

**Métaphores et médicaments :  
pour comprendre la question de la prise  
de médicaments quotidienne chez les aînés**

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Cette étude avait pour objectif d'explorer l'utilisation de métaphores chez les aînés autonomes prenant des médicaments pour des maladies chroniques. Des témoignages tirés d'une étude plus vaste fondée sur des théories empiriques ont été soumis à une analyse comparative constante et un processus d'induction. Une deuxième analyse des témoignages de 21 participants a été réalisée. Chaque ligne des transcriptions ont été étudiées de façon à relever et cerner le langage pertinent et à déterminer les liens et les thèmes présents. Les témoignages contenaient diverses métaphores. Quatre catégories ont été relevées : l'enchaînement, l'espoir, l'autorité extérieure et les craintes relatives à la communication. Trois autres thèmes étaient également présents : le vieillissement et la mort, la personnification des médicaments et le corps en tant qu'objet. Les auteurs ont conclu que l'utilisation de métaphores chez les aînés révèle la présence de tensions et de dilemmes non résolus relativement à la prise de médicaments.

Mots clés : métaphore, prise de médicaments, aînés, maladies chroniques, témoignages

# **Metaphors and Medication: Understanding Medication Use by Seniors in Everyday Life**

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The purpose of this study was to explore the use of metaphor by independent seniors taking medication for chronic health conditions. Narratives from a larger study using grounded theory were analyzed using constant comparative analysis and induction. A secondary analysis of the narratives of 21 participants was undertaken. Transcripts were read line-by-line and all relevant language was highlighted and reviewed with the aim of identifying relationships and themes. The narratives revealed a diverse range of metaphoric language. Four categories were identified: being shackled, hope, external authority, and communication fears. Three additional themes were interwoven into the narratives: aging and death, medication personified, and the body as object. The authors conclude that metaphor reveals the tension and unresolved dilemmas faced by seniors with regard to medication use.

Keywords: metaphor, medication use, older adults, chronic illness, narratives

## **Introduction**

Nurses are among the many health-care providers concerned about increased medication use among community-dwelling seniors, who are largely unsupervised in their medication practices. Medication use by community-dwelling seniors takes place in a multifaceted context. Seniors with chronic health conditions are living longer as new drug-treatment options become available. Additionally, seniors are exposed to a culture of targeted advertising in which a pill for every ill is encouraged. Research in the area of seniors' medication use has been predominately influenced by the perspective of health professionals and is grounded in an empirical discourse of compliance and adherence (Belcher, Fried, Agostini, & Tinetti, 2006; Hughes, 2004; Lorenc & Braithwaite, 1993; Mirza, 2006). There is a much smaller body of work examining seniors' use of medication as consumers in a commoditized and heavily advertised milieu (Cruikshank, 2003; McKim & Mishara, 1987). Increased medication use, while potentially beneficial for seniors, also places this population at high risk of adverse drug events (Sikdar et

al., 2010). While many are keen to intervene and embark on strategies such as public education campaigns to address this issue, we believe it is important to first understand the experience of medication use from seniors themselves, especially those who are living with one or more chronic health challenges.

There is a paucity of information about unsupervised medication use. Perhaps more importantly, very little is known about how medication use by community-dwelling seniors is informed by their embodied, situational experiences. During an analysis of narratives as part of an overarching study to address this question, our research team was struck by the metaphorical language that emerged as participants tried to illustrate and describe their unique experiences related to medication use and practices. The realization that metaphors are embedded in everyday conversation and stories prompted us to undertake a secondary analysis of the narratives, focusing on metaphorical and figurative language. We wanted to know how older adults use metaphors to describe their use of medications. More specifically, our aim was to better understand how metaphors might capture the day-to-day experiences of independent chronically ill seniors who use medications. It quickly became evident that there is a knowledge gap in this area of inquiry. While much has been written about the use of metaphor in nursing, we found no studies focusing specifically on how seniors use metaphor to describe their experience of daily medication use. In this article we describe findings that extend this new area of inquiry.

