

**Argumentative resistance
to violence metaphors for cancer**

An analytical study of argumentation against metaphor

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Argumentative resistance to violence metaphors for cancer

An analytical study of argumentation against metaphor

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“Illness is the night side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

Susan Sontag, *Illness as Metaphor* (1978, p. 3)

To Willem and Lou

To my parents, Carla and Wim

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Author contributions

This dissertation consists of six chapters. Chapters 1 and 6 have not been written for publication elsewhere and respectively provide the introduction and conclusion to this dissertation. Chapters 2–5 have been written as independent journal articles. As a result, there will be a certain degree of overlap between these four chapters, mainly concerning the introductory sections and the sections discussing the analytical frameworks.

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Chapter 1

Introduction

1.1 Argumentative resistance to violence metaphors for cancer

Metaphors that describe being ill with cancer in terms of violence, such as ‘she is fighting cancer’ or ‘she lost her battle with cancer’, are widely considered controversial (Demmen et al., 2015). The public debate that has developed regarding these metaphors traces back to Susan Sontag’s landmark essay *Illness as Metaphor* (1978). One of the first critics to point out that violence metaphors cause harm to patients by presenting their illness as a ‘ruthless, secret invasion’ that ‘colonizes’ their body, Sontag went as far to argue for a completely metaphor-free view of illness (1978, pp. 5, 64).

In the decades following the publication of Sontag’s critical essay, a substantial body of research has developed offering important insights into the (potential) functions and effects of violence metaphors for cancer. In contrast with the viewpoint that these metaphors should be avoided altogether, research has found that violence metaphors are not by default a negative means of conceptualising cancer. Patients with cancer can, for instance, use these metaphors to express a perception of themselves as effective agents within their illness experience (Semino et al., 2017, p. 60). At the same time, ample evidence has been found of the negative effects of violence metaphors. These effects vary from patients suppressing their emotions in order to meet others’ expectations that they ‘fight’ cancer (Byrne et al., 2002) to patients experiencing feelings of guilt or shame because they fail to ‘win the battle’ (Semino et al., 2018; also see Hendricks et al., 2018; Macmillan Cancer Support, 2018).

Previous research on the functions and effects of violence metaphors for cancer has been largely based on analyses of *metaphor use*. What has been lacking in the literature is an analysis of public discussions that are being held on the appropriateness of using these metaphors. Such an analysis provides direct insight into language users’ negative views on violence metaphors for cancer, as well as their precise objections to specific aspects of the contested metaphors. The present dissertation addresses this gap in the literature by conducting a close analysis of standpoints and arguments that are put forward against these metaphors in public discussions regarding their use. These standpoints and arguments will be referred to as expressions of (*argumentative*) *resistance* to violence metaphors for cancer. The

dissertation’s analysis will be guided by the pragma-dialectical approach to argument analysis (e.g., van Eemeren & Grootendorst, 1984; 2004) and approaches to metaphor analysis that are grounded in cognitive linguistics (e.g., Lakoff & Johnson, 1980; Landau, et al., 2017; Semino et al., 2016; Steen, 2015). By combining instruments and concepts from these analytical frameworks, the dissertation aims to present a first thorough account of argumentative resistance to violence metaphors for cancer.

The excerpt below features an example of argumentative resistance to violence metaphors for cancer that may serve to illustrate what type of insights can be gained through analysis of the author’s precise standpoint and arguments against the contested metaphors. The excerpt is from a weblog written by a former cancer patient. The author of the weblog takes issue with terms of violence such as ‘fight’ and ‘battle’ being used in relation to cancer. Calling for an end to the conventional usage of these terms, the author mentions a number of undesirable implications of characterising cancer in terms of a ‘battle’ (see the sentences marked by letters a–k). According to her interpretation, the metaphor would imply that “the ones who didn’t win their battle” ‘lost the battle’ because they “didn’t fight hard enough” (i), “didn’t want it badly enough” (j), or “weren’t brave enough to go the extra mile to be the victor” (k):

“We need to change the language that we use to talk about cancer.^a Brave.^b Fight.^c Survivor.^d Battle.^e The language of cancer is the language of war.^f But for everyone who won their battle, someone lost.^g For every survivor, there’s someone who didn’t make it.^h The implication being the ones who didn’t win their battle didn’t fight hard enough.ⁱ They didn’t want it badly enough.^j They weren’t brave enough to go the extra mile to be the victor.^k And I call bullshit on that.^l Cancer is an unfair fight.^m It is so much more than David versus Goliath, of the underdog taking on someone bigger, stronger and more powerful.ⁿ We’re flying blind.^o Sure, we have modern medicine and doctors and seriously effective drugs, but none of these things can guarantee a win.^p They up your chances yes, but won’t deliver a definitive cure.^q” (Gortan, 2016)

The rejection of the metaphors’ implications is built around the biblical underdog story of David and Goliath (sentence n). The author argues that cancer patients have a smaller chance to win the figurative fight against cancer compared to the chance David had at winning his fight against Goliath. Confronted with a physically stronger opponent, David relied on alternative means to defeat the giant. Against cancer,

however, we do not have the resources or knowledge that will fully cure patients – meaning that it is largely beyond doctors’ or patients’ control whether someone dies from cancer or lives longer (o-q). The author therefore advocates that ‘losing the battle’ should not be considered a result of the patient failing to do whatever would be needed to ‘win’: if having cancer is conceptualised as a ‘fight’, it should be understood to be an ‘unfair fight’, where the opposing parties do not have equal opportunities to determine the outcome in their favour (m).

The excerpt discussed above features an example of resistance to violence metaphors for cancer that does not merely concern an expression of disapproval of these metaphors. The excerpt also offers insight into the author’s interpretation of implications that are carried by the contested metaphors, as well as the author’s arguments for perceiving these implications to be problematic. In addition, the excerpt shows how such arguments can draw on aspects of the metaphor that are generally less considered. In this particular case, the author calls attention to the fact that fights are not necessarily won by the party that fights hard or brave enough. Taking this aspect into account, the author states that the figurative fight against cancer is unfair by definition: a cancer patient is facing off against an opponent they do not have the means to defeat.

Throughout this dissertation it will be demonstrated how analysis of resistance against violence metaphors for cancer will increase our understanding of the precise negative points of view language users hold against these metaphors, the objections language users raise in support of their views, and the specific features of violence metaphors that are subject to resistance. The joint application of argumentation analysis and metaphor analysis will offer useful and complementary insights into the argumentation that is expressed against violence metaphors for cancer. These insights will add to the existing literature on violence metaphors for cancer, which has reported on the metaphors’ (potential) negative functions and effects but lacks close analysis of the ways in which these metaphors are critically responded to in public discourse. Returning to the excerpt discussed above as an example: previous studies have discussed the harmful effects of conceptualising someone’s death from cancer as a ‘lost battle’, but no academic attention has been paid to the precise standpoints language users hold against such metaphors or their arguments for resisting them.

In the next section, Section 1.2, a more detailed discussion will be presented of the existing literature on violence metaphors for cancer. The analytical frameworks of the dissertation will be discussed in more detail in Section 1.3. Lastly, in Section 1.4, an overview will be given of the research questions that will guide the research in the separate chapters of this dissertation.

1.2 Violence metaphors for cancer

Over the past thirty years, research has established that metaphor is an indispensable part of our language and our conventional way of conceptualising the world (Lakoff, 1993). Much of this research is based on the tenets of Conceptual Metaphor Theory (CMT, Lakoff & Johnson, 1980; Nacey et al., 2019). One of the main tenets of CMT is that metaphors enable us to map experiences from one conceptual domain (also referred to as the metaphor's *source domain*) to another conceptual domain (the metaphor's *target domain*). These cross-domain mappings allow us to think and talk about one thing in terms of something else.

The ability of metaphor to connect knowledge from one conceptual domain to another makes it particularly suited for describing concepts that are relatively abstract or complex: indeed, by using knowledge from another conceptual domain, these concepts can be translated into more concrete and comparatively simple information (Flusberg, et al., 2018; also see Gibbs, 1994; Lakoff & Johnson, 1980; Pinker, 2007; Thibodeau & Boroditsky, 2011).¹ Illness and the process of dying are among such “complex, subjective, and poorly delineated experiences that tend to be conventionally verbalised and conceptualised through metaphor” (Demjén et al., 2016, p. 2; also see Kövecses, 2000). Because these experiences are often associated with pain and complex feelings such as anxiety and isolation, metaphors can help express or make sense of them by relating the experiences to another conceptual domain. This also holds for the metaphors that are used to describe cancer, currently one of the leading causes of death worldwide (World Health Organization, 2011).

Metaphors for cancer have received considerable attention in various academic fields of study (e.g., Appleton & Flynn, 2014; Byrne et al., 2002; Gibbs & Franks, 2002; Harrington, 2012; Gustafsson, et al., 2019; Semino et al., 2020). Across these studies, much attention has been paid to *violence metaphors* (Semino et al., 2020; see p. 32ff for an overview). These metaphors have been widely described as the most prominent metaphors in English discourse about cancer (Hendricks et al., 2018).² A

¹ Typically, the domain that is described metaphorically concerns a relatively abstract, complex, subjective, or sensitive conceptual domain, whereas the domain from which metaphorical mappings derive is more concrete, tangible, or physical (Demjén, et al., 2016, p. 2; also see Dancygier & Sweetser, 2014; Lakoff & Johnson, 1980).

