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Narrating Trauma through Metaphors and Technical Terms in Italian Patients' Narratives

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Abstract • The urgent need to humanise the practice of medicine has led to the emergence of narrative medicine, where writing is a useful tool in patient-centred care. In the medical field, writing not only allows patients to reflect on their illness, but is also a way for doctors to create a closer relationship between themselves and their patients. Patients' narratives have gained popularity in recent years due to globalisation and social media. Consequently, the number of patients willing to share their illness experience on the net is continuously increasing. In these narratives, the use of metaphors plays a particularly important role, since these are used to narrate subjective experiences. Therefore, the aim of this paper is to analyse both metaphors and technical terms used by Italian patients with haematological diseases when writing about their illness experience.

Keywords • Narrative medicine; Patients' narratives; Metaphor; Haematological diseases; Patient-centred care.

Ledizioni 

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I. Introduction

This paper aims at contextualising the studies about trauma and trauma narratives, as well as at offering an analysis of the use of metaphors and technical terms which appear in the narratives of Italian patients who have been diagnosed with some kind of haematological disease. First of all, we will take a look at the concept of trauma and post-traumatic stress disorder (PTSD), offering an overview of the causes and symptoms. In order to do so, two clinical psychologists, Dr. Cantillo, from the University of Extremadura, and Dr. Díaz, from the University of Zaragoza, have collaborated to provide us with some useful information about PTSD. In addition, for the sake of illustrating some of the concepts addressed and thus facilitating their understanding, a series of semi-structured interviews with real patients were conducted. The interviews, in which a total of six patients (four women and two men) participated, were carried out telematically after publishing a call for volunteers on social networks. This is followed by a brief overview of the history of the study of trauma narratives and some of the main works of reference. Finally, the bulk of the paper focuses on the corpus study, which is broken down into objectives, materials and method, results and conclusions.

I.1 Trauma and PTSD

The term 'trauma' has its origin in the Greek word *τραῦμα*, which means 'wound'. If we look up this concept in the dictionary of the Royal Spanish Academy, we find as the first meaning that trauma is defined as an emotional shock that produces lasting damage in the unconscious. The American Psychological Association specifies trauma as the emotional response to a terrible event such as an accident, abuse or a natural disaster. After such an event, some people develop what is known as Post Traumatic Stress Disorder (PTSD). According to Dr. Cantillo, this type of disorder is a mental health illness that can affect people of any age, from the age of six onwards, and can present itself through various symptoms. Some of these symptoms can be classified as intrusive memory, avoidance, reactivity and mood symptoms. Intrusive memory includes symptoms such as recurrent dreams or memories. Avoidance includes withdrawal from places or events that may bring back memories of the experience. The third type of symptoms, reactivity, includes irritability or insomnia. Finally, mood symptoms include social withdrawal or feeling emotions such as shame or fear, on an ongoing basis. According to the DSM5 (the reference manual used by clinical psychology professionals worldwide) in order to be diagnosed with PTSD, which is reported to affect around 9% of the population, a person needs to experience any of the symptoms for at least one month.

Firstly, we have the example of Serena, who, after suffering an episode of domestic violence while working abroad as an *aupair*, was diagnosed with PTSD due to her suffering from frequent nightmares and developing a social phobia that caused her to withdraw from

her friends for several months.¹ It has taken years for Serena to be able to travel again and even though she has moved back to the same foreign country, she has not been able to return to the city where the event took place.

However, the truth is that it is not really necessary to go through some kind of terrible incident in order to develop PTSD, as there are also some cases where a person develops PTSD when it is a family member or close friend who suffers the trauma. Although PTSD can originate after directly experiencing an event, such as domestic violence as mentioned above (or exposure to death, accident, real threat or sexual violence, etc.) it can also develop after directly witnessing such an event. We can see an example of trauma resulting from witnessing a distressing event in the case of Lucas, from Madrid, who, as fate would have it, was late for his usual train on 11th March 2004. Although Lucas did not suffer any physical harm, he witnessed the terrorist attack that took place on the train he was supposed to take to go to work, which consequentially caused him to develop PTSD. Lucas developed agoraphobia (endeavouring to avoid public transport and other crowded situations), as well as flashbacks symptoms, such as nightmares and intrusive thoughts, for over a year after the tragedy.