## **Background**

### ***Medication Experience***

The experience of seniors using medication to manage chronic health challenges is complex and entails many small decisions, which in turn are influenced by situational and embodied changes due to the medications themselves. These changes can be positive or negative and can be intended or unintended. Little is understood about how community seniors experience living with chronic health challenges, which often increase in number with aging and necessitate the use of multiple medications instead of one or two. Shoemaker and Ramalho de Oliveira (2008) describe three studies with younger adults taking medication for chronic health conditions. They found the “medication experience” to be a useful concept for better understanding the meaning of medications for patients. The broad notion of lived experience from a hermeneutic perspective recognizes that life is full of experiences that move individuals to make meaning and to bring forth understanding based on the context

of their life world (van Manen, 1989), which most often occurs through the use of language.

### ***Metaphoric Language***

Metaphor is defined as “a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them” (Mish, 2000, p. 729). For example, medication is sometimes referred to as an anchor. Metaphor embedded in everyday language can reveal much about common experiences (Stephenson & Black, 1990), such as those of independent seniors who use medication. Metaphor is a novel way of looking at narrated life experience, as it can also create expectations, influence decisions, and epitomize our understanding of things and processes (Geary, 2009). Quite simply, metaphor is integral to the functioning of language (Abrams, 1993) and central to the creation of new combinations of ideas (Baldick, 1990). Our research focus was not the structure of language but the interpretive opening created within language. Metaphor is invitational and can help us to make sense of a complex world and reality, such as medication use by seniors. Metaphor “defamiliarizes” the familiar and causes us to pause; it “creeps up on you and surprises” (Janesick, 1994, p. 209). In her classic work, Sontag (1990) writes that we must remain open to illness experiences and what they truly mean, that the pervasive overuse of metaphor can also obscure. Herein lies the challenge for health-care providers: to be alert to what is heard so that we may be surprised again.

### ***Metaphoric Understanding***

Why is approaching understanding through metaphor important to nursing and other health-care professions? Those under the care of health practitioners are often vulnerable, overwhelmed, or faced with challenging life issues. Discerning what is really happening or making sense of the interwoven pieces is never a straightforward process. When health-care providers transcend the literal concreteness of terms and begin to listen with a metaphoric lens, they have an opportunity to gain new understanding in complex areas such as medication use. When patients use metaphor to describe their situations, practitioners can use it as an opening for further discussion. Metaphor invites practitioners to pause and contemplate what was said and what it might mean, to use patients' own words in order to explore their feelings and realities. This process can foster increased understanding on the part of the teller and the listener. We believe that metaphoric language offers a direct and available technique for exploring common understanding. In many instances, metaphor provides a safe way to say the “un-sayable.” Eisner (1991)

expands on this notion, stating that “for making public the ineffable, nothing is more precise than the artistic use of language. Metaphoric precision is the central vehicle for revealing the qualitative aspects of life” (p. 227). This is especially true for the ways in which people talk about their own impending death in intercultural clinical contexts (Burgess, Stephenson, Ratanakul, & Suwonnakaote, 1998; Stephenson, 2002). Metaphor also can act as “symbolic shorthand for understanding and communicating as one tells the narrative story of a life” (Malinski, 2009, p. 310).

Metaphor can serve as an entry point for meaningful exchange. Not only can metaphorical expression benefit patients, but, equally important, understanding through metaphor is a form of inquiry that is available to all health-care providers. This is a refreshing possibility given the current reality of overwhelming practice environments where compassion fatigue can take hold. Nurses need not be artistic, but must be able to tap into their best intentions and their genuine desire to understand those under their care.

Metaphor is also a way to amplify the voice of a group that is hidden or not easily accessible or that is understood in purely quantitative terms. When caring for the elderly, health professionals today tend to focus on medication management and adverse events; although this approach is an important empirical way of knowing, it is clearly insufficient for understanding the patient’s point of view, which often includes experiences of marginalization and powerlessness (Stephenson, 2001). Metaphor can be a doorway to how patients view themselves in the cultural discourse surrounding medications and medication use and can help to deepen our understanding in a more interpretive and individualistic way.

