“Hooked up to that damn machine:” Working with Metaphors in Clinical Ethics Cases

by Susanne Michl and Anita Wohlmann

Abstract
The frequent use of metaphors in health care communication in general and clinical ethics cases in particular calls for a more mindful and competent use of figurative speech. Metaphors are powerful tools that enable different ways of thinking about complex issues in health care. However, depending on how and in which context they are used, they can also be harmful and undermine medical decision-making. Given this contingent nature of metaphors, this article discusses two approaches that suggest how medical health care professionals may systematically and imaginatively work with metaphors. The first approach is informed by a model developed by cognitive scientists Georges Lakoff and Mark Turner. The second approach is a close reading and thus a text-immanent, hermeneutical strategy. Using the double perspective of an ethics consultant and a researcher in literature studies, we take a case from Richard M Zaner in which a metaphor is central to the clinical-ethical problem. The article shows that the approaches, which focus on creativity and the intersections of form and content, may be helpful tools in clinical ethics, enabling a competent and mindful working with metaphors in complex cases as well as supporting the consultant’s thoughts processes.

Introduction
The importance of metaphor in health care is, by now, almost a truism. Metaphors have been identified as a tool for thinking, explaining and developing theories. Metaphors thus have specific functions: they can serve as mnemonic tools or provide a safe space for difficult conversations. However, they can also be harmful when they undermine medical decision-making; they might even kill patients. Since metaphors can have a normative and stigmatizing power, critics of metaphors have (sometimes polemically) called for a purification of medical language from metaphors or suggested quantitative measurements and evaluations of metaphors to make their use in health care a safe endeavor. The urgency of such requests is also accounted for by the frequency of metaphor use in communication. Depending on the study, the numbers vary greatly, ranging from 1.2% in medical English, 10% metaphors in everyday speech and 2 metaphors per doctor-patient conversation. Thus, the observation that medicine and health care is permeated by metaphor comes as no surprise, both on the level of communication within medical contexts as well as about medicine, for example when the work of a doctor is compared to the job of a repairman or detective.

Metaphors are also crucial in clinical ethics. A recent study has highlighted how metaphors – such as comparisons to sailing – can enhance the understanding of the role that facilitators play in moral case deliberations. Clinical cases are also structured by metaphors. For example, in 2007, a doctor problematized his concern about the complexities involved in the administration of opiates after the Shipman scandal: In comparing the scandal to sticky mud, he suggested that the public fear about the potential misuse of opiates now gravely affects doctors and their medical decisions – to the detriment of patients who are in pain. Or, the health care team of a seriously ill, cognitively unresponsive child whose prospects looked grim used the problematic comparison of a person to a vegetable, hoping that this deceptively simple image will help emphasize to the parents that it is time to consider a do-not-resuscitate order. Metaphors such as sticky mud or vegetable can become crystallization points in which an ethically dense situation manifests itself.
Thus, metaphors are at the heart of clinical ethics, but they are Janus-faced. On the one hand, they can crystallize and narrow down, and in doing so they can be limiting when they are prescriptive and foreclose options. In the DNR-case above, which is taken from medical anthropologist Cheryl Mattingly’s research, the vegetable metaphor linked incommensurate concepts (e.g. vegetable and human being) and distorted the decision-making process because it narrowed down a problem to a seemingly simple, inevitable explanation. However, what brought the medical practitioners to a deadlock in the particular case that Mattingly describes, was the parents’ refusal to accept (or understand) the implied meaning of the vegetable. The parents interpreted the metaphor in unexpected ways: To them, the fact that their vegetable-child was alive was a sign from God, and they felt obliged to care for God’s gift by figuratively watering it and helping it grow in their family garden. Even though the parents creatively reimagined the implications of the vegetable comparison, the ethical problem remained crystallized in the metaphor. Metaphors can thus function like a hardened surface that alienates, frustrates and risks making communication and caregiving impossible.

On the other hand, as the vegetable comparison also illustrates, metaphors evoke images. They go beyond logic and accuracy (a brain-damaged child is NOT a vegetable) and shamelessly thrive on false alignments. They are ambiguous and can surprise by opening up new, unexpected perspectives and interpretations. Poets and writers often use metaphors in such innovative ways and astonish their readers with unforeseen comparisons (see Figure 1 and 2). In such an unruly, imaginative and inventive use of metaphors lies a potential, namely to understand metaphors as resources “to think with” a clinical-ethical problem or deadlock. Psychotherapists, for example, tend to work with their patients’ metaphors and consider them tools that can be used and creatively misused to imagine, with their patients, new meanings and work on positive outcomes of the therapeutic process. This therapeutic use resonates, to some extent, with clinical ethics cases: To work with metaphors that emerge in consultations and case deliberations seems crucial to an understanding of the complexity of a problem and to collaboratively imagine solutions. In this sense, metaphors may be a powerful resource for clinical ethics.