It is worth noting, however, that PTSD has consequences not only on an emotional level, but can also cause actual damage to the brain, specifically to the structures of the hippocampus, which is in charge of long-term memory and which allows us to voluntarily recall certain events. The hippocampus is responsible for processing memories related to declarative memory, which is associated with facts or events. We can say that the hippocampus, therefore, plays an essential role in the reconstruction and narration of trauma.² Some professionals describe damage to the hippocampus after a traumatic event as a natural way for the brain to ‘protect’ us from what hurts us. This is known as dissociative amnesia or, in other words, the loss of memory resulting from a traumatic event, which prevents the patient from remembering important details about the event (including before or after) and may involve gaps of different time periods. Sometimes the person recovers their memories in an abrupt and unexpected way, while other times these memories are not recovered. Moreover, in most cases, patients are not aware of any gaps in their memory until they face the consequences of the event, even if they are unable to remember it. An example of this is the case of Martin, a 33-year-old man who was involved in a serious traffic accident when he was only 21 years old. Martin was on his way back from a trip with friends when he suffered a severe cranioencephalic traumatism that left him in an induced coma for almost eight months. Twelve years later, Martin still does not remember anything about what happened or about the trip he did before the accident.

Furthermore, if memory can be affected after suffering from a trauma, how is it possible to construct a coherent account of a traumatic event when the narrator’s memory suffers from the after effects of such an event?³ Dr. Díaz has explained some of the most effective techniques for when we are treating patients with PTSD. One of these techniques is introducing the patients, using virtual reality, to scenarios where they can be exposed to their trauma in a progressive way and prompting them to recreate their memories. During these sessions, patients narrate the event while being exposed to their memories in order to gradually learn from the traumatic process. Another technique is to have patients record

¹ The names of the participants have been replaced by pseudonyms and other data that might serve to identify them has been omitted, so as to protect their privacy.

² James Douglas Bremner, *Traumatic stress: effects on the brain*, «Dialogues in Clinical Neuroscience», 8, 4, 2006, pp. 445-461, web, last access: 19 August 2022, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/>>.

³ Stefano Calabrese, *Trauma e racconto*, «Testo e Senso», 21, 2020, pp. 1-14, web, last access: 22 August 2022, <<https://testoesenso.it/index.php/testoesenso/article/view/466>>.

themselves narrating the event (oral narration), or even having them write about it (known as trauma narratives), in order to gradually expose themselves to the trauma and thus get involved in a learning process that will enable them to overcome it. Kaminer maintains that it is necessary for patients with PTSD to complete five sub-processes in order to get a therapeutic re-narration of the traumatic event: 1) emotional catharsis; 2) linguistic representation; 3) habituation to anxiety; 4) empathy; and 5) explanatory narrative. The latter, consisting in motivating an explanatory narrative of the trauma at a cognitive level that enables them to recreate and accept it.⁴

As explored previously, some of the examples extracted from the interviews illustrate cases of PTSD as a result of terrorist attacks, traffic accidents or domestic violence. However, PTSD can affect anyone who has suffered a life-threatening experience, such as cancer. Suffering from cancer does not necessitate developing PTSD; however, according to the University of Texas MD Anderson Cancer Center, cancer patients are more prone to suffer from PTSD, which is developed by 5% of cancer patients.⁵ The example of Matilde is useful to illustrate this case, who, five months after overcoming uterine cancer, was diagnosed with PTSD.

1.2 Trauma narratives

According to recent literature, the phenomenon of trauma began to be studied in the 19th century, when healthcare professionals began to observe strange and long-lasting reactions in victims of railway accidents.⁶ However, it is in authors such as Freud and Breuer that we see the first hints of trauma studies with the beginning of psychoanalysis by proposing the application of the cathartic method in psychotherapy.⁷ It was not until the 1990s that trauma theory emerged, when a group of critics decided to analyse the cultural effects of trauma in order to raise awareness of PTSD, especially in the cases of war, traffic accidents, victims of sexual violence, and migrants in hostile environments or cancer patients. In recent years, it has generated special interest in the field of literature and linguistics. Authors such as Onega,⁸ Pellicer-Ortín⁹ or Roldán-Sevillano¹⁰ analyse the representation of trauma in Anglo-Saxon literature from different perspectives, while Hunter analyses the role of trauma

⁴ Debra Kaminer, *Healing Processes in Trauma Narratives: A review*, «South African Journal of Psychology», 36, 3, 2006, pp. 481-99, web, last access: 25 August 2022, <https://psycnet.apa.org/record/2012-09237-004>.

