The Language of Cancer

Language is important to me. I have always loved words, and as a writer (after publishing nine books I think I can describe myself as such!), language is something that I don’t just use for communication, but is something that I think about and consider as I put fingers to keyboard. The language of cancer is an interesting one. For many years, talking about cancer was taboo. I recall my grandmother whispering the word instead of saying it out loud. Did she think that giving the word added decibels so that it was more than a hiss would in some way curse her? We talk about cancer openly now, in “polite” circles as well—and you rarely hear the hiss of stigma anymore. But what we say about cancer and how we describe it is fascinating to me.

In the 1970s, the U.S. government under President Nixon provided increased funding for research to find a cure for cancer. This was described as the “war” on cancer, and that language has persisted for more than 40 years. People are encouraged to battle cancer, to fight it, with the aim of triumphing over it. Treatment options are seen as an “arsenal,” similar to a stockpile of weapons. Every day in the obituary section of local and national newspapers, notices state that someone “lost the battle” after “fighting bravely.” Many of us may use these military metaphors without giving much thought to how others, particularly those with cancer, hear and interpret them. The focus on war and battles is inherently masculine (although the military itself is changing), and this may not reflect the way women choose to define their cancer experience.

How people use language to describe their cancer experience is interesting to me. Some describe cancer as a wake-up call that made them see the world, their lives, their relationships, differently. Others talk about cancer as a gift for many of the same reasons. My colleague Deborah K. Mayer, PhD, RN, AOCN®, FAAN, and editor of our sister journal, the Clinical Journal of Oncology Nursing, wrote movingly about the gratitude she feels as a cancer survivor (Mayer, 2013). In addition, a woman I sat next to at a committee meeting talked about cancer as a teacher, a prompt she took advantage of to learn about herself and her life, before and after.

Cancer is described as a journey, a marathon, an uphill climb. Survivorship has its own language, often associated with winning or success, implying that recurrence and/or metastatic disease is a failure. A young adult acquaintance of mine with recurrent ovarian cancer, Alicia Merchant (@LeeshLou), tweeted these observations:

When ppl are like “I survived cancer so you will too!” I feel murderous. (Not said to me lately, but seen a lot.) Doesn’t work like that.

Particularly frustrating when remarks are directed to metastatic/recurrent patients. Meant to be inspiring, comes across as insensitive.

Even the simplest words carry significant meaning. Is there a difference between a “cancer patient” and “a person with cancer”? What words do you and your colleagues use when talking about this disease? What emotions do these words raise for you—and the people that may overhear you or who are the recipients of your analogies and metaphors? What do the metaphors used by those we care for tell us about how they view their experience? Do you ask what they mean when they tell you their story in their own words, or do you assume understanding without further explanation? Language is the basis of communication, and communication is at the core of nursing and the relationships we have with patients, their families, our students, and colleagues. It is how researchers share their findings and conclusions with the practice community. It is how we share our thoughts with our colleagues in trying to find a better way to do something or solve a problem. Language is an elemental part of being human—use it wisely and well.

Reference


Anne Katz, RN, PhD, is a clinical nurse specialist at the Manitoba Prostate Centre, an adjunct professor in the Faculty of Nursing at the University of Manitoba, and a sexuality counselor for the Department of Psychosocial Oncology at CancerCare Manitoba, all in Winnipeg, Manitoba, Canada. Katz can be reached at ONFEditor@ons.org.

ONF, 41(2), 111. doi:10.1188/14.ONF111