Thinking Cancer Metaphorically: A Sociocultural Perspective Study On The Cancer Patients' Narratives.

Kanser dan Metafora: Kajian Perspektif Sosiobudaya dalam Mempengaruhi Naratif Pesakit Kanser

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ABSTRACT

Cancer is a complex disease that is usually difficult to talk about. Many cancer patients turn to metaphors in describing the disease and their cancer experiences as this allows them to communicate those experiences more effectively. While much research has been carried out on examining the different types of metaphors used by cancer patients, much more needs to be known about the metaphors used by them in relation to their sociocultural background and cognition. This study seeks to address this knowledge gap by examining the metaphors used among cancer patients to describe the disease and their cancer experiences. Most importantly, the study aims to investigate how these metaphors are shaped by the patients' sociocultural background. Using the Metaphorical Identification Procedure (MIP), the study analysed the data collected from 31 cancer patients from Kuching, Sarawak through semi-structured interview. The results show that the patients turned to "structural", "conspiracy" and "journey" metaphors and several other metaphors to describe the disease and their cancer experiences. The results also show that the cancer metaphors used by these patients were mostly shaped by their personal life experiences and their sociocultural understanding. The study concludes that the findings could have implications on the current debates over the use of cancer metaphors in oncology and help to drive some recommendations.

Keywords: Cancer; metaphor; Metaphorical Identification Procedure; sociocultural background; Malaysia

ABSTRAK

Kanser merupakan penyakit yang biasanya sukar untuk dibicarakan. Ramai pesakit kanser telah menggunakan metafora untuk mendeskripsikan penyakit kanser serta pengalaman mereka. Hal ini kerana metafora telah membolehkan pengalaman-pengalaman kanser ini dikomunikasikan dengan lebih berkesan. Walaupun kajian terhadap penggunaan metafora yang digunakan oleh pesakit telah banyak dijalankan, banyak lagi tentang penggunaan metafora untuk mendeskripsikan kanser oleh pesakit perlu difahami. Oleh sebab yang demikian, kajian ini bertujuan untuk mengisi kelompangan kajian dengan mengenalpasti jenis metafora yang digunakan oleh pesakit untuk mendeskripsikan kanser. Bukan itu sahaja, kajian ini juga bertujuan untuk mengenalpasti perkaitan antara metafora yang digunakan mendeskripsikan penyakit kanser dengan pengalaman sosiobudaya dan kognisi pesakit. Dengan menerapkan pendekatan Prosedur Pengenalpastian Metafora, kajian ini telah menganalisis data yang dikumpul dari 31 pesakit kanser di Kuching, Sarawak yang telah ditemu bual secara separa struktur. Hasil analysis mendapati pesakit kanser telah menggunakan metafora "stuktural", "konspirasi" dan "perjalanan" serta pelbagai metafora yang berlainan untuk mendeskripsikan penyakit kanser serta pengalaman kanser mereka. Selain itu, hasil analisis juga mendapati metafora yang digunakan oleh pesakit kanser untuk mendeskripsikan penyakit kanser telah dipengaruhi oleh pengalaman kehidupan and pemahaman sosiobudaya mereka. Kesimpulannya, hasil dapatan ini mempunyai implikasi terhadap perdebatan semasa mengenai penggunaan metafora kanser dalam bidang onkologi serta memberi cadangan untuk kajian masa depan.

Kata kunci: Kanser; metafora; Prosedur Pengenalpastian Metafora; latar belakang sosiobudaya; Malaysia

INTRODUCTION

Cancer is a complex disease that is usually difficult to discuss about. Over the years, it has been describe through various communication means, one of them being the use of metaphor. Metaphor, in its general 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: 503).

Put differently, metaphor is "seeing one thing as something else, pretending "this" is "that" because there is no knowledge of how to think or talk about "this", so instead "that" is a way of saying something" (McFague 1982: 15). 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 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 ways metaphors are used by people with terminal illnesses to make sense of the illnesses and describe the ensuing experiences. All these are of particular relevance to the present study that seeks to understand the metaphors that are used by cancer patients to describe the disease and their cancer experience. Studies on metaphors in healthcare 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 (Low 1994/1996). Examples of the cancer metaphors used based on the analysis include the war metaphor (Camus 2009; Reisfield & Wilson 2004), the living metaphor (Camus 2009; Sairanen 2015), the journey metaphor (Reisfield & Wilson 2004), the theological metaphor (Woodgate & Busolo 2017), the structural metaphor (Tajer 2012), the conspiracy metaphor (Nicholas 2013), the ontological metaphor (Camus 2009) and the machine metaphor (Semino et al. 2017).

