因为我们，我们那种 chemo 哈跟普通女孩子打的 chemo 不一样 Because the type of chemotherapy drugs that I am injecting was different from the drugs for woman.
Enumerator	怎样不一样？ What is the different?

Appendix 6 continued

Informant	他们有讲那个女孩子打的 CHEMO 他会比较辛苦因为他要吐，要什么东西，因为我打那个 chemo，我又不会哦，没有觉得啦。他们讲女孩子打的 chemo 他们要买 cola 啦买买一百号啊去那边喝，因为他们会吐出来，因为吐出来，你要用那个气去打他 They did say that chemotherapy for female is harder because they will vomit. When I had my chemotherapy, I don't feel anything. They said female need to get cola or 100 plus while doing chemotherapy because they will vomit and the gas of the drink will overcome the desire to vomit.
Enumerator	啊对 That's right
Informant	我没有问题哦。因为我 chemo 打了，chemo 打了，我打第三天而已，第三次，第三次我的头发脱到完 I felt nothing. When I had my chemotherapy for the third time, or on the third day I lost all my hair
Enumerator	脱到完？ Loss all?
Informant	脱到完他有生回去 Yes. After loss, it grows again
Enumerator	Ok. 这样 cancer 有改变你的生活吗？你有为了 cancer 做什么改变吗？ Ok. Do the cancer change your life, do you change your life because of cancer?
Informant	会比较差一点 It is different from before
Enumerator	怎样差法？ How different is it?
Informant	很像做东西，量东西啊什么东西会比较差一点 Such as when I do something or measure something, it's quite different from the past
Enumerator	会比较差一点？怎样讲差是会不准吗？ Different in what sense? It is because of inaccuracy?
Informant	不会讲像以前那样，什么东西都会记得 It wasn't any more like last time when I will remember everything
Enumerator	Oh...

Appendix 6 continued

Informant	很像你量东西也会准，因为量东西，我量十个窗门一定有两个窗门不会准 [laughs] 每次是这样，有些看错 Last, when you measure, it will be accurate but now when I measure ten windows, there must be two windows not measured accurately. Every time is like that because I tend to overlook
Enumerator	Okay 这样的话啊你现在十一年了你，你怎样形容开始到现在？你怎样形容 Already 11 years, how do you describe everything from beginning until now?
Informant	我就是没有去，我现在就是要去四方楼拿那个再 check 多一次，要去拿药要去打因为我三个月没有打了，很多个月没有打，差不多有整年了哦，有吗？有一年吗？不敢讲。忘记去没有有时候做工啊每次我以前也是这样因为去医院三个月要去一次不是，做工做到六个月去，又忘记去 check I didn't go... now I need to go to polyclinic to check once again and to take the medicine because I have not been injecting the vitamin for three months... many months already almost one year, I think is about one year... I don't dare to say. I forget to go because of my work. Last time, I also like that, I went there either once per three months or once per six months when I forgot to go to check
Enumerator	那个医生不会骂你啊？ The doctor doesn't scold at you?
Informant	我有有倒回去 check I went back to do consultation
Enumerator	医生没有讲什么啊？ The doctor doesn't say anything?
Informant	没有，他就是问我做么总是迟到，因为我每次讲骗话迟到来讲啊，就跟医生讲我出门，你说迟到他会骂你吗？拿药的 slip 是拿一年的药，不是说你每三个月要去拿药一次，拿出来你可以在外面打，外面打一次在十块钱但是要是 GH 拿嘛但是我们做到忘记去。现在变大概有算起来是九个月没有打了啦三支啦 No. he asked me why I am always late. I lied to the doctor by saying I was not in kuching. When you said you are late will he scold you? My prescription is for one year. It wasn't like you need to go every three months. After you took the medicine, you can inject it outside for RM 10. But i always work until I have forgotten about the injection. So now, I have not been injecting for nine months, that is three jabs.