### ***Use of Metaphor in Nursing***

Examination of metaphor to understand nursing and nursing practice is not new. Fagin and Diers (1984) describe how nursing often evokes disturbing or discomfoting images, which make their way into metaphors: nursing as motherhood, class struggle, equality, conscience, and intimacy. A prominent metaphor in nursing is “hands on,” implying “touch, real work, technical expertise, and connection with patients” (Engebreston, 2002, p. 20). The nature of nurses’ emotional work has also been explored through root metaphors of the body as a container and emotions as energy (Froggatt, 1998). In nursing ethics, “boundary” is a metaphor used to describe how nurses conceptualize ethical connections (Austin & Bergum, 2006) as they navigate towards a “moral horizon” (Storch, Rodney, & Starzomski, 2004). Metaphor has also been used in nursing as a tool for self-reflection (Levin, 2006), to create personal narratives (Gaydos, 2005), and as a guide for engaging nursing theory (Pipe, 2008).

With regard to nursing pedagogy, Benner, Sutphen, Leonard-Kahn, and Day (2008) advocate for new metaphors such as “dance” to replace the manufacturing type of metaphorical language in which students are viewed as products and the curriculum as factory (Allen, 2006).

Nursing has also attended to patients’ use of metaphor, but in a more limited way. In particular, nurses have examined patients’ use of metaphor to understand their experiences of dying (Breslin, 1996; Hutchings, 1998; Jones, 1991) and living with serious illnesses such as HIV (Jones, 2003) and myocardial infarction (Jairath, 1999). We undertook a literature search to determine whether researchers have explored the metaphors that seniors use to describe their daily medication use. Using combinations of the keywords “metaphor,” “medication,” “drug,” “senior,” and “elderly,” we were unable to find published research in this unique area. There is a diverse range of research with the elderly that alludes to metaphor in broader areas: policy (Boxenbaum, 2001), pain and pain management (Ferrell, Ferrell, Ahn, & Tran, 1994; Zalon, 1997), abuse and neglect (Lachs & Pillemer, 1995), delirium (Beresin, 1988), depression (Pang, 1998), alcohol use (Johnson, 2000), computer accessibility (Yousef, 2001), and how time is experienced (Strumpf, 1987). Two studies look at the efficacy of using metaphor with medication reminder systems (van Veldhoven, Vastenburger, & Keyson, 2008; Vastenburger, Visser, Vermaas, & Keyson, 2008). We found no studies focused on how seniors use metaphor to describe their experience of daily medication use. This knowledge gap is significant; once researchers better understand the experience of older adults with medication, an opportunity can be created to build on positive aspects and address negative aspects. By understanding what is important to older adults, researchers can strive to make their experience with medication use safe and congruent.

## **Methodology**

### ***Study Design***

The research presented here was an extension of an overarching interpretive hermeneutic study (Holroyd, Vegsund, Stephenson, & Beuthin, 2012) aimed at helping health professionals to better understand the day-to-day experience of medication use and related decision-making by community-dwelling seniors in a context that did not involve “the gaze” or supervision. Hermeneutics is the philosophy of understanding and elucidating the conditions by which meaning can become apparent (Geanellos, 1998). According to Schwandt (1999), to understand “is literally to stand under, to grasp, to hear . . . or comprehend the meaning of something” (p. 452). The research involved one-on-one interviews with large open-ended segments that captured rich, often unanticipated,

narratives. As interpretive researchers, we realized that our preconceptions about medication use would likely be different from those of the participants. For this reason, we were mindful, during the interpretation process, of the need to maintain a stance of openness to the many meanings that emerged. Additionally, as health professionals we were challenged to transcend the tendency towards self-confirmation as it relates to the phenomena of interest. We took care to not assume what the participants' experiences with medication use would be.