² The research in this dissertation is focused on the use of violence metaphors for cancer in English discourse. These metaphors, however, occur in several other languages too. Studies on violence metaphors for cancer in languages other than English have been conducted by, among others, Gustafsson et al. (2019) (on Swedish discourse) and Magaña & Matlock (2018) (on Spanish discourse).

detailed definition of violence metaphors has been provided by Demmen et al. (2015), who have defined its characteristic features in the following way:³

“[Violence metaphors are] any metaphorical expressions or similes whose literal meanings suggest scenarios in which, prototypically,⁴ a human agent intentionally causes physical harm to another human, with or without weapons.” (pp. 211–212).

The dissertation’s analysis of resistance to violence metaphors for cancer will be focused on a specific subset of metaphors for cancer that fall under the broad definition cited above. Following the above definition, violence metaphors for cancer can span a wide range of target domain topic or situations, varying from the situation the ‘war on cancer’ that is waged by different parties (from oncologists to politicians and from fundraisers to society at large) that are aimed at finding a cure for the disease, to efforts on the part of the individual cancer patient to ‘fight’ and ‘defeat’ the cancer they have been diagnosed with (also see e.g., Demmen et al., 2015; Semino et al., 2017, 2018; Flusberg, et al., 2018; Schattner, 2023).⁵ The present dissertation will be focused on the latter target domain situation, meaning that the analysis will principally concern resistance to violence metaphors that are used in relation to actual or hypothetical experiences of people who have been diagnosed with cancer.⁶

Previous research on violence metaphors that refer to patients’ illness experiences has mostly focused or reported on the metaphors’ shortcomings rather than their merits. As touched upon above, an example of a study that has examined

³ In the literature on metaphorical expressions such as ‘she is fighting cancer’ or ‘we are at war with cancer’, different labels are used to denote their source domain. I.e., apart from ‘violence metaphors’, they have also been referred to as ‘bellicose metaphors’ (e.g., Hauser & Schwarz, 2015), ‘war metaphors’ (Flusberg et al., 2018), or ‘martial metaphors’ (e.g., Reisfield & Wilson, 2004), to name a few examples.. The current dissertation uses the broad source domain term of *violence* to denote metaphors for cancer that are used to refer to encounters of physical violence in a literal sense – as in the definition by Demmen et al. (2015).

⁴ Demmen et al. (2015) add to this definition that “less prototypical scenarios involve non-human agents, the threat or consequences of violence, or non-physical harm”. The studies in this dissertation will not make a distinction between prototypical or less prototypical scenarios depicted by the metaphorical expressions that are subject to resistance.

⁵ Semino et al. (2018) have noted that the metaphor of ‘war’ in English discourse about cancer is mostly used to refer to “the collective societal effort to prevent or cure cancer” rather than the individual effort to recover from cancer (p. 19). Other terms of violence, such as the verb ‘fight’, may be more or less equally conventional for both target domain situations.

⁶ Only in Chapter 2 of this dissertation attention will be paid to the former target domain situation as well. I.e., Chapter 2 will address a number of differences between violence metaphors for cancer describing distinct target domain situations. The analysis of expressions of resistance in the remaining chapters of this dissertation will be focused on resistance to violence metaphors that are used to describe the figurative fight between cancer patients and the disease they are faced with.

and reported on the *positive* functions of violence metaphors for cancer has been conducted by Semino et al. (2017; 2018). Semino and colleagues have analysed the ways in which violence metaphors are used to express different ways of making sense of living with cancer. The study's findings show that different usages of these metaphors are predominantly positive or negative depending on the specific contexts or circumstances in which they are used, and by whom. The researchers found, for instance, that violence metaphors can lend expression to feelings of empowerment to cancer patients who perceive themselves as “engaged and effective agents” in their experience with cancer (2017, p. 63). Patients who have a more negative experience with being ill with cancer, on the other hand, tend to use violence metaphors that reflect and potentially reinforce negative feelings on the part of the patient. These include low self-esteem and feelings of guilt for – as the researchers note – “something that is not the person’s fault” (2018, p. 638).

Due to the dissertation’s focus on *resistance* to violence metaphors for cancer, a number of salient research findings on the problematic aspects and detrimental consequences of using such metaphors will be considered in more detail. These are findings from Byrne et al.’s (2002) analysis of the role of ‘fighting’ in clinical communication about cancer, Macmillan Cancer Support’s (2018) research on conversations about end of life between cancer patients and health and care professionals, and Hendricks et al.’s (2018) study on the consequences of metaphor framing on the emotional appraisal of illness hardships.

Byrne et al. (2002) observed that if clinicians use language of fighting when communicating with patients, this can cause patients to conceal distress and suffering in order to avoid burdening their family and their clinicians. In such cases, patients tend to serve the emotional needs of others instead of their own, which reduces the opportunities for patients’ self-expression. Macmillan Cancer Support (2018) found a similar negative effect of ‘fighting’ language. Through interviewing patients and health professionals, the support charity found that the narrative about ‘fighting’ cancer can cause cancer patients and health professionals to consider it a failure to talk about end of life. This can have as a further consequence that patients choose to refrain from discussing their preferences for care in their final days of life. Hendricks et al. (2018) explored how the emotional appraisal of illness experiences might be affected by metaphors comparing cancer to a ‘battle’ patients need to ‘fight’, or to a difficult ‘journey’ they need to ‘travel’. Even though the researchers’ experiments could not determine the precise role each individual metaphor plays in affecting the way people think about an illness situation, their findings do indicate that people might be more likely to feel at peace with not recovering from cancer if

their situation is described in terms of a ‘journey’ metaphor compared to when their situation is described as a ‘battle’.

Taken together, previous research on violence metaphors for cancer has provided insight into various functions and effects violence metaphors may have for and on cancer patients. The findings show that violence metaphors for cancer are not by default a negative means for conceptualising cancer, yet they may have several detrimental influences on cancer patients’ emotional well-being. While some researchers have noted that some of these effects are due to a skewed image the metaphors present of actual experiences of living with cancer (e.g., Semino et al., 2018), no research has been done language users’ critical reflections on the metaphors. Analysis of such reflections, which are verbalised in public discussions on violence metaphors for cancer, can provide insight into the precise negative points of view language users (i.e., patients as well non-patients) hold regarding these metaphors, and on which grounds they disagree with or disapprove of particular uses of violence metaphors for cancer. In the next section it will be explained how the present dissertation will address this gap in the literature by examining argumentative resistance to violence metaphors from cancer by means of a combination of argumentation analysis with metaphor analysis.

1.3 Analytical frameworks

In its analysis of resistance to violence metaphors for cancer, the dissertation will employ concepts and instruments from the pragma-dialectical approach to argument analysis (e.g., van Eemeren & Grootendorst, 1984; 2004) and approaches to metaphor analysis that are grounded in the cognitive linguistic tradition (e.g., Lakoff & Johnson, 1980; Landau, et al., 2017; Semino et al., 2018; Steen, 2015). The choice of these frameworks will be discussed in more detail below.

1.3.1 Framework for argumentation analysis

Argumentation research spans a variety of approaches that examine argumentative discourse from different angles (e.g., Blair & Johnson’s *informal logic* (1983), Perelman & Olbrecht-Tyteca’s *New Rhetoric* (1969), Toulmin’s *Model of Argument* (1958), and van Eemeren & Grootendorst’s *Pragma-dialectics* (1984; 2004), also see van Eemeren et al., 2014). While the precise topics of interest across the different approaches vary, they share the general objective of gaining a thorough understanding of argumentation as it is used in actual practice. Within the field of argumentation theory, metaphor has

attracted academic interest for the ways in which it is used and responded to in argumentative discourse. According to van Poppel (2021), this interest has been largely limited to its rhetorical or stylistic role, and only a relatively small number of studies have taken into account other potential functions of metaphor in argumentative discourse. Some of these studies have analysed the use of metaphor in analogy argumentation⁷ (e.g., Garssen & Kienpointner, 2011; Perelman & Olbrechts-Tyteca, 1969; Pielenz, 1993; Reboul, 1989) (van Poppel, 2021, p. 191). Other studies that have looked beyond the stylistic function of metaphor have provided insight into the different types of propositions metaphors can form part of (e.g., Oswald and Rihs, 2014; Pielenz, 1993; Santibáñez, 2010; Wagemans, 2016; Xu & Wu, 2014) (van Poppel, 2021, p. 191).⁸

While previous studies of metaphor in argumentative discourse have contributed to our understanding of the different ways in which metaphor occurs *in* or *as part of* argumentation, the question how language users may *resist* metaphor by means of argumentation has appeared on the academic agenda only recently (e.g., Finsen et al., 2021; van Poppel & Pilgram, 2023; Renardel de Lavalette et al., 2019). Finsen et al. (2021) have analysed criticism to the computer metaphor of the brain within the domain of science communication. Renardel de Lavalette et al. (2019) have examined how metaphors can be resisted in various ways to achieve specific argumentative outcomes in parliamentary debates. Van Poppel & Pilgram (2023), lastly, have provided an overview of the ways in which language users can – in theory – resist a metaphor by explicitly criticizing it.

Like Renardel de Lavalette et al. (2019), Finsen et al. (2021), and van Poppel & Pilgram (2023), this dissertation will adopt the pragma-dialectical approach to argumentation in the analysis of resistance to metaphor. The pragma-dialectical approach, or Pragma-dialectics, offers an extensive set of theoretical and analytical tools that enables an argumentation analyst to reconstruct and analyse argumentative discourse in actual practice (for an overview, see van Eemeren et al., 2002). Pragma-dialectics starts from the premise that argumentation is put forward in order to resolve a (potential) difference of opinion, which may concern a written or oral exchange of arguments between two or more parties but does not necessarily “take

⁷ Van Poppel (2021, p. 191) notes that the argumentation-theoretical literature on metaphor in argumentative discourse also contains many examples of analogy arguments that could be interpreted as metaphors too, including for instance Govier (1989), Hastings (1962), Juthe (2016) and Walton (2014).