⁵ Information retrieved from <<https://www.mdanderson.org/es/publicaciones/oncolog/agosto-2018/visita-a-domicilio-el-cancer-y-el-trastorno-por-estres-postraum.html>> (last access: 25 August 2022).

⁶ Sara Wood Anderson, *Readings of Trauma, Madness and the Body*, New York, Palgrave Macmillan, 2012.

⁷ Calabrese, *op. cit.*

⁸ Susana Onega, *Affective Knowledge, Self-awareness and the Function of Myth in the Representation and Transmission of Trauma*, «Journal of Literary Theory/Zeitschrift für Literaturtheorie», 6, 1, 2012, pp. 83-102.

⁹ Silvia Pellicer-Ortín, *Eva Figes' Writings: A Journey through Trauma*, Cambridge, Cambridge Scholars Publishing, 2015.

¹⁰ Laura Roldán-Sevillano, *The Double-Headed Arrow of Trauma: The Morally Traumatized Perpetrator in Martin Amis's Time's Arrow*, «ATLANTIS», 43, 2, 2021, pp. 130-48, web, last access: 25 August 2022, <<https://www.atlantisjournal.org/index.php/atlantis/article/view/795>>.

ma in the narratives of Holocaust survivors.¹¹ Some examples of how this phenomenon has been observed from a linguistic point of view are the works of Hidalgo-Tenorio and Benítez-Castro, who analyse the discourse of the Irish Magdalene Laundries,¹² or Montalt, who approaches trauma from the perspective of translation.¹³

Trauma studies have promoted the origin of narrative medicine. Charon defines narrative medicine as the set of communicative skills necessary for the effective practice of medicine.¹⁴ Although narrative medicine emerged with the aim of bringing healthcare professionals and patients closer together, thus signifying the importance of humanities in the medical field,¹⁵ we can say that it also arose out of the need for healthcare professionals to understand the emotional side of disease. That is to say, how it affects each patient, resulting in different experiences of illness. Even if a patient is suffering from a chronic or serious illness, it does not always mean they will develop PTSD. It is a fact that a PTSD diagnosis can result in an emotional shock that varies according to the characteristics of the patient, which can especially influence the emotional manifestations of their illness.

Narrative medicine can adopt different forms. Shrodes analysed the application of bibliotherapy to activate the process of catharsis in the reader as to allow them to identify with the fictional character.¹⁶ This would allow them to feel the same emotions, which would enable them to finally recover self-awareness. Therefore, we could say that it is from the process of catharsis, understood as ‘release’, that the narration of the trauma can be conceived as a first-person narrative. Furthermore, other than bibliotherapy, some studies defend the benefits of narration in cases of patients with chronic and/or serious illnesses, which is known as patient narratives and which will be the main focus of interest in our study.^{17,18}

1.3 Metaphor and Trauma

Sontag focuses her studies on the use of elements, such as metaphor, when talking about potentially traumatic experiences.¹⁹ In her early work, Sontag deals with metaphors revolving around tuberculosis, while her later research focuses on AIDS. According to Lakoff &

¹¹ Anna Hunter, *The Holocaust as the Ultimate Trauma Narrative*, in *Trauma and Literature*, ed. Roger Kurtz, Cambridge, Cambridge University Press, 2018, pp. 66-82.

¹² Encarnación Hidalgo-Tenorio, Miguel Benítez-Castro, ‘*We Were Treated Very Badly, Treated Like Slaves*’: A Critical Metaphor Analysis of the Accounts of the Magdalene Laundries Victims, in *Irishness on the Margins: Minority and Dissident Identities*, ed. by Pilar Villar-Argáiz, Switzerland, Palgrave Macmillan, 2018, pp. 101-127.

¹³ Vicent Montalt, *Traducir el trauma y el estigma a escritura autobiográfica: una lectura de James Rhodes*, «Humanista/IVITRA», 11, 2017, pp. 319-336.

¹⁴ Rita Charon, *Narrative Medicine. A Model for Empathy, Reflection, Profession, and Trust in The patient-physician relationship*, «JAMA», 286, 15, 2001, pp. 1897-1902.

¹⁵ Jennifer Moreno, Vicent Montalt, Ana Muñoz-Miquel, *Narrative-based medicine: the use of metaphors and technical terms in Spanish patients’ narratives*, in *Stance, Inter/subjectivity and Identity in Discourse*, ed. by Juana I. Marín-Arrese, Laura Hidalgo-Downing, Juan Rafael Zamorano-Mansilla, Madrid, Peter Lang (forthcoming).