### ***Sample***

Older adults with one or more chronic health conditions were recruited from two seniors' centres and one community seniors' group on Vancouver Island on Canada's west coast. Posters were placed in the seniors' centres and e-mails were sent to members of the community seniors' group. Inclusion criteria were as follows: age 65 or older, one or more prescription medications, one or more chronic health challenges, and ability to take part in an English-language interview. There were 21 participants, 9 male and 12 female, of whom 11 were aged 65 to 74 and 10 were 75 or older. Education levels ranged from high-school graduation to university degree. Once consent was obtained, participants were offered a choice of interview site; 11 opted for one of the seniors' centres and 10 opted for their own home.

The study was approved by the Research Ethics Boards of the University of Victoria and Vancouver Island University.

### ***Data Collection***

The data for this secondary analysis were taken from one-on-one interviews with participants concerning their everyday medication use. The interviews were conducted by a nurse researcher and a graduate student in anthropology. Participants were requested to bring a list of any medications they were currently taking, including non-prescription, over-the-counter, and alternative medications. The participants were also invited to bring along, in a Ziploc bag, all the medications they were taking so that the researchers could record this information. (The 10 participants who were interviewed in their homes were invited to simply show their medications to the researcher.) Of the 21 participants, 15 produced their medications and the researchers recorded the information. This self-reported information revealed that participants took a mean of five prescription medications regularly and seven over-the-counter or herbal/alternative medications intermittently. Each participant was randomly assigned a pseudonym, which was used throughout the study. Demographic data were recorded and collated. Information on use of medication reminder systems was not recorded.

The interview guide was designed to give participants ample opportunity to elaborate on their lived experiences related to their medication and its use. This guide was iterative and although all participants were asked similar questions, interpretation of the question being posed, and the degree of attention it was given, depended on the individual participant and his or her unique situational, embodied experiences with medication use. The interview questions were developed in collaboration with key interlocutors from among “expert” seniors recruited through the Centre on Aging at the University of Victoria. Each interview was audiorecorded and transcribed to form a written narrative account of the lived experience.

### ***Data Analysis***

In the knowledge that metaphors can reveal much about everyday experiences, a member of the research team undertook a secondary analysis of all 21 transcripts. The goal was to examine how independent older adults use metaphors to describe their day-to-day experience of taking medication to manage chronic disease. The researchers extended the interpretive approach of the original study by drawing on the spirit of Janesick’s (1994) approach, which emphasizes metaphor and embraces the intention to carefully and thoughtfully “describe, explain, and make understandable the familiar in a contextual, personal, and passionate way” (p. 217). Janesick is a proponent of supporting assertions by drawing heavily on direct narrative quotations, as the researchers have done here.

To explicate expressions and language used, each transcript was read line by line and relevant language was manually highlighted. The term “metaphoric language” is used to illustrate how metaphor became more fluid as the narratives progressed. Had we adhered to a strict definition of “metaphor,” much of the rich descriptive language used by this population would have fallen away. All highlighted language was reviewed across participants with the aim of identifying relationships and themes. A second team member, who had conducted interviews for the larger study, reviewed the emergent findings. Researchers went back and forth, using constant comparative analysis and induction to develop themes. Janesick (2003) describes this approach to analysis as a way of staying grounded in the data. Within this circular process, researchers remained mindful of the need to be open and committed to engaging with the seniors as they shared their unique and complex subjective reality. As researchers listened, interpretive themes began to come forward, consistent with Janesick’s (2003) belief that “staying close to the data is the most powerful means of telling the story” (p. 63). A process of ongoing adjustment, using what is referred to as the hermeneutic circle, eventually led to agreement by the researchers on the narrative phrases and language



identified. It was through the natural questioning and movement between the textual data and the researchers that validity was achieved to the extent that it was. Researchers grew confident, as this process resulted in the clustering of data so that the overarching themes were reduced from thirteen to four. These broad themes were then shared with the full research team to determine whether the emerging interpretations rang true. This process allowed researchers to achieve the greatest validity possible for an interpretive study.

