Understanding Aging, Death and Dying: The Effects of Proverbs and Metaphors on Individuals and Experiences

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Abstract

Proverbs and metaphors can be used as a mechanism for understanding and constructing meaning of an individual’s experience. Aging, death and dying are examples of contexts within the life course trajectory in which proverbs and metaphors are commonly used. Society, culture and therefore language play an important role in the way individuals derive meaning from and portray their experiences of aging and death. Treatment seeking behaviours and the way in which patients and interdisciplinary health care practitioners communicate and interact can be understood through analysis of the use of proverbs and metaphors. The use of proverbs and metaphors can assist in effective communication to improve a patients understanding of the complexity and severity of their condition. Proverbs and metaphors also convey attitudes and beliefs towards aging, death and dying, which can impact on an individual’s acceptance of their situation and the quality of care that an individual receives as a result of understanding the underlying needs of the individual.

Key words: Health, Aging, Death, Language, Society.

Introduction

In many languages, proverbs are used to impart advice or a particular moral. Proverbs generally support specific social values and are often utilised in order to ascribe meaning to particular cultural contexts (Fanany & Fanany 2003). Aging, for example, is one concept in which proverbs are used to contextualise an individual’s understanding of the life course particularly the “gains and losses of aging” (Cole, Achenbaum & Carlin 2008: 235). This suggests that individuals may use proverbs to enable themselves to acknowledge or give self-justification to the individual, shared or collective experiences inherent to aging.

Likewise, metaphors are used to construct meaning complementing an individual’s worldview. Metaphors “create new similarities by changes in word meanings” (Ortony 1998: 5), however, metaphors can refer to a single word as well as to a broader concept or idea. The role of metaphors may be significant within an aging population to give meaning to situations or behaviours while addressing the social or cultural context in terms of cognitive understanding or as an emotive device (Holland & Quinn 1997).
The use of language is “central to the lived experience of age and aging” (Coupland, 2004: 70). This suggests that linguistic devices such as proverbs and metaphors mediate the emotional impact of the written and spoken word being used as a coping mechanism for dealing with life experiences and changes associated with aging. In addition, Hepworth notes that metaphorical imagery acknowledges preconceived ideas or “stereotypical assumptions” of aging (2004: 13). By understanding the use of these sociolinguistic mechanisms, this enables researchers to address an individual’s fear of aging and its inevitable consequence of death (Coupland 2004).

The Significance of Understanding the Use of Proverbs and Metaphors in Health Care

The use of proverbs and metaphors in both verbal and visual form have become instrumental in enabling individuals to create their own personal understanding of the life course and to empathise with the life course experience of others (Cole & Meyer 1991). Individuals use many different proverbs and metaphors to describe and represent their aging experience which is frequently expressed in terms of a journey. Kenyon suggests the “homo viator metaphor” (1991: 19), or the metaphorical life journey, has multiple characteristics which are used as “a basis for judging the usefulness or effectiveness of a particular metaphor” (1991: 20). These characteristics identify the personal meaning that an individual gains from their experience, the opacity of the experience or the risks, choices and consequences of events both seen and unseen. The duration of the individual experience or journey of aging is also of importance to the characterisation of “homo viator” metaphors. This is because death is a fundamental element of aging which can be anticipated; yet despite prognostication by health professionals the timing of one’s death cannot be precisely calculated. “Homo viator” metaphors can also be characterised by their dynamism as the individual’s aging experience is constantly changing; while no two experiences are the same, they may possess similarities which underpin the implicit meaning of the metaphor (Kenyon 1991).

The understanding of the underlying characteristics of proverbs and metaphors which individuals use to describe the aging experience or life journey can be used to develop a further awareness of how the use of linguistic structures can influence behaviour, responses and perceptions from a social and cultural standpoint. The life course trajectory of the aging population is “marked by open experience thresholds”, which suggests that the experiences of an individual highlight life transitions, identity changes and crises without the need for identification or ritualization of life passages (Cole, Achenbaum & Carlin 2008: 242). Proverbs and metaphors, in this sense, can be used to represent an individual’s perspective of the life course and their experiences of the aging trajectory. The proverbs and metaphors individuals use in general communication may be indicative of the treatment seeking behaviours and the needs of the aging.