¹⁶ Rhea Joyce Rubin, *Using bibliotherapy: A Guide to Theory and Practice*, London, Mansell, 1978.

¹⁷ Sara González-Rodríguez, Begoña Cantabrana, Agustín Hidalgo Balsera, *El poder terapéutico de la narración*, «Revista de Medice y Cine», 12, 2, 2016, pp. 110-121.

¹⁸ Patricia Roth-Damas *et al.*, *Fibromialgia y empatía: un camino hacia el bienestar*, «Aten Primaria», Elsevier, 2018, pp. 69-70, web, last access: 15 August 2022, <<https://www.sciencedirect.com/science/article/pii/S0212656717302664?via%3Dihub>>.

¹⁹ Susan Sontag, *La enfermedad y sus metáforas*, Barcelona, Debolsillo, 2011.

Johnson, despite metaphor being commonly perceived as a poetic resource that has nothing to do with everyday language, the truth is that metaphors coexist both in our language and our thoughts.²⁰ In fact, metaphors reflect our conception of the world, which may not only vary between people from different cultural backgrounds, but also between people from the same place. Of course, metaphors also exist in the scientific field, as science is an activity that also requires the use of metaphors, especially the field of medicine, where interpreting metaphors properly can be helpful in the problem-solving process.^{21,22}

Metaphors have great communicative power; they are rhetorical figures that help us to express a reality by means of an analogy with which the reality has a certain resemblance. We use these linguistic resources when we find it difficult to define a concept, especially when it is something abstract or subjective. For example, while some people define love as ‘a drug’, for others it is ‘a shelter’ or ‘magic’. Similarly in the case of illness or trauma; it is subjective, as each individual experiences it in a different way, and as it is difficult to explain, we therefore need to use elements such as metaphor to be able to express our experience of it. In this way, metaphors can give us a lot of information about patients and their illness experience, which is always individual and subjective.

Some of the works that have been taken as a reference for the present study are those carried out by Sapiña et al., Semino, Moreno and Moreno et al. Sapiña et al. analysed the use of metaphors in young patients who had survived cancer.²³ The work done by Moreno and Moreno et al., which served as the basis for the present study, looked at the use of metaphors and medical terms in German and Spanish oncology patients.²⁴ Finally, the metaphor menu created by Semino and colleagues at Lancaster University, which compiles a range of metaphors from which patients can choose the one they feel most comfortable with, was key for the present work, as one of the objectives of the doctoral thesis in which the present work is framed is that of creating a multilingual metaphor menu.²⁵

In their work, Semino et al. propose a total of 17 metaphors in an illustrated booklet which patients can easily use to choose the metaphor with which they feel most comfortable. According to Dr. Díaz, it is important for patients to be able to choose the metaphor they feel they identify most with when they refer to their illness, as not all patients describe their illness experience in the same way. Furthermore, it is important for both healthcare professionals and the relatives and close friends of the patients to be aware of the metaphors patients identify with, as the use of an inappropriate metaphor may create an undesirable effect on the patients; while some patients feel empowered by the metaphor of war, and

²⁰ George Lakoff, Mark Johnson, *Metaphors We Live By*, Chicago, University of Chicago Press, 1980.

²¹ Alan Bleakley, *Thinking with Metaphors in Medicine: The State of the Art*, London-New York, Routledge, 2017.

²² Rita Temmerman, *Towards New Ways of Terminology Description: The Sociocognitive Approach*, Amsterdam, John Benjamins, 2000.

²³ Lucía Sapiña, Martí Domínguez, Vicent Montalt, *More than a Battle. Intercultural and interlingual issues in the use of metaphors in the narratives of young cancer survivors*. Paper presented at: *Genealogies of Knowledge I: Translating Political and Scientific Thought across Time and Space Conference*, University of Manchester, 7-9 December 2017. Abstract available at <<http://genealogiesofknowledge.net/wp-content/uploads/2017/11/book-abstracts-gok2017-final.pdf>> (last access: 27 November 2022).

²⁴ Jennifer Moreno, *La metáfora en las narrativas de pacientes: estudio de corpus desde una doble perspectiva lingüística y cultural*, unpublished Master's thesis, Universitat Jaume I, Castelló de la Plana, 2020.

²⁵ Elena Semino et al., *Metaphor, Cancer and the End of Life: A Corpus-Based Study*, New York, Routledge, 2020.

feel motivated by identifying with a warrior in battle, other patients using the same metaphor may consequentially feel responsible for the progress of their therapy and therefore feel guilty if the therapy does not have the expected effect.