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Enumerator	Ok. 三支没有打啦 Ok, you missed three jabs
Informant	三支没有打现在你是说要打我有倒回去他变成他不能够给我那个药 I do return to hospital, but they cannot give me the medicine
Enumerator	哦因为你没有准时打啦 Oh... because you are not in time to do the injection
Informant	他不是没有准时，你没有去看他 It is not about being not in time, is was because you didn't go to see him
Enumerator	哦没有去看他 [啊没有去看他，还没有看他] 所以你会怎样形容这十一年 叻？你从开始发现到你自己有癌症，有胃癌到现在你好的时候，你会怎样形容这一段叻？ Oh you didn't consult him [ah I didn't go to see him, not seeing him].so how would you describe these 11 years from the moment you realized you have stomach cancer, how would you describe all this?
Informant	没有什么形容，也是这样做工做工每天做工这样啦 There is nothing to describe. Just keep on working everyday like that
Enumerator	每天做工这样啦，就是没有在乎啦？ Keep on working. Never mind about this?
Informant	没有在乎这样多没有去想太多，你知道吗 Never mind and didn't think so much
Enumerator	Ok 这样你治疗的时候啊，你会想像说我去看医生，我打 chemo 可能我会很惨很惨这样子吗？ Ok. When you were doing treatment, seeing the doctor and do chemotherapy, do you think that you will be very miserable?
Informant	没有叻 不会叻 No
Enumerator	就是这样子去打而已啦 Just go to do injection like this?
Informant	打而已，去 check 这样摸摸一下，他爽了她就跟你打一支针咯每次是他们跟我打因为我打了每次是比较迟去咯了他的医生就讲我开一年的药给你然后你自己去拿，拿了你去外面叫人家打没有我直接在那边打他的医生看我的医生不是他要跟我打。他就是这样他的 misi 不可以跟我打 Yes. Just do the consultation, let him touch, then they will do the injection. They always do the injection. Because I am always late for consultation, the doctor say that he gives the medicine prescription for 1 year for me to get. Then

Appendix 6 continued

	he asked me to do the injection at outside. During consultation, he will do the injection. The nurse is not allowed to do the injection for me.
Enumerator	哦 misi 不能打一定要医生? Nurse is not allowed to do the injection, except doctor?
Informant	不能够打就是医生要打 Nurse cannot, only doctor can do the injection
Enumerator	Ok. 呃这样子的话你什么东西让你觉得哦我应该去看医生? 什么东西因为有很多人啦他有生病, 他不要去看医生嘛, 是吗? 那什么东西让你觉得哦我现在生病了, 我一直胃痛, 然后我去看医生? Ok. What makes you think that you must go to see the doctor? Because some people when they are sick, they don't want to see the doctor, isn't it. So, what makes you feel that, oh... I am sick currently, I have gastric pain, I need to go to see the doctor?
Informant	没有哦以前没有以前我有胃痛的时候啊我有看医生一次是私人医院。私人院看了不是我就是每次去买药 No. not for last time. I did go to see the doctor when I was suffering from gastric pain at private hospital. After consultation, I will buy my medicine there
Enumerator	哦买药 Buy medicine.
informant	我去到那边跟他讲我胃痛, 要拿这个药他里面有 record 啊那胃痛的药啊吃咯胃一下痛你就吃他会好 I went there and told them I have gastric pain and I want to buy this medicine. They have the record there on me getting this medicine. So, whenever I have gastric pain, I will take the medicine and it did reduce the discomfort after taking.
Enumerator	他会过啦? The pain will be over la?
Informant	啊会过。会过了我就是有一个时期我就是没有事情做就跑去 timberland 咯胃痛嘛, 我去 timberland 照 x-ray 嘛照了啊他就看到那
Informant	胃是整粒这样, 这样一粒这样他就烂一个洞 Yes. It will get over. Once when I was less busy and I got nothing to do, I went to timberland because I had gastric pain. So, I went to timberland for x-ray. They saw that my stomach was rotten and there was a hole.
Enumerator	啊? 烂一个洞? What? Rotten?