A few studies on metaphors in medicine and clinical ethics offer balanced reflections on the ambivalent nature of metaphors. They conclude with calling for more awareness of metaphors and a more mindful use of them, for example by asking patients if they consider a metaphor appropriate for their individual situation. Understandably, the studies are reluctant to spell out a good use of metaphors, arguing rightly that a detailed guide would not do justice to the highly contextual and contingent nature of metaphors. We hope to add to this important discussion by critically reflecting on two interdisciplinary approaches that illuminate more specifically how the ambiguous and context-specific meanings of metaphors can be elicited so that a mindful use in a clinical ethics case becomes possible.

Objective
This article asks how medical health care professionals can systematically and imaginatively work with an existing metaphor, i.e. a metaphor used by patients, relatives or the health care team. We draw on a clinical ethics case described by Richard M. Zaner, in which a patient in need of dialysis refuses to be “hooked up to that damn machine.” We chose a text by Zaner because his self-
reflexive, essayistic style makes visible and explicit how he thinks and works with his patient’s metaphor. We describe two approaches to the hook metaphor: The first approach is informed by a free-writing exercise on the one hand and a model developed by cognitive scientists George Lakoff and Mark Turner, who have studied how poets reimagine established metaphors and their meanings. The second approach is a close reading, i.e. a text-immanent, hermeneutical interpretation of the way the hook-metaphor functions in Zaner’s text. Our approaches are informed by the double perspective of a literary researcher, who typically deals with texts and stories, and a clinical-ethics consultant, who works on cases similar to the one that Richard M. Zaner discusses. The aim is to critically assess two modes of working with metaphors as potential resources for clinical-ethics consultations.

Tom’s Case
Tom, a now 28-year old man, was born with spina bifida, a genetic condition that manifests itself in a lesion on his spinal column. From his early childhood on, he has undergone repeated surgeries to replace the shunt that helps drain the excess fluid in his brain. Tom’s life is defined by dependence: He is in a wheel chair, he has to rely on a bag outside of his body for his urine, and he has lived with his mother for his entire life. Recently, his kidneys started to fail, and Tom’s physician suggested a dialysis treatment. Tom vehemently refused dialysis, explaining to Zaner: “I know damn well what I want and don’t want, and what I don’t want is to be hooked up to that damn machine! Not me, no sir! I’ve done it, I’ve had it, and I’ve had it especially with machines and hospitals and doctors, and I’ve had it with folks like you.”

Tom’s refusal is a dilemma for the health care team in the clinic: While they have an obligation to respect his autonomy, they also have a duty of care and beneficence. They want him to stay alive, especially because the treatment, for them, is a comparably easy and effective solution. But Tom keeps refusing to be “hooked up” to a machine. When Zaner is called in, he talks to all participants, hoping to find out whether or not Tom is aware of the consequences of his refusal and, ultimately, what’s best for Tom. In a conversation with Zaner, Tom emphasizes the notion of being “hooked up.” He asks: “You ever been hooked up to one of them?” Zaner has to admit that he hasn’t. Tom’s point is clear: After a lifetime of being literally and figuratively hooked up, he is “just so God-awful tired of it all, don’t you know? Wouldn’t you be?”

The problem crystallizes in the conflicting meanings of the hook comparison. While being “hooked up” is a means to a desirable end from a medical perspective, it is the source of Tom’s anguish and his lived reality. Zaner’s disentanglement of the conflict unfolds, in part, through the ways in which he negotiates the meanings of the metaphor.

Analysis
Reimagining a Metaphor: Thinking with the hook
A metaphor brings together two separate domains. In Tom’s case, the features of the hook (source domain) are transferred or mapped to the way he explains his state of being connected (target domain) to the dialysis machine. In other words, what is transferred in this comparison are specific features, such as the fact that a hook connects two separate entities, that a hook pricks
the skin and that it enforces a (painful or onerous) tie. A successful or established metaphor makes us immediately see one thing in terms of another. This is called the “main meaning focus.” A single word usually has more than one meaning or association. This semantic ambiguity, also called “metaphorical entailment,” can result in miscommunication (for example when two speakers have different cultural backgrounds). Such metaphorical entailments are also a source of creative imagination.