Some of the reference studies mentioned above focus not only on the use of metaphor, but also on the use of technical terms. This can be seen in the work carried out by Moreno,²⁶ which offers a case study of the use of technical terms in narratives written by German patients, and in the work by Moreno et al., which offers an overview of the use of technical terms by Spanish patients with haematological diseases.²⁷ In both cases, attention is drawn to technical terms, understood as precise terms typically used in medical slang that denote objectivity. However, what interest could there be in analysing two elements that are so opposed to each other?

On the one hand, as we have said, analysing the use of metaphors can reveal important information about the illness experience of the patients, that is to say, the representation of the human side in the therapeutic process of the patients. On the other hand, the persistent use of technical terms may be a reflection of the weight that the biomedical aspect still has in our society that is searching for a balance between the biomedical and the humanistic in the current health care model.

2. Objectives

The main aim of the present study is to observe the use of certain linguistic elements in narratives written by patients with haematological diseases, such as leukaemia, myeloma or lymphoma, in Italian. We have chosen to work with these types of diseases because they affect men and women in a homogeneous way and are found in patients of all ages. Moreover, it should be noted that this analysis is part of a series of studies where the use of some linguistic elements such as metaphors and technical terms is observed in narratives written by patients with these types of diseases in other languages, such as Spanish, English or German.

Therefore, the first aim of this study is to identify the metaphors which Italian patients with this type of disease gravitate towards when referring to their disease. Additionally, the second aim of this analysis is to observe the dichotomous presence of technical terms belonging to medical slang that make up our corpus.

Although the analysis provided by this study is mainly qualitative, it also aims to offer a comparison of the percentage of text represented by the two elements of metaphors and technical terms in order to observe which of them is more prevalent in this language.

3. Materials and method

For the present study, narratives written by Italian-speaking patients available on the web have been used. All narratives were retrieved from the same website, <https://www.ail.it>, which is the official website of the Italian Association against Leukaemia, Lymphoma and Myeloma (*Associazione Italiana Contro Leucemie, Linfomi e Mieloma*). This non-profit association aims to promote research into these types of diseases, as well as to offer support to both patients and families, improving the quality of life of the patients and raising awareness. In addition to providing information of interest to patients and caregivers, there is a

²⁶ Moreno, *op. cit.*

²⁷ Moreno, Montalt, Muñoz-Miquel, *op. cit.*

specific section on the website devoted to patients, where they can share their illness experiences through videos or written stories.

As previously indicated, the present analysis is part of a series of studies in different languages in which elements such as metaphors and technical terms are observed. Therefore, we have tried to ensure that the number of words to be analysed was similar in all the working languages, which adds up to around 50,000 words. To select the texts, we first retrieved all the stories available on the website: a total of 224 texts and just over 140,000 words.

The texts were then randomly selected and included in the Sketch Engine tool, which is available online free of charge to members belonging to certain universities. This tool helped to provide us an overview of the corpus, capping at a total of 50,000 words, representing a total of 82 stories. It should be added that all names appearing in the stories are pseudonyms, and any information that could be used to identify the patients has been omitted in order to preserve their privacy. The image, as seen below, provides general information about the corpus:

COUNTS ⓘ	
Tokens	59,668
Words	50,023
Sentences	2,587
Documents	82

Figure 1. General information about the corpus.

For the analysis, we used the UAM Corpus Tool, which is available to download for free or for use online at <http://www.corpustool.com>. This tool allowed us, among many other things, to set up our own scheme for the manual annotation of our corpus.

In order to set up such a scheme, we used a previously-developed scheme, which was used for a pilot study where German and Spanish were to be observed. A similar scheme has also been used for the studies that analyse patient narratives in other languages and which are part of the series of studies referred to previously. The metaphor annotation scheme is as follows:

metafora	METAFORA-	
	TYPE	
	-sfida	challenge
	-guerra	war
	-persona	person
	-viaggio	journey
	-lotto	lottery
	-cambiamento	change
	-incubo	nightmare
	-destino	fate
	-regalo/fortuna	present/luck
	-colpo	shock
	-fermata	stop
	-successo	success
	-insegnamento	lesson
	-sottopassaggio	tunnel

Figure 2. Scheme for metaphor categories initially established.

The analysis of our corpus was carried out between April and July 2022. To ensure the reliability of the results, the texts were subjected to a double analysis process: the first round took place from April to mid-May, and the second from mid-May to the beginning of July 2022.