Appendix 6 continued

Informant	好像我们跌道摩擦到这样啊一个洞这样咯差不多有这样大啦。[ok] 它是红色[红的啊?] 啊它整个胃啊就是那边一踏红色。红色了不是 timberland 讲拿药吃我有我有 check 出来他将我的胃有毒 Like when we fell on the floor, we will have wound about this size. It was red color [red color]. They saw one red spot on my stomach. So, the doctor in timberland said take medicine first because they said my stomach has poison.
Enumerator	有毒 Is poisonous?
Informant	啊, 我就不知到他怎样讲啦他他化验出来了是啊后来他讲有毒, 他又跟我讲这样将将将将拿药吃。我吃那个药吃到我不能吃 Yes. I don't understand what they told me. After examining it, they said it is poisonous. They told me a lot of thing and then they told to take the medicine. I take the medicine until I cannot eat.
Enumerator	不能吃? Can't eat?
Informant	我吃东西下去啊他会吐出来, 两天 After I ate something, it will then vomit. For 2 days
Enumerator	烂烂的吗? Are the food digested?
Informant	不会哦 No
Enumerator	完完整整的吐出来啦? You vomited it like how you have taken it?
Informant	啊你早上八点吃晚上八点吐咯两天就是这样。了第三天我就去他们讲去四方楼七哩那边 check 了那个那个 tambi 的医生就跟我 check 他讲不能够你要进大医院我有拿那个他的那个 timberland 的 report 出来给他看, 因为大便是他讲是血黑嘛 You eat at 8am, then 8 pm you will vomit. It happened for 2 days. The 3rd day I went to 7th Miles polyclinic to check, the Indian doctor say cannot, you must go to General Hospital. I did take the report from Timberland for him to see... Because my stool has blood as it was black in color.
Enumerator	哦排便是血 Stool has blood
Informant	啊血, 了我就跟他讲情形是这样嘛去到 timberland 照 x 光的时候啊还是那个洞变黄色 Yes, is blood. I explained to the doctor about my situation. When I go to Timberland for x-ray again, that rotten part has changed to yellow color

Appendix 6 continued

Enumerator	黄色 Yellow
Informant	啊黄色 Yes. Yellow
Enumerator	那个医生有跟你讲那个黄色代表什么吗? Do the doctor tell you that what the yellow part is?
Informant	他就是讲胃癌咯。他没有讲什么东西 The doctor told me that was stomach cancer. He didn't tell me anything
Enumerator	就是从红变黄 From red become yellow
Informant	啊红变黄。他好像我们每次跌倒这样肮脏啊出脓这样啊他的脓啊黄色黄色这样 Yes. From red become yellow. it like when we fall, it has pus. the pus is yellow in color
Enumerator	黄色黄色 Yellow in color
Informant	Ah...
Enumerator	你为什么那时候你好的时候啦，你为什么你会想说你跟朋友讲你有胃癌这件事 When you have recovered from cancer, did you tell your friends that you have stomach cancer?
Informant	没有因为生病嘛朋友打电话来，就跟他讲生病这样 Because when I was sick. My friend called me, then I told them I was sick
Enumerator	哦就是朋友打电话来是 Your friends called you
Informant	有的朋友我还跟他讲笑没有事情跟他讲那个割掉没有事情了 [laughs] 开了刀啊就是讲要打 chemo Yes. I told some of my friends that my stomach has been cut off. No more problems now. After operation, I need to do chemo only
Enumerator	打 chemo Chemotherapy...
Informant	Chemo 会比较好，你是说用电疗啊我觉得不知道啦这个东西就是要看个人啦你不要总是去想他生病，你知道吗? Chemotherapy is better. Compared to radiotherapy, I also don't know. It depends on individual too. Don't think so much about it only

Appendix 6 continued

Enumerator	明白 Understand
Informant	好像生病就是生病没有办法 Like you are sick, you can't do anything about it
Enumerator	就是不要想太多啦 Don't think too much right?
Informant	有的有的人是想太多这个又不可以吃那个又不可以吃， 不可以 Some people when they are sick, they think too much like this cannot take, that cannot eat. Cannot be like that
Enumerator	明白， 明白 Understand
Informant	医生是讲是癌症， 你没有办法， 医生讲是的时候我想本来是割一半 Doctor told me is cancer. There was nothing can be done about it. When the doctor told me that was cancer, my first thought was cutting half of it
Enumerator	一半？ Half of it?
Informant	因为他中到胃癌那边你不是要割掉一点吗？ 他还有剩在那边吗 Because the part that was diagnosed with cancer, you have to cut it and you will be left with another part there.
Enumerator	对 That's right
Informant	因为他这个现在是整个割出来 Now my whole stomach has been cut off
Enumerator	整个？ The whole stomach?
Informant	他讲你割一半以后是说有什么事情再发生你就是没有好救了 The doctor told me that if I cut off half of it, in case something happens in future, you cannot be rescue anymore
Enumerator	所以你现在是割完？ Now you cut off all
Informant	整个割完， 这样大粒因为他割出来的时候他是放在纸袋里面他们再拿去化验 Whole of it, about this size. After cutting off, they put inside a plastic bag and send to do further examination
Enumerator	那么有的医生讲， 有的人讲那个是癌有的人讲那个是不是啦？ Some of them say that is cancer, some are say not?