Among the many types of cancer metaphors, it can be found that war and journey metaphors were the two dominant metaphors used among patients to conceptualise their cancer experience (Hendricks et al. 2018). This is related to the fact that metaphors create a prefect 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 2003; Reisfield & Wilson 2004). Despite that, war metaphors also connote fear and fatalistic, 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). As such, it can be understood 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. 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). 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 the connection with the sociocultural background, which is crucial for improving communication and treatment in cancer care.

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 to express thoughts and experiences shaped by their cognition and various contextual factors (Taylor & Dewsbury2018). 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 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 cancer is a complex and complicated disease, and has been understood differently by patients from diverse populations and sociocultural background. Besides, some patients may refuse to talk about cancer or apply cancer metaphors in describing cancer and narrating their cancer experience. Moreover, metaphors for cancer or cancer metaphors may have different effects on different people who use them to understand and

discuss the disease. Therefore, the cancer metaphors used have been perceived as patients' personal choice as some of them described cancer as empowering, fatalistic or neutral. At thesame 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 toexamine the relation between thinking and metaphor comprehension at the individual level infuture study. 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 theproduction 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 cancermetaphors reflected the cognition mechanisms (Beaty & Silvia 2013), sociocultural background, personal identity and life experiences instead of being only as a rhetorical device. 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 metaphor manifests the breakdowns between languages and cultures in our conceptual system based on daily experiences and interactions. Thus, this current study set out to investigate the types of metaphors used by patients in describing their cancer and cancer experience among cancer patients in Sarawak, Malaysia. It is hoped that the findings benefit the patients, medical personnel and whole community in understanding and expressing cancer.

METHODS

It should be noted that the study presented in this article is part of a larger research focusing on understanding public receptivity towards communication of risk messages on cancer in Malaysia (Ting, Ho, & Podin 2019; Podin, Ting,

Jerome & Ahmad 2018). This study employed descriptive phenomenological research along with additional quantitative measurements to examine the types of metaphors that are often used by cancer patients in describing cancers and to explore how the creation of these metaphors is influenced by sociocultural background.

A purposive sample of 31 cancer patients from the Malaysian state of Sarawak were interviewed to gather their thoughts about cancer and cancer experiences. Females represented 18 or 58% of the sample and a majority of the participants (11 or 53.4%) were aged between 50 to 59. The participants represented the distinct ethnic groups in Sarawak: the Sarawak Malay (5 or 16.1%), Chinese (7 or 22.5%), Iban (7 or 22.5%), Bidayuh (6 or 19.3%), Melanau (2 or 6.4%), Kenyah (3 or 9.6%) and Lun Bawang (1 or 3.2%). The participants varied in terms of their religious beliefs, employment and educational status, as well as the types of cancer they were diagnosed with and the duration of illness. Among the respondents, 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, leiomyosar coma, 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. The patients' involvement in the study was entirely voluntary and their consent was obtained prior to the interview. Guiding questions related to the aim and objective of the study were adapted from those developed by Acuna et al. (2016), Chapman (2001), Lendik et al. (2017) and Sairanen (2015) (See Appendix 1 for guiding questions) to answer the research problem highlighted.

Then, all the interviews were transcribed and analysed to identify the types of metaphor and how social and cultural background influenced the conceptualisation of cancer among the cancer participants. First, the interview content was analysed using the Metaphor Identification Procedure (MIP) to uncover and identify the types of metaphor that the patients' used in talking about their cancer and cancer experiences. This procedure adheres to Pragglejaz's (2007) method for uncovering metaphorically used words in texts (as cited in Suziana Mat Saad, Nor Hashimah Jalaluddin, & Imran-Ho Abdullah 2017: 194):

1. Read the whole text or transcript to understand what it is about.
2. Decide about the boundaries of words.
3. Establish the contextual meaning of the examined word.
4. Determine the basic meaning of the word (most concrete, human-oriented and specific).
5. Decide whether the basic meaning of the word is sufficiently distinct from the contextual meaning.
6. Decide whether the contextual meaning of the word can be related to the more basic meaning by some form of similarity (Suziana Mat Saad, Nor Hashimah Jalaluddin, & Imran-Ho Abdullah 2017:194; see Appendix 2 for more details)

Once the metaphors are identified, the metaphors were sorted based on the primary meaning into the categories that emerged simultaneously with the grouping process. Similar procedures were repeated to identify the metaphors in transcription. From this process, the objective which 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 involves 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 metaphor 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.