### **Findings**

The researchers found a range of metaphoric language in the narratives. There was heavy overlap of metaphorical language from which four key themes emerged: being shackled, hope, external authority, and communication fears. Further interaction with the data revealed three interwoven themes: aging and death, medication personified, and the body as object. The researchers were surprised by the degree to which the participants' statements began to form clusters that led to the emergence of the seven metaphorical themes. True to Janesick's (1994, 2003) approach, the researchers struck a balance between description and interpretation.

#### ***Metaphors of Being Shackled***

Medications were frequently viewed as having elements of danger and imprisonment. Undertones of tension were expressed by many of the participants who questioned whether they should be taking medication. Bill said, "We don't mess with danger" and spoke of "getting bombarded with the medication." He wondered about "the cure being worse than the disease." Similarly, Polly spoke of having one pill for this and one for that and wondered if "they do more harm than good." Bernie, too, wondered if she was "better or worse off" by taking "heavy-duty" medication. She also expressed concern about getting "hooked on the codeine." Mica referred to one medication as "poison," while Maddie used the terms "rat poison" and "painkillers." Bridget referred to medication as "heavy" and something "I don't play around with." Two participants described their medication as "a pain in the butt." Molly said that her drugs were "taking over my life." Holly spoke of "hoping to get off" her glyburide. Gord expressed the opinion that the pharmaceutical industry "is using the public as a guinea pig." He added that "your masculine pride is gone up in smoke" in reference to being dependent on little pills, day after day. Ignatius said he was not depressed "but ticked that I'm shackled to medicine." His frustration was further evident in what his wife described as a "balancing act," in that "when you're taking them you're not going to feel like doing anything." Ignatius elaborated: "There

are days when I take them and I think, this is the pits, this is the absolute pits." Mary expressed it this way: "I'm leery as hell of taking any medications."

The participants used figurative, literal, and colourful language when speaking of how many pills they took. While not purely metaphoric, the expressions create an opening to gain insight into the experience. Dan spoke of the challenge of travelling while on medication: "You take one suitcase with pills in it." Polly said, "I ended up with a fistful of drugs" and spoke of the medical system as "pushing the pills." Also expressed was a desire to take fewer pills. Three participants used similar phrases: "smaller is better," "little is better," and "less is better," as well as "more is not better." And yet, amidst the questions and expression of uncertainty, the participants did comply and took their prescribed medication. Molly said, "I'm very religious about taking them." The desire to take fewer medications and to not feel so imprisoned by the drugs revealed a tension when considered in light of the next theme, hope.

### ***Metaphors of Hope***

Bridget saw the benefits of her medication in controlling seizures: "It made me able to live a productive life . . . thank you, medication." Personification is related to metaphor (Abrams, 1993) and we see it here with an inanimate object, the medication, being addressed directly. Bridget then said, ". . . a fine line you're walking," with regard to taking drugs. She added, "I'd be lost without it" and yet "you take them with water and hope for the best." Dan was dubious about taking medication, saying, "It's a toss-up one way or the other," yet cheerfully described his nasal spray as "a godsend." Gord acknowledged that his medication gave him "peace of mind" but tempered his words by adding, "but on the other hand it gives you a negative feeling." This tension was also evident in Ignatius's referring to his medication as "an anchor": "When you take them, you know that you're just going to have this anchor, so there are days when you think, maybe, to hell with them, I just won't take them." Ignatius believed that if he stopped his medication he would "go downhill," so he continued with it, saying, "I'm happier dragging the anchor."

### ***Metaphors of Doctor as Authority***

Many of the participants expressed the feeling that they were under the authority of their doctor. Bernie said, "I'd hate to upset the apple cart sort of thing." Carlos was more direct: "I just follow the doctor's orders and I respect his judgement and that's it." Mica felt "assured that my doctor is sort of doing the right thing to protect me." James echoed this view: "I don't change anything myself, because I'm not a doctor." Peggy, however, took the opposite stance: "I think that medical relationship — the patient

and doctor — the doctor shouldn't be thinking that he is 10 miles above the patient."