⁸ As van Poppel (2021, p. 203) points out, differences of opinion exist about what ‘argumentative’ precisely means – i.e., “some authors argue that metaphor does not have an argumentative function, but can have a rhetorical or persuasive function (e.g. Garssen, 2009; Plug & Snoeck Henkemans, 2008) – which are qualifications that partly overlap”.

the shape of a full disagreement, dispute, or conflict” between two clearly identifiable (groups of) protagonists and antagonists (van Eemeren et al., 2014, p. 2). Argumentation may also be advanced, for instance, when someone sets out to defend a view they assume not to be shared by others. The latter is of relevance for the data that will be analysed in the current dissertation, which mostly concern newspaper articles or blogposts that are meant to convince (potential) antagonists of the acceptability of a particular standpoint. In such texts, arguments are provided to overcome possible doubt or criticism concerning the standpoint at issue.

Pragma-dialectics has formulated a set of analytical operations that enable the argumentation analyst to identify and characterise such features. In this dissertation, particular use will be made of what is known as the *standard* pragma-dialectical approach. The standard approach has been developed in order to enable an analyst to make a reconstruction of argumentation as it is put forward in actual discourse; such a reconstruction provides an overview of the elements that are pertinent to a critical analysis and evaluation of that discourse.⁹ Theoretical tools that have been developed to this end are based on an integration of insights from pragmatics combined with insights from dialectic: in (standard) pragma-dialectical theory, argumentation is studied as part of an argumentative discussion between protagonists and (potential) antagonists on a given issue, who, through the exchange of arguments, wish to resolve their difference of opinion on the merits of the issue in question.

Throughout the dissertation, concepts and instruments that have been developed in the standard pragma-dialectical approach will be employed to gain insight into the argumentative aspects of resistance to violence metaphors for cancer. Instances of resistance from actual language data will be examined, for instance, for the type of justificatory relations that may underlie different types of resistance argumentation (Chapter 2); the nature of different resistance standpoints (Chapter 3); the relation resistance arguments hold to other premises in a larger stretch of text (Chapter 4); and the arguments that are raised against particular implications of violence metaphors for cancer (Chapter 5). The precise research questions that will

⁹ Over the past decade, the standard pragma-dialectical approach has been extended to include a rhetorical component (van Eemeren, 2010). I.e., in the extended pragma-dialectical approach, insights from the field of rhetoric have been incorporated in order to account for the fact that participants in an argumentative discussion generally try to be persuasive and have their standpoint accepted by (potential) antagonists. The present dissertation uses the standard approach as it aims to provide a thorough account of the negative points of view language users hold against violence metaphors for cancer and the grounds on which these are based. As will be discussed in Chapter 6 of the dissertation, future research might explore the rhetorical aspects of argumentative resistance to violence metaphors for cancer.

be dealt with in the separate chapters and the specific instruments that will be used to answer these questions will be discussed in Section 1.4. First, Section 1.3.2 will discuss the analytical framework that will offer the concepts and instruments for the analysis of violence metaphors that are subject to resistance.

1.3.2 Framework for metaphor analysis

As touched upon above, much research on metaphor takes its starting point in the main tenets of CMT (Nacey et al., 2019). The dissertation's approach to the analysis of metaphors that are subject to resistance is also grounded in the cognitive linguistic tradition – firstly by adopting CMT's definition of metaphor as a cross-domain mapping that allows language users to think and talk about one thing in terms of something else due to some perceived similarity between them (Semino et al., 2008).

In the forty years since the introduction of CMT, metaphor researchers have developed further ideas and methodologies that contribute to a better understanding of the role of metaphor in our everyday lives. These include systematic and reliable methods for identifying metaphor in actual discourse, such as the Metaphor Identification Procedure (MIP, Pragglejaz, 2007) and the Metaphor Identification Procedure VU University Amsterdam (MIPVU, Steen et al., 2010). Following these procedures, a linguistic expression is metaphorically used when the expression's contextual meaning differs from a more 'basic' (more concrete or physical) meaning and, secondly, when this contextual meaning can be understood via comparison with the more basic meaning (Steen et al., p. 3). Throughout this dissertation, the main guidelines of MIP and MIPVU will be used to determine what counts as a linguistic metaphor in discourse. In accordance with MIPVU conventions, the dissertation will take into account cases of indirect metaphor (e.g., 'she is fighting cancer') as well as cases of direct metaphor (e.g., 'cancer is like a fight').

In the analysis of metaphorical features that may be subject to resistance, the dissertation will also draw on other theoretical and empirical research on metaphor that has built further on the fundamentals of CMT. This concerns research that is being done on metaphorical aptness (Chapter 2), dimensions of metaphor use (Chapter 3), metaphorical framing (Chapter 4) as well as research on metaphor extension (Chapter 5). Because two of these four topics will play a central role in (the research questions guiding) Chapters 3 and 5 – namely *dimensions of metaphor use* and *metaphor extension*, respectively –, a brief definition of these concepts will be provided below.

In exploring features of metaphor that may play a role in the resistance violence metaphors for cancer elicit, the dissertation will examine whether

expressions of resistance may be directed at particular uses of violence metaphors for cancer in relation to the topic of cancer. To this end, it will draw on Deliberate Metaphor Theory (DMT, Steen, 2015; 2017), which holds that metaphors do not only play a fundamental role in human language and thought, but also in communication between language users. More specifically, according to DMT, a metaphorical expression such as “After my cancer diagnosis I felt like a lone soldier” can be described as containing a metaphorical expression in *language*, namely ‘lone soldier’. This metaphorical expression can also be related to a conceptual mapping in *thought*: i.e., the language user uttering the expression considers herself as a ‘lone soldier’. These are the two dimensions of metaphor use that are also recognised in CMT. DMT adds to this that the metaphor in the aforementioned example can also be said to function ‘as metaphor in *communication*’ – namely if recipients’ attention is drawn to the source domain of violence as a separate domain of reference (Steen, 2017, p. 2).¹⁰

DMT holds that all metaphor use can be described as related to the three dimensions discussed above. Most analyses that have been conducted within the framework of DMT have been concerned with the identification of these dimensions in metaphors use – e.g., in text and transcripts of talk featuring different metaphors. The present dissertation will apply the framework in a novel way by examining whether expressions of resistance in actual practice may be targeted at one or more specific dimensions of metaphor use, which will contribute to our understanding of the precise metaphorical aspects that may play a role in the resistance the metaphors elicit.

Additionally, the dissertation will take into account previous research findings on metaphor extension in order to examine resistance that is directed at certain implications of violence metaphors for cancer. More specifically, the dissertation will analyse instances of resistance in which violence metaphors are argued to have undesirable implications that need to be replaced by alternative interpretations. The latter process is also referred to as metaphor extension, whereby recipient’s attention is drawn “to other familiar features of [a] metaphor’s concrete concept, [encouraging recipients] to apply that knowledge to interpret the target issue” (Landau et al., 2017, p. 64). By means of metaphor extension, a contested

¹⁰ DMT has been characterised as a more rhetorically oriented approach to metaphor compared to CMT (Reijnierse, 2017). This characterisation is mainly due to DMT’s main tenet that metaphor should not only be considered a linguistic phenomenon that can be connected to conceptual structures in thought, but that it should also be understood as a communicative means that is employed in interaction between language users. For a more detailed discussion of ways in which the communicative dimension of metaphor can be identified, see Chapter 3.

metaphor can thus be endorsed in broad outlines if it is acknowledged that particular (conventional) implications need to be reinterpreted.

A main reason for examining metaphor extension in resistance to violence metaphors for cancer is based on some critics' remarks that these metaphors should be avoided altogether (e.g., Haines, 2014; Sontag, 2014). Such an action seems infeasible given that the metaphors are highly conventionalised in discourse about cancer. Even if particular stakeholder groups – such as health practitioners – can be encouraged to stop using them, the metaphors will most probably still be used in other communicative situations that cannot be controlled for. Language users will remain to be confronted with violence metaphors and their potentially negative implications. An alternative suggestion to circumvent the metaphors' negative effects might be to assign novel interpretations to the metaphors in question in order to replace the undesirable implications. The dissertation will examine how such an approach of extending metaphors may be used in actual instances of resistance to violence metaphors for cancer.

In sum, the dissertation's analysis of violence metaphors for cancer that are subject to resistance is embedded in the cognitive linguistic tradition of metaphor analysis. Moreover, it will employ concepts and insights from more recent work on metaphor that has built further on Lakoff and Johnson's (1980) seminal cognitive linguistic work on CMT. The next section will discuss how the framework for metaphor analysis as well as the framework for argumentation analysis will be employed to answer the research questions that will be addressed in the separate chapters of this dissertation.

1.4 Research questions and outline of the dissertation

The main body of this dissertation consists of two parts. The first part, comprising of Chapters 2 and 3, is focused on mapping different types of argumentation (Chapter 2) and standpoints (Chapter 3) that are advanced in resistance to violence metaphors for cancer. These two chapters cover the fundamental components of argumentative expressions, i.e., arguments and the standpoints they are meant to support. The second part of the dissertation, which consists of Chapters 4 and 5, examines resistance that is expressed against particular implications of violence metaphors for cancer. The research angle of these chapters has been prompted by the observation that implications of these metaphors give rise to (particular arguments expressing) resistance (Chapter 4) and that such implications may be countered through metaphor extension (Chapter 5). The precise research questions

that will guide the research in Chapters 2 through 5 will be discussed in more detail below.