Tom’s comparison of “being hooked up”, even though its “main meaning focus” may be clear, holds more connotations. We can use our folk understanding, our subjective experiences, or a dictionary, such as the Oxford English Dictionary, to find out about different grammatical forms (as noun, verb, phrasal verb) as well as historical, contextual and figurative meanings of “hook” (see Table 1).

Cognitive linguists George Lakoff and Mark Turner explored how poets reimagine ordinary or established metaphors. They suggest five modes of working with metaphors. We used these strategies in a workshop on metaphors in July 2018. We asked the participants to do a five-minute free-writing exercise and write to the idea of “hooked up” or anything related to the root word “hook”. The following reimaginations of the hook are ours and those of the workshop participants, and we interweave them with Lakoff and Turner’s model, which helps categorize some of the reimaginations we collected (also see Table 1).

As a first step, Lakoff and Turner argue, we can question the validity and appropriateness of a comparison. Being “hooked up” is not part of the professional language of medical personnel. Given that Tom repeats the comparison several times, it seems to be a word that appropriately expresses Tom’s lived reality, his embodied experience. If we wanted to reject the “hook,” we could suggest a different image to express the connection between human being and dialysis machine. An umbilical cord, for example, is also a life-sustaining connection, in which fluids are exchanged. The umbilical cord emphasizes that such connections and dependencies are a fundamental part of our human existence.

Secondly, we can extend a metaphor by activating and then mapping previously unused features. For example, we can think about the shape of a hook. When we invert it, we may see a question mark. Or, we may think of the shape of a smiling mouth. The poet Sylvia Plath, for example, alludes to this similarity when she has the ‘lyrical I’ in her poem “Tulip” observe: “My husband and child smiling out of the family photo; / Their smiles catch onto my skin, little smiling hooks” (see Figure 1).

Thirdly, we can elaborate an existing feature in an unusual way. For example, we can reframe the connection that the hook creates in more positive ways. Hooks can be part of a fastening device, which protects (as for example seatbelts do) or holds garments together.

Fourth, we can combine different metaphors. The poet and writer Margaret Atwood, for example, activates the idea of hooks in relation to fishing and combines this with the notion of hooks as a fastening device – a hook-and-eye closure (see Figure 1). Atwood’s poem captures the ambivalence of the hook: it is a device that smoothly, usefully and maybe even romantically
establishes a connection and relationship; it is also a device that hurts, makes us cringe and kills living creatures.

Lastly, we can use personification and imagine a hooker or Peter Pan’s Captain Hook.

**Close Reading: Zaner’s and Tom’s Hook**

In literature studies, a close reading pays attention to formal characteristics of a text and examines how form and content interact with one another. A close reading focuses on how the text works and how its specific aesthetic (i.e. style, language, tone etc.) impact the meaning of a text. It leaves aside, for example, the author’s biography or presumed intentions as well as the larger historical or cultural context of a piece of writing. This seems an adequate approach for an analysis that tries to better understand how a particular metaphor works within a specific context. Moreover, Zaner’s text, offers a unified story with an aesthetics of its own that employs – whether intentionally or not – literary devices, such as plot (a causal connection of events, including a problem or crisis and a solution), direct speech and figurative language, such as metaphors.

The meanings of the hook-metaphor that Zaner works with are interwoven with the way Tom’s case is resolved and the story concludes: Zaner finds out that, before the failing of his kidneys, Tom had started a job, which he liked, and he was looking forward to a new phase in his life. He was dreaming of an apartment of his own and a life independent from his mother. The dialysis prognosis shattered Tom’s dreams. In the conversations with Tom and his mother, Zaner learns that Tom’s employer is willing to find a solution for Tom’s situation. With restored hope, Tom finally agrees to the dialysis treatment. At the end of his case description, Zaner paints the picture of a cheerful and upbeat Tom, who “joshed about the [dialysis] machine” (p. 37). Moreover, we are told that Tom “loved to play on the metaphor” of being hooked to the machine. Tom seems to have activated positive connotations of the “hooked-up” metaphor, which allows him to take a more playful and light-hearted attitude. Zaner’s text thus traces how the interpretations of the hook-metaphor evolve over the course of Tom’s story: from a negative association that expresses Tom’s dire situation, the text ends on a lighter note and the hook is something about which Tom can make jokes. The text thus creates a sense of coherence and resolution.