### ***Metaphors of No Voice, Not Being Heard, and Misbehaving***

Molly wanted to voice her concerns but believed that the doctor "wasn't open to hear." Similarly, Bridget wondered if her medication was too strong but did not speak up, saying, "but I'm not the doctor . . . I'm only a layperson . . . he knows better than I do." She indicated that she would like to speak up and said that she encouraged her friends to "make waves" if need be, yet did not raise questions and chose to view her medications as "all legitimate, all under the doctor's care." Gord was sceptical, believing that the doctors "play along" with pharmaceutical companies and have "pushed the envelope." Polly, too, wondered if doctors were "pushing the pills" and if they "lose the touch of the patient."

Some participants also revealed how they viewed their own actions or behaviour. Holly said, "I don't really have any major complications associated with it, as long as I behave myself, but I don't behave myself well." She added, "I'm bad, I don't do the blood test . . . I push my luck a bit." When Gord mentioned that he altered his dose, he was asked if he told his doctor: "No, I didn't — I kept that for myself, because I didn't want to appear that I was a sloppy patient with bad habits." Mary referred to herself this way: "I'm a bad subject because . . . I'm leery as hell of taking any medications."

### ***Metaphors of Aging and Death***

While the focus was on everyday medication use, interwoven into the narrative of that experience were beliefs about aging and death. Participants used strong metaphors to offer glimpses of their perspectives. With regard to aging, indirect language used by Fred included "gone downhill." Jack said, "I haven't got much time left, it's all on the way out now." Molly put it this way: "I still have to keep going." Brian, too, spoke of wanting to "keep going" as long as he felt well. He added, "That would be a horrible way, to have your mind alert inside a shell of a body." Wally shared this view: "They sort of put them out to pasture and that's the end of that." Dan alluded to older people as "wanting to go" and as "[lying] there like a vegetable. It's not the answer." Ignatius said, "I've got way too much stuff to do to go and jump off a bridge." He later added, "As soon as you can't accomplish something, you're a drag on society." He referred to death as a "face plant": "As far as I'm concerned, there's nothing wrong with trying to live a full life until you do the face plant." An indirect reference to death is also found in a comment by Debbie: "They're still alive, not sick enough to die." Bridget said of an ill friend, "I thought she was going to leave us that day." Madge spoke at length

about a suicide attempt but never used the word “suicide,” referring to the act only indirectly: “I left a note on the kitchen table.” The reference to “a note” is a figure of speech related to metaphor, known as synecdoche, when the part is used for the whole (i.e., the note stands in for the suicide) (Abrams, 1993).

### ***Metaphors of Medication Personified***

Participants used colourful personifications to describe how the drugs acted in and on the body. An inanimate object, the medication, was endowed with human attributes. Fred described how his medication worked: “The cholesterol comes out, does a U-turn, comes back — this catches it before it does an L-turn.” He also spoke of his experience with narcotics: “Painkillers never really touched that pain . . . I realized that there was nothing that was cutting that pain, nothing could touch it.” Molly spoke about an adverse reaction; the medication made her sick “in my stomach — it was hitting my ulcer and everything else.” Madge described her prednisone as “chewing up the bones”; she also described talking to her medication: “I take all [of] them in the morning and I think, oh my god, I hope you guys all know what you’re doing down there because I think — heaven forbid. I mean, they all go in the stomach and it’s not the stomach where they have to be.”

### ***Metaphors of Body as Object***

The language used to describe the body and how it functions was often mechanical and concrete. In speaking of his cardiovascular system, Fred said, “You’ve got a pump and you make the pipe bigger, the pressure is less.” Fred described pain as something that could not be “touched.” Holly had been given information on how her medication worked, “but it just went in one ear and out the other, as usual.” She laughed and added, “But then memory is a sad thing at times.” Jack spoke of his heartburn, saying, “I found the heartburn was just faintly talking to me.” He had gone to the emergency department, “and they fixed me up.” Molly described her restless legs as “really jump[ing],” her ulcer as “weeping,” her bones as “breaking down,” and her atrial fibrillation as “that one that’s flying around in there, that butterfly.” She also described her inability to vomit: “My little gate won’t do it.” Maddie made reference to her rapid heart rate: “He explained that it happened to be that part of the wiring system breaks down.” Debbie spoke of having survived many things, and therefore knowing “what makes us work and what doesn’t make us work.” Ignatius explained that a body can “shut down.” He described genetic material being “plugged into your heart,” adding, “How they did this was they laid me out on a slab.” He described how he would “throw down a couple of aspirins.” Gord spoke of other patients having