1.4.1 Chapter 2

Language users can put forward an array of arguments to defend their standpoint on a given issue; by means of argumentation-analytical instruments, such combinations of standpoints and arguments can be grouped together and contrasted with one another depending on the argumentation type (or *argument scheme*) on which the argument-standpoint connection is based. When arguing against violence metaphors for cancer, language users may also base their resistance on different types of argumentation. This has not yet been examined in the literature on violence metaphors for cancer, despite previous research findings indicating that these metaphors have various shortcomings – which might feed into in different kinds of standpoints and arguments against the metaphors. Chapter 2 of this dissertation will explore how different types of argumentation in resistance to violence metaphors for cancer relate to specific features of the contested metaphors. The research question that is central in this chapter reads:

RQ1 *How are violence metaphors for cancer resisted in different types of argumentation?*

In order to provide detailed insight into the distinctive characteristics of – as well as correspondences between – instances of resistance that are based on different types of argumentation, the chapter’s focus will be on two particular types of argumentation that can be observed in critical discussions on violence metaphors for cancer. These are *pragmatic argumentation* and *symptomatic argumentation*.

In pragma-dialectical argumentation theory, pragmatic argumentation is characterised by a standpoint that a particular action should (not) be performed and a supporting premise that says that the action leads to an (un)desirable situation (van Eemeren et al., 2007). In argumentation that is symptomatic, “a property, class membership, distinctive characteristic, or essence of a particular thing, person, or situation” is mentioned to imply that “this thing, person or situation also has the characteristic property that is ascribed to it in the standpoint” (van Eemeren et al., 2007, pp. 154-155). Chapter 2 will provide a close analysis of these types of argumentation within the context of resistance to violence metaphors for cancer. More specifically, four case studies will demonstrate the characteristics of these two

types of argumentation in expressions of resistance as well as the different aspects of the contested metaphors the different types of argumentation pertain to.

1.4.2 Chapter 3

By definition, arguments are put forward in order to lend support to a given standpoint. Standpoints can be analysed for a range of different features, varying from the propositional content to the nature of their claim. Even standpoints on similar topics – such as limitations of violence metaphors for cancer – can vary in terms of standpoint type or the specific topic that is at issue. In the literature on violence metaphors for cancer, knowledge of the different standpoints language users may hold against metaphors for cancer is lacking. On the basis of previous research findings on the detrimental effects of violence metaphors for cancer, it might be expected that language users hold the view that the metaphors should be avoided altogether – yet other research findings leave room for the possibility that language users can also hold more nuanced standpoints, rejecting some specific instances or implications of violence metaphors while endorsing others (e.g., Semino et al., 2018).

Chapter 3 addresses this gap in the literature by seeking to gain a more detailed understanding of the precise negative points of view language users may hold towards violence metaphors for cancer. It will do so in two ways: Firstly, it will closely examine different type of propositions that are expressed in resistance to violence metaphors for cancer. To this end, it will draw on the distinction of standpoint types that is adhered to in Pragma-dialectics. Secondly, the chapter will examine whether standpoints of resistance to violence metaphors for cancer may be targeted at specific dimensions of metaphor use. For this purpose, it will use the distinction between three dimensions of metaphor use that forms one of the main tenets DMT. The two research questions that are central in this chapter read:

RQ2a *Which types of propositions are expressed in standpoints of resistance against violence metaphors for cancer?*

RQ2b *Which dimensions of metaphor are addressed in standpoints of resistance against violence metaphors for cancer?*

The chapter will analyse instances of resistance from actual language in order to gain insight into the different types of resistance standpoints that may be expressed in critical responses to violence metaphors for cancer, as well as the different metaphor

dimensions these standpoints may be focused on. For answering research question 2a, different instances of resistance standpoints will be discussed that demonstrate characteristics of different standpoint types; in addition, it will be discussed how each standpoint type carries different consequences for the protagonists' burden of proof to convince (potential) antagonists of the acceptability of their standpoint.

For answering research question 2b, it will be examined whether the three dimensions of metaphor use that are distinguished in Deliberate Metaphor Theory (DMT) can be identified in expressions of resistance to violence metaphors for cancer. The analysis of resistance standpoints from the perspective of DMT will provide an explorative account of metaphor dimensions as (potential) objects of resistance. I.e., it will be examined whether resistance standpoints can be directed at *a)* the role of metaphor in thinking about the metaphor's target domain, *b)* the role of metaphor in talking about the metaphor's target domain, and/or *c)* the role of metaphor as metaphor in communication whereby distinct attention is paid to the source domain of violence as a separate domain of reference.

1.4.3 Chapter 4

In the public debate on violence metaphors for cancer, resistance is sometimes directed at what the metaphors are interpreted to *imply* about the target domain of cancer. In such cases, language users take issue with something they take to be suggested by the contested metaphors rather than something that is stated explicitly in common usages of these metaphors. Chapter 4 will be focused on the analysis of argumentative resistance that addresses such implications. The research question of the chapter reads:

RQ3 *How may implications of violence metaphors be resisted argumentatively?*

The analysis will be focused on arguments against the implication 'if a patient fights hard enough, they will win the battle against cancer', whereby specific attention will be paid to arguments directed at a presumed causal relation between patients' efforts to 'fight' cancer and 'winning the battle' against cancer. An important reason for analysing these particular arguments is that the notion that cancer patients have an influence on the outcome of the figurative battle against cancer seems to lie at the heart of the metaphors' controversiality. Previous research has found that violence metaphors can be particularly harmful for cancer patients when they interpret these metaphors to mean that those who 'lose the battle' are to blame for this outcome themselves (e.g., Hendricks et al., 2018; Semino et al., 2018). This stands in stark

contrast to the positive effects cancer patients may experience by feeling empowered and proud for ‘battling’ their disease (also see Semino et al., 2018).

In the chapter, a theoretically motivated characterisation will be proposed of different types of arguments expressing resistance to the relation between ‘fighting (hard enough)’ and ‘winning’. This categorisation will be based on a set of criteria that have been originally developed for the evaluation of causal argumentation. The criteria will function as a starting point for examining how arguments to the aforementioned type of implication may relate to different types of causes ‘fighting’ can be understood to have on the eventual outcome of ‘battle’. In the second part of the chapter, an analysis of actual language data will be provided in order to illustrate whether and how these different arguments – characterised on theoretical grounds – may be identified in actual instances of resistance to violence metaphors for cancer.

1.4.4 Chapter 5

Just like Chapter 4, Chapter 5 will examine resistance against implications of violence metaphors for cancer. The specific focus of Chapter 5 will be on cases of resistance in which contested metaphors are *extended*. These are cases of resistance in which language users highlight aspects of the metaphors’ source domain that are less commonly considered in order to counter the (potential) negative effects of the undesirable implications. Put differently, in such cases, resistance arguments are accompanied by arguments in favour of alternative interpretations of the metaphors in question. The guiding research question of the chapter is as follows:

RQ4 *How can implications of violence metaphors for cancer be countered through metaphor extension?*

The chapter will make use of pragma-dialectical instruments for argumentation analysis as well as theoretical and empirical research findings on metaphor in order to gain a better understanding of how implications of violence metaphors for cancer be countered through metaphor extension. More specifically, two case studies will be conducted in which pragma-dialectical tools for argument reconstruction will be used to analyse expressions of resistance to violence metaphors for cancer that are (partially) based on a form of metaphor extension. The case studies will provide valuable input in two important ways. First, a detailed argumentative analysis of such expressions of resistance will help to pinpoint which metaphorical implications are contested in each given case, and why. Second, closely examining the different elements of resistance argumentation in which the contested metaphor is extended

will help define which alternative interpretations are deemed (more) acceptable instead.

The main findings of the chapters will be outlined in the concluding chapter of this dissertation, Chapter 6. This chapter will also discuss the main implications of this dissertation, as well as its main limitations and suggestions for future research.

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Chapter 2

Violence metaphors for cancer. Pragmatic and symptomatic arguments against¹¹

2.1 Introduction

In discourse about cancer, metaphors of violence abound. Medicine has ‘waged war’ on cancer to find a cure for the disease. Cancer researchers are designing ‘magic bullets’ and ‘smart bombs’ that should ‘destroy’ ‘enemy’ cells. Cancer patients ‘battle’ and ‘fight’ their disease in order to ‘beat’ it and ‘survive’. Yet, violence metaphors are also resisted. Here is an illustration:

- (1) “In my world, having cancer is not a fight at all.^a It is almost a symbiosis where I am forced to live with my disease day in, day out.^b Some days cancer has the upper hand, other days I do.^c I live with it and I let its physical and emotional effects wash over me.^d But I don't fight it.^e After all, cancer has arisen from within my own body, from my own cells.^f To fight it would be ‘waging a war’ on myself.^g I have used chemotherapy on two occasions to bring the cancer back under control and alter the natural history of the disease.^h I submitted myself to this treatment gently, and somewhat reluctantly, taking whatever each day had to throw at me.ⁱ I certainly didn't enter the process ‘with all guns blazing’,^j” (Granger, 2014)

Addressing discrepancies between a physical fight and overcoming cancer, the author rejects the metaphor that draws a parallel between the two.

Here is a different example:

- (2) “[Our] unthinking characterisation of cancer as a ‘battle’ hands responsibility for recovery to the patient.^a [As was discussed earlier,] when you [as a cancer patient] are at your lowest ebb, this is a laughable proposition.^b Further, it creates the notion that only ‘strong’ or ‘deserving’

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patients survive cancer, the corollary of which is that those whose treatment is unsuccessful are weak or deficient in willpower.^c” (Wilson, 2017)

In example (2), some of the author’s motivations for refusing to use war metaphors lie in alleged implications of characterising cancer as a battle: it would create inappropriate or undesirable notions about cancer patients and their personal ability to change the outcome of their disease. This author concludes that “[whatever] our relationship to cancer, whether we are a researcher, doctor, patient, or family member, refusing to use war metaphors to describe our experience of it would be a better way to honour those we support and love” (ibid.).