Throughout the text, Zaner develops different connotations of the hook. He explores two main meanings of a hook, namely in terms of interpersonal relationships and as a trapping device for animals. For example, when he reflects on the centrality of interpersonal relationships for his work as an ethics consultant, he repeatedly uses versions of being “hooked:” he describes how he feels “bound up”, that he notices an “intangible tug” or feels “trapped by the mother’s glance”. Similarly, he uses a variation of the meaning of being “hooked” when he speaks about a central feature of his work, a “reflexive relatedness,” which involves an attentiveness to both present and past case(s). This aspect is particularly clear in another textual version of Tom’s story, which Zaner published 11 years earlier and which illustrates that Zaner is not only hooked by Tom’s case and its specificities, which keep haunting him across the years; Zaner also continues to be hooked by other patients with similar conditions, whom he met during his career and who obviously left a lasting impression as they reappear when Zaner ponders on Tom’s case.
Zaner also elaborates the hook concept when he describes his conversations with Tom. He evokes the notion of fishing when, apparently, Tom tried to get Zaner sidetracked in one of their early conversations. Proudly, Zaner mentions twice that he refused “to take the bait,” suggesting that he imagines Tom to be either a fisherman using bait or the hook itself whereas Zaner is the fish that is tempted and in danger of getting caught. Zaner does not follow up on these associations to find out if they hold (by adequately or usefully describing his relationship to Tom) and where they might break down (by distorting or misrepresenting their relationship). However, the idea of being caught or trapped reappears elsewhere in the text, namely when Zaner quotes a doctor who took over Tom’s case for a short period. This doctor commented, in a snarky way, on the kind of patients that his colleague, Tom’s primary doctor, attracts: “just like fly paper.” The comparison of a doctor to a trapping device implies, among other connotations, that patients are annoying insects and that some doctors trap them.

Discussion
Any comparison or interpretation inevitably involves hierarchies, power structures and norms, and must thus be handled with great care. In clinical ethics cases, metaphors may produce or point to ethical problems, whether this occurs explicitly, as in Tom’s use of the hook, or implicitly, as in the many elaborations of the hook through Zaner. Comparisons, which are at the heart of metaphor, are tied up with forms of judgment and homogenization that can reinforce patterns of dominance, manipulation, distortion and misrepresentation. At the same time, comparing makes visible such hierarchies and inequalities because, as a deeply relational mode, comparisons take us out of the singular and particular and provide new perspectives and surprising insights.

The two approaches to the hook-metaphor yield a number of connotations. Some of them shed a new light on Tom’s situation and open up new perspectives. Yet both approaches are neither fail-safe nor unproblematic.

The creative-reimagination approach, which we presented as a combination of free association, free-writing and Lakoff’s and Turner’s model, yields interpretations that stray far from the specific setting of the metaphor and Tom’s embodied reality. These interpretations may not at all correspond with the way that Tom understands his situation and wants it to be understood. There is a risk, thus, in creatively and, maybe, carelessly letting one’s mind and associations run wild, which can entail overinterpretation and digression. Instead of doing justice to Tom, one might become misled into the solipsistic workings of one’s mind and, in doing so, ignore or appropriate the reality of another. At the same time, ignoring the metaphor that Tom uses to describe his position may be equally problematic.

The close-reading approach, similarly, has advantages and limits. A close reading focuses exclusively on the text and is not interested in the author’s intentions or the reader’s experiences with a text. In clinical ethics cases, these relations are crucial, however, especially when we think about the intentions of using a specific metaphor (e.g. in order to get a patient’s consent or to influence the decision-making process) or a metaphor’s effect on the health-care team, patients and their relatives. Not only Tom but also his mother may object to the notion of the fly paper or the comparison to bait and fishing. The health care team, too, might prematurely foreclose
options or be satisfied with the (provisional) outcome of the case, which Zaner brings so smoothly to a happy-ending. But for Tom, what it means to be hooked up, continues to be an issue, even though the story comes to an end and the case, for Zaner, is closed.

The two approaches thus need to be handled with care. The interpretations yielded from the first approach, involving creative reimaginations and free association, need not be shared with the patient until different meanings have been sufficiently assessed for their appropriateness. This does not lessen the usefulness of the approach. The interpretations may remain entirely within the group of health care professionals and be considered a strategy that helps them thinking through a case.