Appendix 6 continued

Informant	啊不过那个将不是的他就是他自己本身没有看到 Yes. But the one who said not cancer were because they don't see it
Enumerator	本身没有看到 Don't see it?
Informant	因为胃癌没有胃癌哈我自己 x-ray 的时候啊，我自己看的到 Because whether is cancer or not, when I am doing x-ray scanning, I can see it
Enumerator	哦你自己看的到啊？ You can see it?
Informant	看的到他有电视给你看嘛他电视给你看他一条 hose 就是放进去他 x-ray 进来出来他的电视那边他放出来因为我去 check 的时候是没有打麻药 I can see it. There have monitor to let you see it. They placed a hose in and the images were displayed on the monitor. Because when I went to check, they were not injecting any anesthetic for me
Enumerator	没有打？ Not injecting anesthetic?
Informant	啊没有打麻药 No
Enumerator	不会痛啊？ Don't you feel painful?
Informant	没有打麻药，他是放一种药水进你的嘴巴咯。他放进去了他在跟你插那个 hose 进去咯。其实那个 hose 是不会痛，那个 hose 是不会痛因为每次人家去来讲啊他是打麻药给你不知道人他才跟你弄你自己本身看不到嘛因为你旁边要有一个人咯问题是这样咯。因为那天我去 timberland 的时候是我自己一个人我驾罗利去到那边，去做工带工人做工，过了屁股痒就没有事情做罗利就转进去咯，转进去的时候啊，去找那个医生就讲要 check 我的胃。了他就问我咯有人带你来吗？没有。你用什么来？我驾罗利来我跟他讲。他就跟我 check check check 好了。他有拿东西出来。他拿不够。 No anesthetic, they put one type of drug into your mouth. After that, they put the hose inside. You won't feel any pain when the hose was putted in. Usually, they inject anesthetic before they do it, that means you cannot see it by yourself and you must have somebody beside you. I went to Timberland myself that day after sending my workers to work. I met the doctor and told him that I want to check on my stomach. He asked me whether i am accompanied by someone

Appendix 6 continued

Informant	. No. how did you come? I said I came using lorry. He checked for me and he took some specimen from my stomach, but it wasn't enough.
Enumerator	拿不够? 后来呢? Not enough. Then?
Informant	因为拿不够所以他 check check check 没有东西他讲他是讲他是跟我讲这样你的胃有毒他讲。因为他们医生随便他们讲 Because the specimen was not enough, so they checked and found nothing. Then he told me that my stomach was poison
Enumerator	后来有在去拿那个胃里面的东西出来吗? Do you go to take any specimen in your stomach again?
Informant	没有 No
Enumerator	就是那一次而已啦 Just that time?
Informant	啊就是那一次而已就是吃他的药 Yes. Just that time, then I took medicine that they gave
Enumerator	吃了就直接变成胃癌? Just take the medicine and then it became cancerous?
Informant	啊吃一个月, 他的月也是一个月, 一个月的药啦。一个月的药我有每天吃 Yes. I took for a month. The medicine they prescribed was also for one month. I did take the medicine everyday
Enumerator	哦有每天吃啦 Oh you did take every day?
Informant	啊每天吃, 吃到那个药完了, 不能够吧, 顶不到它 gok 就是这样咯。因为我吃那个药的时候啊, 我还能够吃东西。吃到那个药完了我就不能够吃东西 Yes. Until the medicine finish. But it was still not getting well. Because when I took the medicine, I still can eat. Until the medicine finish, I can't eat anything
Enumerator	不能够吃啊 Can't eat
Informant	啊, 就是吃了他不会消化他在里面就是早上八点吃晚上八点吐咯。它吐出来的东西是一样的 Yes. After eating but it can't be digested. Like you eat at 8 am, you will vomit at 8 pm. I vomited the same thing as what I ate