A third example of resistance is (3):

- (3) “Also people with cancer usually don't feel at all like fighting. While receiving treatment for oesophageal cancer, Christopher Hitchens writes in his book *Mortality* “... you feel swamped with passivity and impotence: dissolving in powerlessness like a sugar lump in water.” And for those overwhelmed by this torpor, the failure to fight leads to frustration and depression. Recently the British Heart Foundation launched its own military campaign: “Fight for Every Heartbeat”. It seems that these days every charity needs a war cry to raise funds. “We're fighting cardiovascular disease through world class research”, they claim, conjuring up a vision of laboratory workers in battle fatigues. Yet nothing could be further from the reality of medical research whether it is investigating a cure for cancer, heart disease, or any other ailment.^a The systematic testing of new treatments, the rejection of failed therapies and the cautious introduction of new ideas could hardly be described as a war.^b And I have yet to meet a medical researcher who feels that they have enlisted in an army.^c” (Dean, 2015)

This excerpt discusses a number of considerations about the metaphor of ‘fighting’ cancer, some of which seem similar to those mentioned in examples (1) and (2) – i.e. cancer patients usually “don’t feel like fighting”, the thought of not being able to successfully ‘fight’ “leads to frustration and depression” (ibid.). In the second half of the excerpt, the metaphorical fight against cancer is discussed in the context of medical research: according to the arguer, the “reality of medical research” cannot be meaningfully compared to acts of violence.

Example (4) is an excerpt from another article that discusses how metaphors such as ‘battle’ and ‘fight’ are inappropriate for describing both a patient’s experience

with their disease as well as medical endeavours aimed at finding a cure for the disease. The excerpt concerns the latter:

- (4) “In the war on cancer, the search for the ultimate weapon, the magic bullet that will ‘cure’ cancer, overshadows other tactics.^a Nixon promised ‘a cure for cancer’ in 10 years; Obama promises one ‘in our times’.^b But there is unlikely to be a single cure for cancer. ^c There are more than 200 recognised types, and their causes are myriad.^d As a strategic objective, the search for the ultimate weapon distorts research and investment, drawing resources away from prevention and treatment, areas where progress has been and can be made.^e” (Marqusee, 2009)

In (4), the author considers it unlikely that there will be one ‘weapon’ that cures all the different types of cancer that exist; furthermore, he argues that a focus on the search for a cancer ‘weapon’ drives research and investment in wrong directions. The conclusion of the article is twofold: “What we need is not a war on cancer but a recognition that cancer is a social and environmental issue, requiring profound social and environmental changes” (Ibid.).

Criticism of metaphors that draw upon a comparison between the domains of cancer and violence has been raised in both academic and non-academic contexts alike (e.g., Granger, 2014; Larson et al., 2005; Semino et al., 2017; Sontag, 1989). Such criticism, when substantiated by arguments, is referred to as ‘resistance’ in this paper. Excerpts (1)-(4), taken from opinion articles on the use of violence metaphors in discourse about cancer, constitute examples: arguments are provided in order to support the arguer’s negative evaluation of (some specific aspect of) violence metaphors that are used in the context of cancer.

Potential shortcomings of violence metaphors for cancer have received considerable attention in a variety of research fields (Harrington, 2012; Semino et al., 2017), but a detailed account of how these various shortcomings elicit different forms of resistance in actual discourse is still lacking. The present study is the first to provide an argumentative analysis of resistance to violence metaphors for cancer as it emerges in public discourse. By considering resistance from an argumentation-theoretical perspective, the study aims to provide new insights into the various motives language users may have for arguing against violence metaphors for cancer. Specifically, we intend to investigate how different types of argumentation for resistance can be related to different aspects of contested metaphors.

In this paper we employ instruments from the pragma-dialectical theory of argumentation to help pinpoint the differences between two types of resistance in

particular: resistance based on a type of argumentation called ‘pragmatic argumentation’ (concerning the positive and negative consequences of using violence metaphors in relation to cancer), and resistance based on a type of argumentation that is known as ‘symptomatic argumentation’ (principally directed at positive and negative qualities of the underlying mappings between the domains of cancer and violence). The selection of these argument types is based on the finding that they are frequently used in public discussions on violence metaphors for cancer. Four case studies will demonstrate the characteristics of these two types of argumentation, as well as their specific roles in the different cases of resistance to violence metaphors for cancer. We will show that conventional analytical tools used in argumentation analysis are highly compatible with an analysis of metaphor, allowing for a novel understanding of counter-argumentation against metaphor based on general and independent insights from argumentation studies.

We will now first provide a brief outline of the literature relevant to this paper’s topic. In the following section we will explain how pragma-dialectical tools can be fruitfully applied in an analysis of resistance to metaphor. Then, in Section 2.4, we will provide our actual analysis based on examples (1)–(4) discussed above. Section 2.5 will summarise our main conclusion that different instances of resistance to violence metaphors for cancer may address different metaphor properties, two of which can be related to the pragma-dialectical types of pragmatic and symptomatic argumentation. In this concluding section we will also propose suggestions for future research.

2.2 Literature

Metaphor can be defined as a means to talk and think about one thing in terms of another due to some perceived similarity between these two things (Semino, 2008, p. 1). In the present study, what counts as a metaphor is determined according to MIPVU (Metaphor Identification Procedure VU University Amsterdam, Steen et al., 2010), an expanded version of MIP developed by the Praggeljaz Group (2007). Following these methods, a linguistic expression is metaphorically used when the expression’s contextual meaning differs from a more ‘basic’ (more concrete or physical) meaning and, secondly, when this contextual meaning can be understood via comparison with the more basic meaning (ibid., p. 3). In accordance with MIPVU guidelines we include in our definition of metaphor both cases of indirect metaphor (e.g., ‘she is fighting cancer’) and direct metaphor (‘cancer is like a fight’). Following Lakoff and Johnson (1980), in this paper the semantic domain that provides a metaphor (e.g., VIOLENCE) will be referred to as the source domain, and the semantic

domain of the term that is talked of metaphorically (CANCER) as the metaphor's target domain.¹²

Even though the question how language users may resist metaphor in actual practice has remained off the academic agenda, previous literature on metaphor has discussed how language users may “point out, and call into question, the boundaries of our everyday metaphorical understandings of important concepts” (Lakoff & Turner, 1989, p. 69) or how different metaphorical elements within a text can call each other into question (Koller, 2008). Furthermore, previous studies have made mention of less desirable aspects of metaphor (e.g., Goatly, 2007; Lakoff, 1996; Musolff, 2004) as well as disadvantages to using particular metaphors depending on their function in a given context (Semino et al., 2017). Metaphors that draw upon a comparison between the domains of cancer and violence in particular seem to have received growing academic interest because of the potential shortcomings to their use (e.g., Semino et al., 2017). This has resulted in different types of study, which may be divided into two larger categories depending on the precise target domains violence metaphors for cancer are used for. More particularly, a distinction can be made between studies on violence terms describing a cancer patient's metaphorical ‘fight’ with their disease and studies on metaphors of violence describing modern medicine's ‘fight’ for a cancer cure.¹³

Some studies on the (potential) limitations of violence metaphors for cancer focus on those metaphorical expressions dealing with the individual patient's situation of being ill with cancer. That is to say, metaphors of violence have been studied extensively in relation to their effects on cancer patients' experiences in coping with their disease. Findings on this subject are mixed: a number of papers point out the harm these metaphors may cause to patients because of the suggestions of personal failure they may evoke (see Harrington, 2012), whereas other research findings demonstrate that violence metaphors should not be considered negative by default, as they may help cancer patients cope with certain aspects of their disease (e.g., Semino et al., 2017; 2018).

A second strand of research on violence metaphors for cancer focuses less on the individual patient's perspective. Instead, it centres on the potential risk that patients cease to be “the real focus of medicine” and merely become “the clinical stage on which the main protagonists of the drama do battle” (Fleischman, 2008, p.

¹² For present purposes we limit our attention to those metaphors expressed by words that are related to the semantic domain of violence. We make use of Demmen et al.'s broad definition of violence metaphors as “any metaphorical expressions or similes whose literal meanings suggest scenarios in which, prototypically, a human agent intentionally causes physical harm to another human, with or without weapons” (2015, pp. 211–212).

¹³ Also see Semino et al. (2018, p. 643, footnote 9).

485). This research is concerned with the (larger) medical paradigm of ‘war on cancer’, the ultimate aim of which is to ‘defeat’ all cancer (see Haines 2014; Mongoven, 2006). This aim would bear on the development, outcomes and possible side-effects of cancer treatment options, which are not always focused at improving or maintaining cancer patients’ quality of life. The notion of ‘war on cancer’ would have contributed, for instance, to the over-treatment of some types of cancer in developed countries and the deprivation of patients from access to early palliative care referral (Haines, 2014, p. 1883). These findings generally call for a new, less aggressive paradigm for thinking and talking about cancer treatment strategies.

The distinction between the two strands of research discussed above is reflected in the selection of examples chosen for analysis in this paper. The violence terms in examples (1) and (4), for instance, are used to describe different metaphorical fights against cancer, involving two distinct target domain situations conceptualised in terms of the same source domain: ‘fights’ in the process of a cancer patient trying to overcome their disease and ‘fights’ aimed at finding a cure for the disease. As different target domain situations may carry different sets of implications, they are likely to elicit different responses of resistance. In the next section we will explain how pragma-dialectical instruments enable the analyst to look beyond the propositional content of individual instances of resistance and find parallels in the types of argumentation motivating these different instances.