4. Results

As previously mentioned, before analysing the texts, we used the Sketch Engine tool to highlight some macro-structural details of our corpus. Our corpus consists of 82 texts, which adds up to a total of 50,023 words. This means that the average length per text is around 610 words. Additionally, it has been observed that the texts do not follow a certain structure, but are written in a fluid way. Most of them include a title, and about 35% of the texts are written in the third person, namely by the relatives of the patients, either because the patients are minors or because the patient passed away.

To answer our first objective, we referred to the metaphors observed in the narratives we collected. Despite following an annotation scheme used in other previous reference works, as explained in the previous section, this classification occasionally needed to be modified, which happened in the case of finding metaphors that had not been identified in previous works and, therefore, did not appear in the annotation scheme. In the course of our analysis, it was necessary to add some features to this scheme, which started having 14 categories and ended up having 21 categories.

The annotation scheme that resulted after the inclusion of new metaphor types is shown below:

metafora	METAFORA-TYPE	
	-sfida	challenge
	-guerra	war
	-viaggio	journey
	-fermata	stop
	-insegnamento	lesson
	-lotto	lottery
	-incubo	nightmare
	-cambiamento	change
	-destino	fate
	-colpo	shock
	-successo	success
	-sottopassaggio	tunnel
	-regalo/fortuna	present/luck
	-persona	person
	-ente-invisibile	Invisible being
	-castigo	punishment
	-salvavita	lifesaver
	-buona-notizia	Good news
	-avventura	adventure
	-sorprese	surprise
	-speranza	hope

Figure 3. Scheme for metaphor categories after the analysis.

As we can see, in the texts written by Italian patients we observed a greater variety of metaphors, demonstrated in the diagram below, and which contains a total of 21 categories.

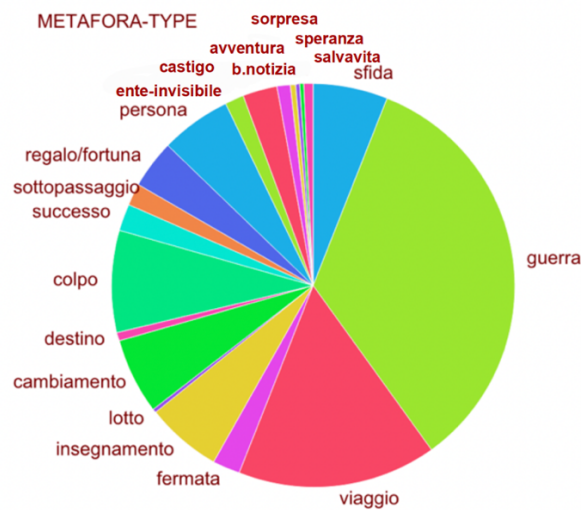


Figure 4. Graphic representativeness of metaphors in the texts.

METAFORA-TYPE	N	%
- sfida	17	5.9
- guerra	96	33.6
- viaggio	45	15.7
- fermata	6	2.1
- insegnamento	17	5.9
- lotto	1	0.3
- incubo	0	0.0
- cambiamento	17	5.9
- destino	2	0.7
- colpo	23	8.0
- successo	6	2.1
- sottopassaggio	5	1.7
- regalo/fortuna	11	3.8
- persona	16	5.6
- ente-invisibile	4	1.4
- castigo	8	2.8
- salvavita	3	1.0
- buona-notizia	1	0.3
- avventura	1	0.3
- sorprese	1	0.3
- speranza	2	0.7

Figure 5. Representativeness of each metaphor category in the texts.

As demonstrated below, the most frequent metaphor remains the metaphor of war among patients of Italian origin (which is also the case in Spanish and German patients), this represents around 33.5 % of the corpus. Some examples are the following:

[IT-011] «Dovevo lottare con forza, tenacia e coraggio... non bisogna mai abbassare la guardia...» / «I had to fight with strength, tenacity and courage... one must never let one's guard down...»

[IT-176] «La verità è che poi diventi forte, diventi una guerriera» / «The truth is that you then become strong, you become a warrior»

[IT-222] «...ho iniziato a interessarmi a seguire tutte le battaglie combattute, vinte e qualche volta perse...» / «...I became interested in following all the battles fought, won and sometimes lost...»

[IT-063] «... Anche delle mie piccole conquiste...» / «... Even of my small conquests...»