informed him, “people that have gone through the procedure or the mill, so to speak.” Mary described her sciatic nerve as “doing a tap dance” and her body as talking to her: “I just feel like my whole body is saying, ouch, ouch, and it’s a ridiculous thing to say.” She also spoke of bacteria: “It takes a good one to knock me down.” Brian said that one should “listen to your own body,” which “the doctor comes in and pokes and prods and leaves.”

## **Discussion**

Findings from this study extend the literature on the use and value of metaphorical language for understanding patient groups. Examining the use of metaphorical language brought forth the voice of a new component of the experience of independent seniors who use medication on a daily basis: an inherent ambivalence towards taking drugs. We found a wide range of metaphors embedded in the language used by this population that reveal feelings of both gratitude and resentment centred on medication use; feelings of “hope” and being “shackled” often occurred simultaneously. The view of metaphors as paradoxical, in that they reveal and conceal, say and do not say, in ways that can be both personal and universal (Gaydos, 2005), is not new. For example, one is not literally shackled to one’s medication with chains, and yet medication can cause a sense of very real restriction on social outings. The metaphor of being shackled reveals a dependency but also hints at a more concealed but palpable sense of resentment of and imprisonment by the medication regimen. While tension associated with metaphor is also not new, we were surprised by the degree of tension expressed by the participants. Another example is the metaphor of “living a full life until you do a face plant,” which reveals thoughts about death, and yet use of the term “face plant” to symbolize death may conceal the discomfort of naming death directly and the use of hyperbole fused to dark humour. This is not euphemistic, yet it is a form of indirect speech. Hope is reflected in the metaphoric language of medication as “a godsend” and “I’d be lost without it.”

Delving into each of these areas has the potential to add to our understanding, but when they are considered together a deeper tension is revealed: the dilemma between being shackled and maintaining hope is that seniors are left wondering if they are “better or worse off” by taking their medications. This tension is further illustrated by two other emergent metaphorical themes: the doctor as authority and fear of speaking up, of not being heard, or of misbehaving (suggesting a timid and child/parent type of relationship). These dilemmas seemed to be holding the seniors back, in that they were not addressed, remained unresolved,

and appeared to be recurrent — if not cyclical. It is as if the seniors moved in an untenable, uninterrupted way between living with their condition, seeing their doctor, and taking their medication, as though caught in a web woven partly by themselves and partly by external factors that they felt helpless to control.

Adding weight to these tensions were three additional metaphorical themes that were unsolicited and yet closely interwoven into the narratives. These were aging and death, medication personified, and the body as object. Such a modernist and mechanistic view of the body as an object to be fixed (Armstrong, 1983; Gadow, 1990) can be problematic for health because it oversimplifies and shifts the potential of and reliance on solutions from internal knowing to entirely external forces — the physician as body mechanic. The researchers became aware of how the seniors actually lived in their body, which consumed pills. The concerns expressed through metaphor were often subtle, hidden within the everyday language of interviews. To a casual listener, these clues might be taken for granted and easily missed. Perhaps ideas about aging, life, death, and the body cannot be separated from the type of discussion about medication use that is common in contemporary health-care discourse. The metaphors used and interpreted here reflect the societal meta-narrative of medication as the all-powerful cure, a meta-narrative that can inadvertently silence other very real and related concerns of older adults. In health care, “the medication history” is taken as if it were a stand-alone entity, and the medication cart and medication delivery are the top priority in care settings for the elderly. Exactly what the metaphor of “delivery” within a discourse of efficiency may entail is a topic for another study, but it may be linked: If metaphors of medication use as embodied experience characterize patients, what metaphors are used by the health practitioners who “deliver” the care?