2.3 The pragma-dialectical approach to argumentation

According to pragma-dialectical theory, “a speaker or writer who advances argumentation defends [a] ‘standpoint’ to [an (anticipated)] listener or reader who doubts the acceptability of the standpoint or has a different standpoint” (van Eemeren et al., 2014, p. 2). ‘The government should invest more in cancer prevention campaigns’ would be an example of a standpoint, which can be supported by the argument that many cancers can be prevented by greater awareness of preventable cancer risk factors. Similarly, one can adopt the standpoint that ‘war on cancer’ is a metaphor that should no longer be used, arguing that “[in] the war on cancer, the search for the ultimate weapon, the magic bullet that will ‘cure’ cancer, overshadows other tactics” (see example (4)).

For each combination of a standpoint and an argument supporting this standpoint, there is a justificatory relation that needs to be specified. Identifying this relation allows one to critically examine the soundness of argumentation beyond the truth value or acceptability of individual propositions. For instance, one could question or try to counter the argument that many cancers can be prevented through

greater awareness of preventable cancer risk factors by pointing to research findings that suggest otherwise. One could also, however, express doubt or criticism about the presupposition that *from* the argument that many cancers can be prevented by greater awareness of preventable cancer risk factors *it follows that* the government should (thus) invest more in cancer prevention campaigns. In other words, even if one believes the argument to be true, one may object to a certain conclusion being drawn from it, because one thinks the justificatory relation that is presupposed to exist between a standpoint and a given argument does not hold.

The justificatory relation is often left implicit in actual argumentative discourse.¹⁴ Argumentation analysts hence reconstruct and include unexpressed premises in a so-called *argumentation structure* (van Eemeren et al., 2014, pp. 17–18). An example of such a structure, presenting a reconstruction of the individual premises that make up the argumentation, is provided in Figure 2.1 below:

- 1. The government should invest more in cancer prevention campaigns
- 1.1a Many cancers can be prevented by greater awareness of preventable cancer risk factors
- (1.1b This is desirable)
- (1.1a–b’ If a greater awareness of preventable cancer risk factors has desirable consequences for cancer prevention, then the government should invest more in cancer prevention campaigns)

Figure 2.1 Example of a pragma-dialectical argumentation structure

The first proposition, indicated by the single number **1.**, concerns the standpoint at issue. The first argument is mentioned directly under the standpoint and repeats the number of the standpoint followed by the number ‘1’ at decimal level: **1.1**. In Figure 1 an additional index ‘a’ is added to premise **1.1** because of the type of justificatory relation that can be reconstructed to underlie the arguer’s reasoning: the argument lends support to the standpoint through presupposing that ‘a greater awareness of preventable cancer risk factors’ (argument) would have some desirable consequence(s) that would legitimize or make it worthwhile that ‘the government

¹⁴ In principle, any premise can be left implicit. This may be because the premise is considered redundant, e.g. if the discourse context provides enough cues for an addressee to understand what the sender aims to communicate. Leaving premises unexpressed can also be a strategic (rhetorical) choice, e.g. if a sender leaves it up to an addressee to guess the sender’s standpoint from her arguments. See Gerritsen (2001) for a detailed study on unexpressed premises.

[invests] more in cancer prevention campaigns’ (standpoint). In other words, the argument provides sufficient support to the standpoint when it is combined with another, implicit premise – a premise saying that the alleged consequences of the proposed action are desirable. This other premise is also added to the argumentation structure and receives the index ‘b’. Because it is left implicit in the actual utterance of the arguer and reconstructed by the analyst, the analyst uses parentheses to signal this: ‘**(1.1b)**’. The argument’s justificatory relation is specified in the last line of the structure and is conventionally marked with an apostrophe: **1.1a-b’**. Because the justificatory relation is not mentioned explicitly in the original utterance of the arguer either, it is also placed between parentheses in the argumentation structure.

As mentioned above, making explicit the justificatory relation allows one to critically examine the acceptability of this standpoint-argument connection – if one accepts arguments **1.1a** and **(1.1b)** to be true, this does not mean that one automatically agrees that the government should indeed invest more in cancer prevention campaigns (premise **1.**, the standpoint). Similarly, if one agrees that using the ‘war on cancer’ metaphor brings about undesirable consequences, then this does not mean that one automatically accepts that a standpoint about its use is warranted – cf. the reconstruction of sentence a of excerpt (4) in Figure 2.2 below:

- | | |
|-----------------|---|
| 1. | We don’t need a war on cancer {but a recognition that cancer is a social and environmental issue, requiring profound social and environmental changes”} |
| 1.1a | In the war on cancer, the search for the ultimate weapon, the magic bullet that will "cure" cancer, overshadows other tactics _a |
| (1.1b | This is undesirable) |
| (1.1a-b’ | If the metaphor causes other tactics to be overshadowed, we don’t need a ‘war on cancer’) |

Figure 2.2 Argumentation structure of excerpt (4), sentence a

The kind of relation that is drawn between a standpoint and argument constitutes an *argument scheme* (van Eemeren et al., 2014, pp. 19–21). Different schemes represent different types of argumentation depending on the nature of the justificatory relation that underlies the argumentation. Different argument schemes exhibit different criteria that can be revealed by sets of distinct ‘critical questions’ that are of relevance in evaluating the soundness of the justificatory relation between standpoint-argument.

A critical examination of the link between standpoint and argument automatically raises questions as to (a) the proposed cause-effect relation (e.g., *do the effects referred to in the argument occur if the proposed action is not implemented?; could these effects be counteracted by other measures as well?*) and (b) the (un)desirability of the effects mentioned in the argument (*are the alleged consequences actually undesirable?*) or possible undesirable side-effects of the proposed action (*are there any negative side-effects, possibly ones that could outweigh its positive effects?*) (van Poppel, 2013, p. 75). These are questions that define the argument scheme of pragmatic argumentation. The structures discussed above comprise two instantiations of this scheme. The structure on cancer prevention campaigns constitutes a positive variant of the scheme, proposing a course of action by pointing at a desirable consequence this course of action would bring, whereas the structure on the ‘war on cancer’ metaphor is based on a negative variant of the pragmatic scheme, addressing undesirable consequences of a proposed action in order to support a standpoint demanding a change of the status quo.

By applying the pragma-dialectical tools of argumentation analysis in research on metaphor, different types of argumentation can be shown to relate to different aspects of contested metaphors.¹⁵ In the next section it will be shown how the four examples of resistance presented in the introduction of this paper can be related to two pragma-dialectical argument schemes: pragmatic and symptomatic argumentation.

2.4 Case studies

Our examples have been collected from the LexisNexis Academic Online database for international newspapers. Using the search terms ‘cancer’ AND ‘metaphor’ AND ‘war’ OR ‘fight’, 3,000 articles were found containing at least one mention of the word ‘cancer’ and ‘metaphor’ and at least one mention of either ‘war’ or ‘fight’. The search was limited to the ‘All English news’ category, which includes all contributions to newspapers and news magazines written in English that have been made available in LexisNexis. From the list of search results, the first twenty articles that contained one or more critical comments on (the use of) violence metaphors for cancer were selected for analysis. Articles that did not contain explicit utterances of criticism by the writer of the article (e.g., news reports about research on the limitations of violence metaphors for cancer) were left aside. From the set of twenty articles, four excerpts were selected to serve as cases in point in this paper.

¹⁵ For a pragma-dialectical analysis of contested visual metaphors, see Plug (2017).

The original four texts were written by different stakeholders in cancer discourse: (1) is from a cancer patient and geriatrician, (2) and (4) are from an opinion piece written by a cancer patient, and (3) concerns an excerpt from an article by a consultant cardiologist. Yet the four examples cannot begin to do justice to the heterogeneous domain that is public discourse. We hence do not intend to draw conclusions on the different arguments that are raised by various categories of discussion participants. Instead, the various arguments raised in examples (1)–(4) are well suited to present the merits of a close argumentative analysis of resistance of violence metaphors for cancer.

2.4.1 Pragmatic resistance

In Section 3, a reconstruction was given of the standpoint (i.e. **1.**) and main arguments (**(1.1a-b)**) of example (4). Figure 2.3 below shows how the argument’s pragmatic line of reasoning (**(1.1a-b’)**) is further supported:

- | | |
|---------------------|--|
| 1. | We don’t need a war on cancer {but a recognition that cancer is a social and environmental issue, requiring profound social and environmental changes} |
| 1.1a | In the war on cancer, the search for the ultimate weapon, the magic bullet that will ‘cure’ cancer, overshadows other tactics _a |
| (1.1b) | This is undesirable) |
| (1.1a-b’) | If the metaphor causes other tactics to be overshadowed, we don’t need a ‘war on cancer’) |
| (1.1a-b).1 | As a strategic objective, the search for the ultimate weapon distorts research and investment _e |
| (1.1a-b).1.1 | It will draw resources away from prevention and treatment, areas where progress has been and can be made _e |

Figure 2.3 Argumentation structure of excerpt (4), sentences a, e

Premises **(1.1a-b).1** and **(1.1a-b).1.1** (sentence e in the excerpt) offer support to the pragmatic argument that negative consequences would follow from conceptualising cancer in terms of war by making explicit what these consequences are. That is to say, premise **(1.1a-b).1** explicates why the arguer thinks that a warfare approach to cancer focusing on “the search for the ultimate weapon, the magic bullet that will ‘cure’ cancer” would have undesirable effects, namely that it would distort cancer research and investment. This in turn is supported by the premise that a search for a

‘weapon’ or ‘bullet’ would have such distorting effects because it draws away resources from prevention and treatment (premise **(1.1a-b).1.1**): according to the arguer, it is in fact the areas of prevention and treatment that should benefit from financial and academic investment as these are the areas where progress has been made and can be made.