[IT-059] «...Non voglio essere un eroe» / «... I don't want to be a hero»

The second most common metaphor in the narratives of Italian patients is that of the journey, which accounts for 16% of all metaphors used in the narratives. Some of the examples are shown below:

[IT-010] «...era il mio compagno di viaggio...» / «... it was my travelling companion»

[IT-170] «... è stato un percorso tortuoso...» / «... it has been a tortuous path...»

[IT-018] «...fu anche l'inizio di una strada lunga» // «... il mio lungo viaggio...» / «...it was the beginning of a long path», «...my long journey...»

[IT-027] «...il cammino si prospetta in leggera dicesa» // «...ponendo sempre attenzione alle immancabili curve del tracciato...» / «the path looks slightly sloping' // «... always paying attention to the inevitable bends in the track...»

The third most common type of metaphors are in the category “stroke”, which represents over 8% of the total number of metaphors used, where metaphors are constructed with varying lexis but evoke the same idea, that of something unexpected and shocking. Some examples are shown below:

[IT-171] «...ho ricevuto una batosta non indifferente» / «I received a non-indifferent beating»

[IT-210] «...quel colpo mi ha fatto vibrare il cuore...» / «that stroke made my heart vibrate»

[IT-220] «... è stato un vero fulmine a ciel sereno...» / «it was a real thunderbolt»

[IT-072] «Provai un tonfo al cuore» / «I felt a thudding in my heart»

The fourth most common are metaphors which embody the categories of “change”, “challenge” and “lesson”, which have an identical percentage of representation, 5.9 %. Firstly, some examples found in the category of “challenge” are shown, secondly, metaphors corresponding to “change” are shown, and finally, some examples from the category of “lesson” are shown.

[IT-072] «Vivendole come nuove sfide...» / «Experiencing them as new challenges...»

[IT-181] «Dopo la prova durissima che stiamo affrontando...» / «After the very tough test we are facing...»

[IT-209] «Il più grande ostacolo della mia vita» / «The greatest obstacle of my life»

[IT-207] «*La malattia ti cambia... si affrontano le giornate con occhi diversi*» / «*The illness changes you... you face the day with different eyes*»

[IT-072] «*Il mondo stava per cambiare drasticamente*» / «*The world was about to change in a drastic way*»

 [IT-072] «*Ti insegna a vivere alla giornata e a volte non basta*» / «*It teaches you how to live for today and sometimes it isn't enough*»

[IT-001] «*È stato il maestro che mi ha insegnato l'enorme valore della speranza*» / «*It's been the teacher who taught me the huge value of love*»

The fifth position corresponds to the category of 'person'. Some of the examples are the following ones:

[IT-206] «*...ha bussato alla mia porta e mi guarda di soppiatto*» / «*...it has knocked on my door and still looks at me*».

[IT-170] «*mi lascia tempo, ma alcune volte me ne ruba tanto*» / «*it leaves me some time, but it takes a lot of it too*»

[IT-177] «*...ho deciso di chiamarlo semplicemente Tumory...*» / «*I've decided to call it Tumory...*»

Another metaphor we find in the text is that of punishment. Here, we have included the categories of illness as 'hell' (the place where eternal punishment is carried out) and as 'calvary' (the road that Jesus travelled carrying a cross in order to fulfil his sentence of crucifixion), both of which are related to traditional Christian doctrine.

[IT-177] «*... il mio inferno non era finito...*» / «*my experience in hell had not finished yet*»

[IT-224] «*abbiamo scoperto che il mio calvario ancora non era finito*» / «*we found out that my agony (calvary) had not finished yet*»

Less frequent are those metaphors used to refer to the disease as a lifesaver (IT-178), those used to refer to a dark tunnel or hole (IT-007) (both included in the same category) or those representing the disease as a pause (IT-072).

[IT-178] «*...è stato tutta una salvavita*» / «*...it was a lifesaver*»

[IT-007] «*Sono caduta nelle tenebre più profonde*» / «*I fell into the deepest darkness*»

[IT-072] «*Uno stop di durata indefinita*» / «*An ever-lasting break*»

If we want to take into account the representativeness of metaphors as a percentage, in our sample there was a total of 287 metaphorical units (segments), which comprises of 1,608 words, corresponding to the metaphor feature investigated by the study, which denotes that metaphors represent around 3% of the whole corpus.

Length	
Number of segments ?	287
Tokens in segments ?	1768
Words in segments ?	1608

Figure 6. Number of metaphorical units found in the texts.