### ***Implications for Practice***

This study examined how metaphor can help us to understand older adults’ experience of medication use on a daily basis. Any approach that adds to our understanding is of value, as achieving understanding can be a challenging process. The participants expressed uncertainty in this regard. Their metaphors point to dilemmas between being hopeful about the benefits of medication and being concerned about highly disruptive drug regimens and side effects. In-depth conversations about medication use and its impact on their personal lives, and related decisions about quality of life and death, appeared not to be part of their experience. If health professionals try to more fully understand the experience of daily medication use — what is important and meaningful — we can strive to make medication use by seniors as safe as possible. Such a discussion

could include whether it is worthwhile continuing with the medications. From the patient's point of view, the embodied experience of medication use may render it not worthwhile, even if it falls short of actually being iatrogenic.

The findings of this study indicate that health-care providers should challenge their beliefs and understandings about the role of medications and the lived experience of seniors in their care. How might the findings from studies such as this one act as a bridge to deeper understanding and more informed practice? Health-care providers are encouraged to listen intently and with curiosity for hidden meanings within patients' stories, to listen for what is said and not said and what lies in between (i.e., uncertainties). Remaining open and listening for opportunities to engage in conversations with seniors, to let go of preconceptions and beliefs, and to be willing to glean deeper understandings of the reality of seniors' medication use may help to identify, name, and make explicit previously unheard but very real concerns. Once named, these concerns can be addressed in safe and respectful ways.

We encourage nurses to make the time to engage in meaningful conversations with seniors about what is important, to be aware of what conversations need to take place. Attending to metaphor is but one way of doing so, and it is not limited to nurse/patient relationships. Using the metaphoric language of this population to engage in collaborative conversations with other members of the health-care team may also prove effective. What are important are having the conversation, making concerns explicit, and removing barriers that impede the conversation from taking place. Discussions about medications and their impact on one's day-to-day life provide such an opportunity and can inform all aspects of one's well-being, including aging and death.

Lastly, as health-care providers, we are reminded of the importance of helping to amplify the voiced concerns of those in our care and to resist making our voice the dominant voice. Seniors may need support in finding ways to express their concerns so that their health behaviours are less ambivalent and more congruent with their life beliefs. Researchers must keep exploring and must continue to seek understanding of often taken-for-granted, everyday health-care experiences such as medication use in seniors with chronic disease. The metaphoric language described in this study may help to inform the development of public education campaigns aimed at addressing very real concerns related to adverse medication events in this population. The findings remind researchers and health-care providers to be aware of and to question beliefs and health-care practices that influence, dominate, and/or silence independent older adults who use medication on a daily basis.

### **Limitations**

This study has some limitations. The sample size was small ( $N = 21$ ) and the sampling strategy was intentionally purposive. Participant recruitment was limited to two seniors' centres and one seniors' group, thereby excluding older adults who may not have accessed this community resource. Also, the population sample was representative of a unique geographical and social setting in western Canada. Additionally, while it would have been ideal to return to participants for validation of the themes, this did not occur. Our findings, as is the case with all qualitative research, are thus not generalizable in the strict sense of the word. Yet it is our belief that they will be of broad theoretical interest to other researchers wishing to explore this topic and to health practitioners seeking to explore patient stories and to reach a deeper understanding of their medication experience.

### **Conclusion**

Community-dwelling older adults living with chronic disease use metaphors to help them describe the reality of their day-to-day experience of using medication. Developing an awareness of and listening for metaphoric language can be a way for health-care providers to achieve an interpretive understanding of the dilemmas faced by this vulnerable group. Keeping an open ear and attending to what lies hidden in everyday language can be helpful strategies for nurses to engage more deeply in meaningful conversations about what is real and yet often ineffable for older adults in their medication experience. Extending what is currently known about seniors and how they experience multiple medication use can lead to new possibilities for creating and influencing strategies for safer medication use in the community setting.

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