What may have been left implicit in this pragmatic line of reasoning is the presupposition that the ultimate goal of the metaphorical war on cancer generally seems to concern a total ‘defeat’ of the disease, which could be accomplished through the discovery of a cure for cancer. The author’s disagreement with such a heavy focus on the metaphorical battling *for a cure* becomes clear by adding premises **1.2a** (sentences b, c in the excerpt) and **1.2a.1** (sentence d) in the following reconstruction:

- 1.2a** [Even though] Nixon promised ‘a cure for cancer’ in 10 years; Obama promises one ‘in our times’ [...] there is unlikely to be a single cure for cancer_{b,c}
- (1.2b** This is undesirable)
- (1.2a-b’** If the objective of the ‘war on cancer’ is unlikely to be met, we don’t need this ‘war’)
- 1.2a.1** There are more than 200 recognised types, and their causes are myriad_d

Figure 2.4 Argumentation structure of excerpt (4), sentences b-d

Premises **1.2a** and **1.2a.1** can be considered to constitute a separate line of arguments offered in support of the arguer’s standpoint that “we don’t need a war on cancer”: even though this ‘war’ has been argued by others to lead to a cure for cancer in some near future, the arguer thinks it unlikely there will ever be a single cure for the disease (**1.2a**) because cancer is a disease that consists of over 200 recognised types that know a large number of different causes (**1.2a.1**). Arguments **1.2a** and **1.2a.1** can be used to further understand why the arguer disapproves of the war-inspired ‘strategic objective’ that focuses on finding an ‘ultimate weapon’ to cure (all) cancer.

In the reconstruction of example (4) it is the consequences of metaphor use that form the main arguments of resistance. These specific consequences are related to the specific target domain situation the contested metaphor is used for – i.e. the ‘war on cancer’ metaphor is resisted because of the negative effects it would have on the allocation of research efforts and investments within the field of medicine (**1.1a** through **(1.1a-b).1.1**) and because of an anticipated absence of positive consequences (**1.2a - 1.2a.1**).

Another pragmatic scheme can be identified in the reconstruction of example (2), where resistance is directed at a different target domain situation than in (4). The standpoint of the article from which excerpt (2) was taken claims that “[whatever] our relationship to cancer, whether we are a researcher, doctor, patient, or family member, refusing to use war metaphors to describe our experience of it would be a better way to honour those we support and love.” Here metaphors that are used to describe individual experiences of cancer are the target of resistance. Figure 2.5 below is a reconstruction of the arguer’s standpoint and the arguments in excerpt (2).

- 1. Whatever our relationship to cancer [...] we should refuse to use war metaphors to describe our experience of cancer
- 1.1a Our unthinking characterisation of cancer as a ‘battle’ hands responsibility for recovery to the patient_a
- 1.1b When a cancer patient is at their lowest ebb, this is a laughable proposition_b
- (1.1c It is undesirable to hand responsibility for recovery to the patient)
- (1.1a-c’ If characterising cancer as a ‘battle’ has undesirable consequences by handing responsibility for recovery to the patient, we should refuse to use war metaphors to describe our experience of cancer)
- (1.1a-c).1a The characterisation of cancer as a ‘battle’ creates the notion that only ‘strong’ or ‘deserving’ patients survive cancer_c
- (1.1a-c).1b The corollary of the battle scenario is that those whose treatment is unsuccessful are weak or deficient in willpower_c

Figure 2.5 Argumentation structure of excerpt (2), sentences a-c

In sentence a (premise **1.1a**) it is argued that characterising cancer as a ‘battle’ “hands responsibility for recovery to the patient.” It explicates the consequential relation that is characteristic of the pragmatic scheme: through the use of the battle metaphor, responsibility would be ‘handed over’ to the patient, which in turn would generate the idea that only “‘strong’ or ‘deserving’ patients survive cancer.” Sentence b (premise **1.1b**) refers back to an earlier point in the arguer’s discussion on patients’ experiences of their cancer treatment, which would not make them feel like being ‘some brave warrior’. The undesirability aspect of the pragmatic argument is made more explicit in sentence c (premises **(1.1a-c).1a** and **(1.1a-c).1b**): by spelling out how the ‘battle’ metaphor steers our conceptualisation of the patient’s role in their recovery process – **(1.1a-c).1a** – and why this is (particularly)

problematic for those patients who are unable to change the outcome of their disease – **(1.1a-c).1b** –, the arguer makes a case for a rejection of war metaphors in discourse about cancer.

In sum, examples (2) and (4) concern instances of resistance that address undesirable consequences of the (common) use of violence metaphors in discourse about cancer. These consequences are related to the ways in which the contested metaphors conceptualise a given aspect of the target domain situation. In (4) those conceptualisations were argued to misdirect cancer research and investments, and in (2) they were claimed to convey the notion that cancer patients who fail to ‘win’ their ‘cancer battle’ may hold personal responsibility for this outcome. Both contested metaphors are argued to have negative effects on how people think (i.e. (2)) or think and act ((4)) due to undesirable associations or connotations with the source domain (e.g., wars and battles are aimed at defeating an opponent, and participants are able to positively influence the outcome of the war or battle if they are motivated and strong). This is a different focus of resistance compared to resistance based on the scheme of symptomatic argumentation, which will be discussed next.

2.4.2 *Symptomatic resistance*

In the fourth line of excerpt (3), a pragmatic consideration is raised that is similar to the ones discussed in (2): according to the arguer, for some patients “the failure to fight [cancer] leads to frustration and depression”. Other arguments in the excerpt, however, are not so much directed at some undesirable consequence of conceptualising cancer in terms of a ‘fight’. This is most apparent in the last five lines of the excerpt. Here the arguer discusses the use of violence metaphors by charities, more specifically those drawing a relation between warfare and efforts that are being made to find a cure for diseases like cancer. Yet according to the arguer, “nothing could be further from the reality of medical research [than war]” (sentence a). The two arguments offered in support of this claim list a number of target domain characteristics that would be asymptomatic of the domain of war (sentences b and c). A reconstruction of this part of the excerpt is provided in Figure 2.6 below.

Pointing out characteristics of cancer research that cannot be considered typical or symptomatic of warfare, both premises **1.1** and **1.2** in Figure 6 support the standpoint that medical research is different from war. Firstly, the arguer notes how “the systematic testing of new treatments, the rejection of failed therapies and the cautious introduction of new ideas” that would be typical of medical research “could hardly be described as a war” (**1.1**). The second premise (i.e. **1.2**)

refers to cancer researchers' (alleged) perspectives on their profession: The arguer notes that he has "yet to meet a medical researcher who feels that they have enlisted in an army."

- 1. Nothing could be further from the reality of medical research than war_a
- 1.1 The systematic testing of new treatments, the rejection of failed therapies and the cautious introduction of new ideas could hardly be described as a war_b
- (1.1' If the systematic testing of new treatments, the rejection of failed therapies and the cautious introduction of new ideas can hardly be described as a war, then terms like 'war' and 'battle' being used in relation to cancer do not represent a realistic image of medical research)
- 1.2 I have yet to meet a medical researcher who feels that they have enlisted in an army_c
- (1.2' If medical researchers do not feel that they have enlisted in an army, then terms like 'war' and 'battle' being used in relation to cancer do not represent a realistic image of medical research)

Figure 2.6 Argumentation structure of excerpt (3), sentences a-c

The scheme of symptomatic argumentation fits with how the arguments and standpoint in this structure are related to one another. The standard scheme of symptomatic argumentation is defined as "argumentation [that] is presented as if it is an expression, a phenomenon, a sign or some other kind of symptom of what is stated in the standpoint" (van Eemeren & Grootendorst, 1992, p. 101). As mentioned in Section 4.1, different argument schemes can be distinguished by means of the (different) sets of critical questions they may raise. Critical questions belonging to the symptomatic scheme address (a) whether the characteristic mentioned in the argument can indeed be considered typical of what is stated in the standpoint, and (b) whether this characteristic mentioned in the argument cannot also be considered typical of something else. Since we are dealing with argumentative *resistance* here, a negative variant of the scheme constitutes the basis of our example: a symptomatic relation is denied through the listing of characteristics of the target domain situation that would be relevantly different to the source domain elements these are supposed to correspond to.

Example (1) can serve to further illustrate the distinctive features of the scheme of symptomatic argumentation. It concerns an excerpt from an opinion article written by a cancer patient. The first two sentences of the excerpt summarise the main standpoint of the article: according to the author, having cancer is nothing like a fight. Instead, she would rather describe it as a symbiosis, where she is “forced to live with [her] disease day in, day out”. In order to support this twofold standpoint (‘having cancer is not X – it is almost Y’) the arguer proposes a number of arguments that support either one or both parts (‘not X’ and ‘almost Y’).