To answer our second objective, we looked at the use of technical terms belonging to medical slang to find the percentage of technical terms which appear in our corpus represents X %. Some of the most frequent specialised terms found in the texts are shown in the following table:

Text Ref.	Italian term	English term
IT-060	Linfoma non Hodgkin a cellule T/NK	T/NK-cell non-Hodgkins's lymphoma
IT-071	Linfoma di Hodgkin IV stadio con l'intacco del midollo osseo	Stage IV Hodgkins's lymphoma with bone marrow notch
IT-074	Leucemia mieloide acuta	Acute myeloid leukaemia
IT-170	Trapianto allogenico	Allogeneic transplantation
IT-016	Esame istologico	Histological examination
IT-016	Linfoma non Hodgkin di tipo B	B-type non-Hodgkins's lymphoma
IT-018	Leucemia mieloide cronica	Chronic myeloid leukaemia
IT-177	Leucemia linfoblástica acuta	Acute lymphoblastic leukaemia
IT-221	Biopsia osteomidollare	Osteomedial biopsy

Figure 7. Examples of the technical terms found in the texts.

If we look at the technical terms used in our texts from a more global perspective, we find a total of 421 units or segments identified, which doubles the number of units represented by metaphors (although not that of words, since technical terms are usually marked as nouns and not whole sentences). This is quite a striking result, bearing in mind that the narrators are not specialists and that the public to whom these narratives are addressed are not experts in the subject either. This leaves room for future research for those who are willing to analyse the causes of this difference between two dichotomous linguistic elements, that of subjectivity and that of objectivity, when the writers are not specialists.




Length	
Number of segments 	421
Tokens in segments 	951
Words in segments 	826

Figure 8. Number of units for technical terms found in the texts.

5. Conclusions

As we have seen, the study of trauma from its many different perspectives has attracted the attention of countless authors, from the psychological, the literary and linguistic approach. It is thanks to this, to the link between the humanities and medicine, that narrative medicine was born, with the intention of highlighting the importance of communication skills in the medical field, especially when it comes to improving the doctor-patient relationship. It is important to highlight that writing in medical settings can make a particularly relevant contribution to therapy; not only can narrating help patients reflect on the experience of their illness and let out those doubts or feelings that they find difficult to express in front of healthcare professionals, but it can also help the doctors to gain a deeper understanding of the illness, which does not affect all patients in the same way and can consequentially show different physical and psychological symptoms. This will help doctors to get closer to patients and involve them in the decision-making process in order to choose an individualised therapy.

Moreover, looking at the metaphors that patients use to refer to their disease can be a reflection of their illness experience, since, if we take the words of Semino et al. into account, we use metaphors to describe difficult and subjective experiences, cancer being one of them.²⁸ This can help healthcare professionals to communicate with patients more effectively. For example, as we have seen in the metaphorical analysis, not all patients perceive the disease in the same way; while some patients are motivated by feeling like “fighters on a battlefield”, others may feel too much responsibility by conceiving of their disease as a war, and would then prefer to use the metaphor of a journey to refer to their disease as a stretch in the road (with the road representing life as a whole). It is therefore important that patients choose the metaphor with which they feel most comfortable to talk about their illness. In addition, caregivers, and especially healthcare professionals, should take the patient’s choice into account and respect it. This, in turn, gives rise to the creation of new research gaps: do patients in other countries tend to use the same types of metaphors to refer to their illness? Are patients really aware of the implicit meaning of the metaphors they use? Is there any demonstrable or measurable relationship between the language chosen and the patient’s progress with therapy? What are the implications for translators and mediators in the medical field? Should they take this use of metaphor into account in their work?

Conversely, it is interesting to observe the use of specialised terms by patients when talking about their disease, as most of them are non-specialists in the field. This raises other questions for future research: why do non-specialists tend to use specialised terms? Do patients receive sufficient information to understand these terms related to their disease, or do they simply repeat the words that their doctor has said? Is this usage related to greater

²⁸ Semino *et al.*, *op. cit.*

access to information on the web, and does the use of technical terms vary in patients from different cultural backgrounds? If so, would this be an issue for translation or mediation?

Unfortunately, there were limitations to the study, which disregards variables such as the origin, social environment, education, age and gender of the patients. It is still, however, worth noting that delving into these factors and questions which remain unresolved could be of great interest not only for the patients themselves and healthcare professionals, but also for translators who work in the medical field and who have to pay particular attention to linguistic and cultural differences.