While the use of proverbs and metaphors may not be transparent linguistic structures in which to convey health information, the meanings of the proverbs and metaphors are often implicit in the way they are used. The use of sociolinguistic mechanisms of this kind can be associated with multidimensional attitudes towards aging. These attitudes towards aging can have far reaching impacts on the elderly as well as
interdisciplinary health care providers; therefore it is necessary to understand how
proverbs and metaphors are used within health care settings, to ensure the needs of the
aging are not disregarded through an inadvertent misunderstanding of communication
(Almeida, Charles & Neupert 2008; Coupland 2004).

The benefits of such knowledge rest with the ability to interpret the proverbs and
metaphors used by aging and dying individuals, in order to understand the illness
experience of the individual from a culturally competent, interdisciplinary perspective.
The understanding and usages of proverbs and metaphors, within aging and dying,
goes beyond their literal application in everyday conversations. Proverbs and
metaphors can be utilised as a process for intervention to meet the needs of the aging
and dying through policy, education, treatment and future research (Schroots, Birren

Cultural precepts are frequently overlooked when providing for health needs of the
aging, particularly within end of life situations. In Western society fear of death and
gerontophobia, that is the fear of old age, often creates a dichotomous culture between
the older and younger generations (Kübler-Ross 1969). This dichotomous culture has
developed with the demise of awareness of the life cycle, as intergenerational
traditions are lost and changes in the family structure have resulted in identity crises
where individuals struggle to find meaning through life experience (Cole, Achenbaum
& Carlin 2008). It is this need to ascribe meaning to situations and experiences that
makes the use of proverbs and metaphors appealing to individuals as the syncretic
nature of these linguistic devices means they can be adapted to suit the requirements
of the situation.

**Proverbs, Metaphors and Experiences of the Individual**

The way in which language is used has a vast impact on an individual’s experience.
When speaking about death and dying, the words, death, dead and dying are often
avoided, in favour of metaphorical language such as “lost”, “no longer with us” and
“life threatened” (De Spelder & Strickland 2011: 10-11). The use of metaphors when
discussing death and dying often has varying impacts, not only on the individual but
also on the societal understanding of death and dying. Metaphors that “devalue or
depersonalise” an individual’s experience of death and dying not only undermine the
experience, but also heighten the societal fear of death, and can be viewed as a form
of death denial, in which discussing the reality of death is avoided or taken lightly
(Kübler-Ross 1969). It can be noted that the use of language highlights the intensity
and proximity of an individual’s experience with death as well as how the death is
experienced. For example, the metaphors used to discuss death may imply the
circumstances of the death and the phases of grief and recovery. The use of metaphors
in this way may also offer signs of the individual’s attitude towards death and dying
and the underlying cultural context (De Spelder & Strickland 2011).

The use of metaphor can also impact on the way in which patients are treated within
the health care system. For health care professionals, metaphors are useful
communication tools to enable patients to understand the severity and impact of their
health. Metaphors can be used to enhance a patient’s understanding of the circumstances; however in order for metaphors to be used as effective communication
devices, particularly with complex health concepts, it must be ensured that the metaphors used are relevant to the patient, taking into consideration any social and cultural beliefs, and are used to confirm the patient’s understanding (Osbourne 2005). An integral aspect of relevance in this context is the existence of these metaphors as part of the cognitive framework of the individual involved. This may create a special problem in our increasingly multicultural society where there is an increasing likelihood that care providers and patients may originate from different cultural groups. For this reason, cultural competence for health care professionals should include ways of addressing death across cultures because it is no longer possible to assume that the provider and patient will share the same cultural background, which includes the use and understanding of metaphor.

The use of metaphors, can be reciprocal as patients attempt to explain their experience with health care professionals. It may be necessary to clarify the underlying meaning of the metaphors used. It is important to establish a mutual understanding of metaphors used in health issues so that health care professionals can be empathetic to the needs of the patients and to enable patients to establish their own personal understanding of their circumstances in order to facilitate acceptance and support mechanisms. The downfall of the use of metaphors as a mode to convey health information, however, is that it may fail to confront the depth and the importance of the situation thereby not meeting the expectations or the needs of the patient. For example health care practitioners may fall short of adequately explaining the rationale for institutionalised care, due to the negative connotations associated with this, and therefore use metaphors to indirectly address the issues to avoid conflict, confrontation or emotional situations (De Spelder & Strickland 2011). Since metaphor is, by definition, ‘calling a thing by the name of something else’, the person involved may perceive metaphor use by health care professionals as a way of avoiding talking about the real situation.