Moreover, as the close reading has revealed, Zaner’s use of the metaphor has an important explorative function: It helps Zaner investigate his personal connectedness to the case and develop his thoughts. The metaphor and its many meanings structure his account. Zaner seems to work with the hook comparison to find a way out of the deadlock. In this sense, an attempt to understand the different meanings of the hook-metaphor is an act of inquiry, an explorative gesture that is, to some extent, a self-portrait or mirror of Zaner. Therefore, it is crucial to also take into consideration that Zaner’s idiosyncratic writerly style and thus the specific context in which the hook metaphor is imagined and reimagined impacts the conclusion of the case. As a consequence, a different textual genre or writerly style may elicit other meanings and may lead to a different outcome of the case. This contingency of metaphoric interpretation corresponds with the context-specificity and uniqueness that Kirklin ascribes to the role of metaphors in clinical encounters.

This outcome might be unsatisfactory to those who wish for more clarity and safety in their work with metaphors. Yet, it does remind us that “metaphor-work” is a tentative, open-ended process. Metaphor is, as poet Mark Doty argues, “an act of inquiry (not an expression of what we already know).” As Zaner’s text illustrates, there is no ending to the work with a metaphor. Even though his text (problematically) provides a happy ending, if we go beyond this particular text we know that Zaner kept reflecting on this case. More generally speaking, this process character of working with a metaphor can function as a resource: Since metaphors are potentially unrestricted in their meanings, they “can always be used to fashion something new,” as psychiatrist Laurence Kirmayer argues. Thus, while there may be no how-to guide that promises a safe way of using metaphors, there are both systematic and imaginative approaches that enable us to continually work towards rendering metaphoric language as safe as possible.

Conclusion
Working with metaphors in a clinical ethics case does not imply that finding the best possible meaning or correct connotation is the clue to an ethically sound resolution of a case. This article also does not recommend one approach over the other. The two approaches we have examined have strengths and limitations when applied to a clinical ethics case. Still, our study has shown that approaches, which focus on creativity, the use of imagination and close analysis of form and content, can yield new insights and deepen an understanding of both the case and the consultant’s thought process. In other words, interdisciplinary approaches to metaphors can offer
new perspectives and open up spaces which encourage different ways of thinking about a complex case. To be sure, metaphors as a resource or tool can, like all tools, be misused. But metaphors can also be used in productive ways and serve as a mode of inquiry into the other and into the self.

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20. Zaner RM. Conversations on the Edge. p. 17
Figure 1

My body is a pebble to them [the nurses], they tend it as water
Tends to the pebbles it must run over, smoothing them gently.
They bring me numbness in their bright needles, they bring me sleep.
Now I have lost myself I am sick of baggage –
My patent leather overnight case like a black pillbox,
My husband and child smiling out of the family photo;
Their smiles catch onto my skin, little smiling hooks.

excerpt from Sylvia Plath’s poem “Tulips” (1961)

Figure 2

you fit into me
like a hook into an eye

a fish hook
an open eye

from Margaret Atwood’s Power Politics (1971)

Table 1 Meanings of hook

<table>
<thead>
<tr>
<th>Definition and meanings from Oxford English Dictionary (selection)</th>
<th>verb (to hook): to bend, crook, curve; to lay hold of or grasp, to make fast, attach, secure; to connect or fasten together</th>
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<tr>
<td></td>
<td>verb (to hook up): to get married or become involved in a romantic relationship; to engage in sexual activity; to meet, to join forces; to bring a person together with another person or people; to provide a person with something, to provide something for</td>
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**noun (a hook):** a length of metal or piece of wood bent back, often forming a part of something (e.g. pole, chain); a thief or pickpocket

| Selection of meanings from a workshop on metaphors | Hook as a question mark  
| Hook as smiling mouth (“Their smiles catch onto my skin, little smiling hooks”)  
| Hook as a fastening device (e.g. a seatbelt for protection)  
| Hook as in hook-and-eye closure (e.g. for holding clothes together)  
| Personifications: hooker, Captain Hook |

| Selection of meanings used in Zaner’s account | feeling bound up, an intangible tug, trapped by the mother’s glance  
| fishing connotations: taking the bait in a conversation, letting oneself be distracted  
| doctor as a trapping device: like fly paper (attracting onerous cases)  
| Tom’s humorous attitude towards being hooked |