RESULTS AND DISCUSSIONS

TYPES OF CANCER METAPHORS USED IN NARRATING CANCER

The results of the study show that 292 metaphors were uttered with average usage of nine metaphors by each patient in narrating cancer. The total numbers of words transcribed were 77206 words. 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 1 shows the frequency and percentage of usage for each types of metaphors.

TABLE 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 1, it is observed that different types of metaphors were used in narrating cancer. This was indicated by the words and phrases used by patients in expressing their different mentality on cancer and cancer experience. In accordance with 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%). It was discovered that a multitude of words and phrases were used by patients to describe cancer and cancer experiences metaphorically including "(a) gift", "(a) lesson", and "(a) death sentence" for the conspiratorial metaphor; "shocking", "scary", "fearful", and "hopeless" for the structural metaphor; "(a) learning process", and "way", "path", "through", and "follow" for the journey metaphor. 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: 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: 9).

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. This is because 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 in narrating 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. Examples 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%) in narrating cancer. This may be due to her family background that is having a child in the field of engineering.

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. One of the possible reasons that led to such results was that not all participants understood cancer similarly. This could be due to the patients' diverse sociocultural background (Potts & Semino 2019; Pahria 2017; Wiafe 2017).

CANCER METAPHORS AND ITS RELATION TO THE GENDER

Table 2 shows the metaphors used by the male and female cancer participants in narrating their understanding and experiences on cancer.

TABLE 2. The usage of metaphors according male and female

	Male	Female	Total
Structural	36 (33.33%)	72 (66.67%)	108 (100%)
Conspiracy	27 (29.67%)	64 (70.33%)	91 (100%
Journey	8 (23.53%)	26 (76.47%)	34 (100%)
Live	6 (26.09%)	17 (73.91%)	23 (100%)
War/military	9 (50.00%)	9 (50.00%)	18 (100%)
Ontological	3 (42.86%)	4 (57.14%)	7 (100%)
Theological	1 (16.67%)	5 (83.33%)	6 (100%)
Orientational	1 (25.00%)	3 (75.00%)	4 (100%)
Machine	0	1 (100.00%)	1 (100%)
Total	91 (31.16%)	201 (68.84%)	292 (100%)

From the results tabulated, it can be observed that female used more metaphors (68.84%) compared to male (31.16%) although they shared most of the metaphors used in describing cancer. While different types of metaphor are being used, only the frequently used cancer metaphors are discussed. Among the most used 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. 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 (76.47%) and 64 conspiratorial metaphors (70.33%) 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.

In terms of war or military metaphors, interestingly, both male and female used nine (50.00%) 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 et al. 1993). Thus, through the use of such metaphors, the understanding of cancer and how a patient would respond to it can be well presented.

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 is because the effects of hormone on brain organisation that is acting differently between male and female are naturally causing the biological and behavioural differences among the genders (Kimura 1992). According to Azianura Hani Shaari and Shahrul Nazmi Sannusi (2017), 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).

Not only that, McQueen, Vernon, Meissner and Rakowski (2008) also mentioned that females are the more frequent cancer worry 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. 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 forsecond opinion and more information before and while accepting the treatment. Thus, it can beshown 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.

CANCER METAPHORS AND ITS RELATION TO ETHNICITY

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 3 outlines the usage on the types of metaphors across different ethnic groups

TABLE 3. The usage of the types of metaphors among ethnics and its percentage

Types of metaphor	Chinese	Malay	Iban	Bidayuh	Indigenous group	Total
Structural	25 (23.15%)	17 (15.74%)	24 (22.22%)	15 (13.89%)	27 (25.00%)	108(100.00%)
Conspiracy	34 (37.78%)	15 (16.67%)	11 (12.22%)	12 (13.33%)	18 (20.00%)	91 (99.97%)
Journey	12 (35.29%)	7 (20.59%)	5 (14.71%)	5 (14.71%)	5 (14.71%)	34 (100.00%)
Live	5 (21.74%)	6 (26.09%)	4 (17.39%)	1 (4.35%)	7 (30.43%)	23(100.00%)
War/military	3 (16.67%)	3 (16.67%)	6 (33.33%)	3 (16.67%)	3 (16.67%)	18(100.00%)
Ontological	3 (42.86%)	2 (28.57%)	1 (14.29%)	-	1 (14.29%)	7 (100.00%)
Theological	-	1 (16.67%)	1 (16.67%)	1 (16.67%)	3 (50.00%)	6(100.00%)
Orientational	1 (25.00%)	1 (25.00%)	1 (25.00%)	-	1 (25.00%)	4 (100.00%)
Machine	-	1 (100.00%)	-	-	-	1 (100.00%)
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 3, 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. Among the Chinese, the use of the term "journey" provide 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 sociocultural societal practices in the community are still practiced (Siti Fairuz Mohd Yusof & Nor Hayati Sa'at 2019) as 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.