The institutionalisation of the elderly is one experience that is addressed by both proverbs and metaphors. The proverb “you can’t shift an old tree without it dying” (Speake 2004: 274), for example, identifies societal opposition to traditional wisdom and highlights the loss of social value of the elderly, however it also expresses the loss of independence and the institutionalisation of the elderly. Traditionally, the elderly and dying were not institutionalised in aged or palliative care; they were instead cared for by family members; although with political and social changes many elderly people are able to remain independent despite common misconceptions suggesting that the elderly are a societal burden. The shift toward domiciliary and community care services enables the elderly and terminally ill to be treated in familiar surroundings in their homes, rather than be moved to institutionalised care services (Palmer & Short 2007).

Moving to a new environment, such as institutionalised care services, can deeply impact on an individual, particularly emotionally where individuals may find it difficult to readjust to different living arrangement. Relocation to institutionalised care can be a stressful event for the elderly as they need to redefine their social identity as well as overcome feelings of loss, insecurity and vulnerability in order to derive meaning from the experience (Hillier & Barrow 2007). The perception of aging and dying, therefore can impact not only on a patient’s willingness to access care, but also their acceptance and adjustment to their situation. The proverbs and metaphors
that are available in a given language provide a means by which individuals can contextualise their own experience and also allow for empathy towards the situation of others. This is an important function of proverbs, and metaphors in general, as shorthand means to encapsulate the common experience of the cultural group that uses specific items and connects individuals to the collective understanding of others.

It is worth noting that this collective understanding is changing for people in the English-speaking world, as new cultural norms take on greater significance than older ones, such as those embodied in the proverbs studied here. In the case of aging, death and dying, emerging norms appear to be significantly different from older ones, leading to conflict between two different conceptualizations. Many people have been exposed to both and are likely to have internalized the relevant elements of each as a native speaker of English and a member of the Australian community. This highlights the need for continuing attention to be paid to dominant metaphors, especially as these have the potential to affect the way in which people perceive their own experience of old age, death and dying, but also how younger people, who may not be at that stage of life, view and interact with those who are. This is especially relevant for those in the health care professions as it is their role to provide the most effective and appropriate care possible for their patients or clients, in terms of their psychosocial experience as well as treatment.

**Conclusion**

Within health care settings it is important to understand the role and function of proverbs and metaphors in patient-carer communication. Many people use proverbs in general conversation as an expressive device to identify their feelings and beliefs through using commonly understood phrases. Proverbs however are not limited to use by the patient; they can also be used by health care professionals to impart wisdom, particularly, in reference to the life cycle and through promotion of healthy aging. These traditional sentiments are often effective in reminding the hearer of his or her connection to the larger culture and suggesting that others in fact understand and share the same experiences. While some proverbs form the basis of health promotion initiatives currently, it is important that health care professionals understand the underlying meanings of proverbs and their usage in syncretic contexts in order to understand the patient perspective. Similarly with metaphors, the meaning of the metaphor is dependent on the context; therefore it is important that the function of metaphors is understood in communicating with patients. As metaphors can take on multiple meanings it cannot be assumed that the patient and carer derive the same meaning from the metaphor, despite the context, especially in an increasingly multicultural society. By understanding how proverbs and metaphors are used by patients, health care professionals can work towards bridging the communication gap which occurs due to generational differences, particularly when caring for the aging and dying. This is an area where proverbs are especially relevant as these traditional expressions have the potential to span generational differences as their meaning tends to remain stable over time within a given culture. Improving the quality of communication between health care professionals and patients may also improve the quality of patient care through a deeper understanding of patient needs.
Footnotes

1. This is a paraphrase from Aristotle (Poetics), showing how longstanding the issue of metaphor really is.

References