Appendix 6 continued

Enumerator	一样的啊? Same thing?
Informant	一样的东西。你吃果条他就吐果条。他不会消化 Yes. Like you ate kueh tiaw, then you will vomit the kueh tiaw, it can't be digested
Enumerator	完全没有消化到 It wasn't digested at all?
Informant	就是这样。因为他是红色变黄色。不能够了。因为你要割一半也不能够 [所以你现在的胃是?] 你个一半他就跟你讲一个问题而已怕以后在发生。因为他怕他有细菌在里面。细菌在里面你割了不好啊缝了不好啊他就会再发生, 再发生你再开刀多一次, 你就会比较辛苦 Yes. Because it changed from red to yellow, you can't do anything already. Because you want to cut half of it also cannot. [so, your stomach now is?] If you cut half of this, the problem could be in future, they could be bacteria remained inside. Like if you did not operate it well or sew it well, it could reoccur, if it reoccurs, you need to operate again. Then, it could be harder.
Enumerator	所以你现在的胃是? So, your stomach?
Enumerator	所以你现在的胃是? So, your stomach?
Informant	应该是肠 direct 进啦, 肠跟肠接你吃的东西啊我每次去吃 kolo 面也好啊就是减少咯[减少啦] 你三块半不要紧三块半我讲, 你减少一点。我不是讲减少你的面我就要便宜一点。不可能嘛, 不可以吧 I think that it is now directly going in to the intestine. So, every time, I have to reduce the food that I eat like kolo mee. RM3.50 per bowl is okay. But you reduce the mee. I am not asking you to reduce the price when I say less mee. Impossible right?
Enumerator	就是面可能放七十五巴仙 So, the mee maybe put in 75 percent, right?
Informant	大概是这样啦 Something like that
Enumerator	好这样好谢谢你啊 Alright, I think that's all from me. Thank you

Appendix 7

The types of metaphors and its metaphors used in conceptualising cancer in this study and the list of existing cancer metaphors found in past studies.

Types of metaphor	Examples of words / phrases	
	Cancer metaphors found and frequency of occur in this study	Existing cancer metaphors and frequency of occur in this study
Journey	Through (11)	Journey (to get there) (12)
	Way (4)	Go (3)
	Sailing (boat) (2)	Follow (1)
		Path (1)
Conspiratorial	Story/experience (8)	Not a death sentence (4)
	Nothing (7)	Death sentence (3)
	Task (5)	Teacher (4)
	Learning process (3)	Gift (3)
	Rest (3)	Lesson (3)
	Wake-up call (3)	Challenging time (2)
	Changes of lifestyles (3)	Reminder (2)
	Being pampered (2)	Wall (1)
	Holiday / break (2)	Chain (1)
	Challenging time (2)	Storm (1)
	Crime (2)	Crisis (1)
	Gorillas (1)	Opportunity (1)
	Alien (1)	Test (1)
	Nightmare (1)	Blessing (1)
	Veil of silence (1)	Thing / matter (1)
	Police case (1)	Hard time (1)
	Lottery (1)	Common (1)
	Circumstances (1)	Problem (1)
	Lottery (1)	Punishment (1)
	Alphabet (1)	Restriction (1)
	Stick in the butt(1)	Choice (live or die) (1)
	Roadblock (1)	Motivation (1)
	Cancel (1)	Destroyer (1)
	Consolation (1)	Fate (1)
	Call for action (1)	
	Controllable (powerless) (1)	
	Changes (1)	

Appendix 7 continued

Orientational		Down (2)
		Tumbling down (1)
		Up and down (1)
Ontological	The end of the world (2)	Heavy (1)
	Dangerous (1)	Heartbroken (1)
	The whole world will collapse (1)	
	Fell into ravine (1)	
Theological	Challenge from God (1)	Message from God (2)
	Present from God (1)	Under God's control (1)
	Gift from God (1)	
War/military	Competition (1)	Fight (<i>berjuang, menempuh, melawan</i>) (8)
		Enemy (4)
		Battle (win/lose) (3)
		Huge bomb (1)
		Attack (1)
Living	Spreading actively (5)	Come (6)
	Kills (3)	Grow (3)
	Hitting me hard (1)	Starts working (1)
	Not killing (1)	Move (1)
	Changes in size (1)	
	Responded (1)	
Machine		Activated (1)
Structural	Object (8)	Shocking (12)
	Changing point in life (7)	Scary (9)
	Yellow colour (1)	Fearful (7)
	Made something (Raw material) (1)	Die (6)
	Disturbing (1)	Disease (6)
	Passing stages (1)	Aggressive (4)
	Pulling of carpet under my feet (1)	Unexpected (3)
	Hard to tell (1)	Not frightening (3)
	Easy to tell (1)	Treatable (2)
	Gone (1)	Wrong / Devastating (2)
	Urgent (1)	Unbelievable (1)
	Pain (1)	
	Medical challenges (1)	
	Mental challenges (1)	
	Chosen (1)	

Appendix 7 continued

	Beginning of life (1)	
	Part of life (1)	
	Appreciation of life (1)	
	Awakened me (1)	
	Miracles in life (1)	
	Hopeful (1)	
	Not permanent (1)	
	King of surgeries (cervical cancer) (1)	
	Uncertainty (1)	
	No shy (1)	
	Product of medicine (1)	
Total	292	