CANCER METAPHORS AND ITS RELATION TO OCCUPATION AND SOCIO-ECONOMIC STATUS

Furthermore, occupation and socio-economic status also affected the metaphors that the participants used to conceptualise cancer. While different types of metaphor are being used, only the frequently used cancer metaphors are discussed. For example, Patient 12 who lives 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 in conceptualising cancer (Huijbrechts 2016). This is especially among the Malaysian Chinese as they adopt a sociocultural of front to the future orientation in their everyday life.

Besides, Chinese's participants also used 34 conspiratorial metaphors (37.78%) which is the highest among the ethnic groups 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 (Lu2004). 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 moulds cancer into a story for a patient to share with others.

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.

Besides, a Malay patient (Patient 11) described that due to financial limitation, her first understanding of cancer was described through the structural metaphor, "mati" (die) because there is no suitable bone marrow from her siblings and sufficient money for transplantation 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 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 are affecting 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 live 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, cancer patients 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 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.

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.

LIMITATIONS

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. Thus, to reduce misinterpretation, the metaphors used must be analysed with refer 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 occurred 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 (Krueger 1994; Freitas et al. 1998).

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.

CONCLUSIONS

Although the focus of the study confined it to a small group of cancer patients in Kuching, Sarawak, 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' thought 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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APPENDIX 1

Guiding questions adapted from Acuna et al. (2016), Chapman (2001), Lendik et al. (2017) and Sairanen (2015)

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?
3. What makes you think that you have cancer before any test?
4. How did you handle the news when you know that you had cancer?
5. What are you doing/ have you done about it?
6. Do you tell people about it?
7. Knowing that there are various treatments for cancer, which do you prefer? Why?
8. Has cancer changed and affected your life?
9. As a survivor, how would you describe all that you have gone through?

APPENDIX 2

Step-by-step in identifying metaphors

Patient 13

"…… send me a book from Australia, is a picture book for children to understand and its mum got cancer [ahh] picture book so with that I was like oh I can tell like telling a story to my children and I said this is exactly what I am doing it describe you know from the beginning till the end…"

CANCER IS LIKE TELLING A STORY

The next step is to determine the contextual meaning, basic meaning, comparing the contextual meaning with basic meaning and making a final decision as to whether the unit is used metaphorically in the context of the discourse.

1. *Cancer*
    a. Contextual meaning
        i. The contextual meaning of cancer indicates an evil or destructive phenomena
    b. Basic meaning
        i. Cancer refers to a disease – malignant growth or tumor resulting from an uncontrolled division of cells.
    c. Contextual meaning vs basic meaning
        i. The contextual meaning of cancer is as the same as the basic meaning. Therefore, cancer is not a metaphor.

2. *Like*
    a. Contextual meaning
        i. The contextual meaning of like is relate or reveal (a story/ information)
    b. Basic meaning
        i. Like refers to having the same characteristics or qualities; similar to
    c. Contextual meaning vs basic meaning
        i. The contextual meaning of like is in contrast to the basic meaning. Therefore, it indicates a metaphor.

3. *Telling*
    a. Contextual meaning
        i. The contextual meaning of *telling* is relate or reveal (a story/ information)
    b. Basic meaning
        i. Telling refers to the communication of information to someone in spoken or written words.
    c. Contextual meaning vs basic meaning
        i. The contextual meaning of *telling* is in contrast to the basic meaning. Therefore, it indicates a metaphor.

4. *Story*
    a. Contextual meaning
        i. The contextual meaning of *story* is an account of cancer (past event) in patients' life.
    b. Basic meaning
        i. Story is an account of imaginary told for entertainment.
    c. Contextual meaning vs basic meaning
        i. The contextual meaning of *story* in contrast to the basic meaning. Therefore, *story* is a metaphor

Based on the analysis of the data, *cancer is like telling a story* is metaphor because the contextual meaning of *cancer is like telling a story* is in contrast to the basic meaning. The contextual meaning suggests that *cancer is like telling a story* is cancer is a story, and based on the basic meaning, it means a disease that has the same characteristics as communicating story as entertainment.