1. In my world, having cancer is not a fight at all_a It is almost a symbiosis where I am forced to live with my disease day in, day out_b
- 1.1a Some days cancer has the upper hand, other days I do_c I live with it and I let its physical and emotional effects wash over me_d
- 1.1b But I don’t fight it_e
- (1.1a-b’) If my experience with the disease does not resemble a fight in which one party has control over the other and I don’t fight this other party, then in my world, having cancer is not a fight at all)
- (1.1a-b).1a I have used chemotherapy on two occasions to bring the cancer back under control and alter the natural history of the disease_h
- (1.1a-b).1b I submitted myself to this treatment gently, and somewhat reluctantly, taking whatever each day had to throw at me_i
- (1.1a-b).1c I certainly didn’t enter the process with ‘all guns blazing’_j

Figure 2.7 Argumentation structure of excerpt (1), sentences a-e, h-j

First the arguer explicates her relationship with her disease: “Some days cancer has the upper hand, other days I do. I live with it and I let its physical and emotional effects wash over me” (sentences c and d, premise **1.1a**); this symbiotic relationship is to be contrasted with the act of violence that is *fighting*: “But I don’t fight it” (sentence e, premise **1.1b**). Sentences h, i, and j can be considered to provide further support to the claims in **1.1a** and **1.1b**. By describing the way in which she dealt with cancer treatment, the arguer explains in more detail how she has been letting her disease’s “physical and emotional effects wash over [her]”. Moreover, sentences h, i, and j provide further evidence for the arguer’s claim that her relationship with cancer is not one of opposing forces facing off against each other. By describing how she has dealt with two rounds of chemotherapy (h, **(1.1a-b).1a**) – she “submitted” herself to the treatment “gently” and “somewhat reluctantly” (i, **(1.1a-**

b).1b) – the arguer supports her former claims on cancer as symbiosis. Adding that she “certainly didn’t enter the process with ‘all guns blazing’” (j, **(1.1a-b).1c)** she emphasizes the difference between her experience with chemotherapy and the image of armed fight.

The arguer’s comment that “‘fighting’ [cancer] would be ‘waging a war on [herself]’” (sentence g) can be reconstructed as a pragmatic argument for the excerpt’s conclusion: if she would be ‘fighting’ her disease, this would mean she would be ‘fighting’ against herself, which would be an undesirable effect of the act of violence. In Figure 2.8 the pragmatic interpretation of g is signalled by the addition of the implicit premise **(1.2b)**:

- | | |
|------------------|--|
| 1.2a | To fight cancer would be ‘waging a war’ on myself _g |
| (1.2b | ‘Waging a war’ on myself is undesirable) |
| (1.2a-b)’ | If fighting cancer would be “waging a war” on myself, which is undesirable, then in my world, having cancer is not a fight at all) |
| 1.2a.1 | Cancer has arisen from within my own body, from my own cells _f |

Figure 2.8 Argumentation structure of excerpt (1), sentences f, g

In this figure it is also shown how sentence f (premise **1.2a.1**) can be reconstructed to lend support to sentence g (**1.2a**). Premise **1.2a.1** backs **1.2a** by stressing that the cancer has arisen from her own body, is a part of her. For that reason, if she would metaphorically ‘wage war’ on cancer, she herself would be the target of war.

The argumentative reconstructions of (1) and (3) illustrated how arguments for resistance may concern alleged asymptomatic relations between the domains of violence and cancer. In (3) it was argued that medical research and warfare are dissimilar in a number of respects, something that would also be acknowledged by medical researchers themselves. In (1) the arguer’s motivations for resistance related to her own experience with cancer. To her, it did not feel as if she was ‘fighting’ her disease – ‘symbiosis’ would be a better term to describe how it felt to live with the disease and go through chemotherapy. In sum, whereas the instances of pragmatic resistance address consequences of using violence metaphors in relation to cancer, the cases of symptomatic resistance appear to be principally concerned with the (in)aptness of the metaphorical mappings between the contested metaphors’ target and source.¹⁶

¹⁶ As an anonymous reviewer rightly pointed out, resistance to metaphor based on symptomatic arguments may be related to the notion of ‘aptness’ or “the extent to which a comparison captures

2.5 Conclusion

Even though (potential) limitations of violence metaphors for cancer have received considerable attention in academic research, no studies to date have examined public criticism on these metaphors from an argumentation-theoretical point of view. We demonstrated how the identification of pragma-dialectical argument schemes can help pinpoint differences between instances of resistance that are targeted at the same metaphor. In addition, the analysis showed how such an approach can bring to light similarities between instances of resistance that may at first sight seem unrelated. Four examples of resistance were analysed in order to illustrate (a) how the same mapping (e.g., ‘fight’) can trigger different types of objections and (b) how instances of resistance that address different mappings or target domain situations may object to the same property of metaphor.

Two pragma-dialectical argument schemes were singled out to illustrate how resistance can relate to different aspects of contested violence metaphors: pragmatic argumentation and symptomatic argumentation. Two of the four examples that were discussed as cases in point illustrated features of resistance based on the pragmatic argument scheme; the other two examples showed how symptomatic argumentation can play a role in resistance to violence metaphors for cancer. In accordance with these schemes a difference was emphasized between resistance concerning negative consequences of using violence metaphors in relation to cancer and resistance principally directed at qualities of the underlying mappings between the domains of cancer and violence. More particularly, the examples of pragmatic arguments were shown to be related to undesirable consequences of the contested metaphor use. In example (2), for instance, it was argued that the ‘battle’ metaphor carries undesirable implications about a patient’s personal responsibility for recovery; therefore, the arguer claimed that this metaphor should no longer be used in the context of cancer. In the examples of symptomatic resistance, arguments were shown to be directed at dissimilarities between the metaphor’s source and target. In example (3), the metaphor of ‘war on cancer’ was deemed inapt because medical research was argued to bear no resemblances to activities of war.

A question for further research may concern the precise metaphorical terms that are the subject of resistance. In this paper a distinction was made between two target domain situations; it was noted that the propositional content of resistance may be expected to differ depending on the specific target domain situation a contested metaphor is used for. That is to say, the ‘winning’ vs ‘losing’ aspect of a

important features of the topic” (Chiappe et al., 2003, p. 52). Resistance of the symptomatic type would concern a metaphor’s (alleged) *inaptness* or failure to capture important features of the topic.

metaphorical battle against cancer may be expected to be subject to resistance more often when used in reference to cancer patients' confrontation with the disease compared with such references in descriptions of the 'battle' for a cure. Future research may examine which metaphorical expressions are resisted in relation to which particular target domain context. A careful design of such an analysis should account for the fact that some metaphorical expressions might be more commonly used in the one context than the other, e.g., the metaphor of 'war' commonly referring to medicine's quest for a cancer cure.

Furthermore, the present paper is exploratory and focuses primarily on demonstrating how two pragma-dialectical argumentation schemes can underlie instances of resistance to violence metaphors for cancer. Considering only a small number of examples for that specific purpose, no conclusions can be drawn from the analyses on matters such as the incidence of resistance or prototypical patterns of resistance in public discourse. A different type of study will be needed to give insight into such matters.

In this study we employed instruments from the pragma-dialectical theory of argumentation to pinpoint differences between instances of resistance that are targeted at the same metaphor. The four examples analysed in this paper were selected to illustrate the relation between resistance and two pragma-dialectical argument schemes. Similar analyses may be carried out for other pragma-dialectical argument schemes, which could provide insight into yet other metaphorical aspects that may elicit criticism. In this way, close argumentative analyses of resistance to violence metaphors for cancer can contribute to a better understanding of when and how these metaphors are resisted, and why.

Lastly, answers to the above questions could enrich the fields of argumentation analysis and metaphor research. In argumentation research the framing powers of metaphor are underestimated, as metaphors are primarily seen as presentation devices. In metaphor research there is little argumentation-analytical attention to the way metaphors work. The present study hopes to have shown that conventional argumentation-analytical tools are highly compatible with an analysis of metaphor, offering the promising prospect that a new combination of the two approaches may offer fruitful insights into metaphor and its role in argumentation.

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Chapter 3

“For crying out loud, don’t call me a warrior”: standpoints of resistance against violence metaphors for cancer¹⁷

3.1 Resistance to violence metaphors for cancer

The use of violence metaphors for cancer has been a subject of discussion for over three decades (Fleischman, 2008). These decades have seen a rise in academic studies on the (potential) shortcomings of these metaphors, which has resulted in important findings on their different functions and effects (e.g. Semino et al., 2016; Hendricks et al., 2018). One important aspect that has failed to receive attention in these many studies on violence metaphors for cancer, however, is the fact that language users can be found to express conflicting points of view about the aptness or appropriateness of these metaphors: language users’ *resistance* to violence metaphors for cancer has prompted many a discussion in newspapers, magazines, internet forums and blogs (see for instance Granger, 2014).

Public discussions on violence metaphors for cancer provide a wealth of data about the negative points of view language users hold towards these metaphors; a close analysis of such discussions provides valuable insights about which aspects of these metaphors are deemed inapt or inappropriate, and why. More particularly, examining *standpoints of resistance* that are taken in public discussions on the use of violence metaphors for cancer can help us pinpoint what language users find problematic about (a) (given) metaphor(s) and which conclusion they draw about the metaphor’(s)(?) use. Examples of such standpoints of resistance include expressions such as “People should stop encouraging patients to ‘fight bravely’”, “Violence metaphors put the burden of healing on cancer patients” and “I dislike seeing myself as a ‘cancer warrior’”, which differ from one another in a number of ways.

This study aims to provide a better understanding of different resistance standpoints in terms of the nature of the proposition they express and the dimension of metaphor use that forms the target of resistance. The study also aims to demonstrate how a combination of theoretical analytical tools from pragma-dialectical argumentation theory (van Eemeren et al., 2008) and Deliberate Metaphor

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Theory (DMT) (Steen, 2015) constitutes a useful and structured method for a close analysis of resistance standpoints that takes into account characteristics of the resistance standpoint as well as properties of the contested metaphors. The combined argumentation- and metaphor-theoretical approach taken in this study will be argued to render a more encompassing and more detailed account of differences of opinion on violence metaphors for cancer compared to an exclusively argumentation-theoretical or exclusively metaphor-theoretical approach: An analysis of resistance to metaphor from a metaphor-theoretical perspective alone fails to capture the different positions language users hold regarding a contested metaphor; an analysis of resistance to metaphor that is solely based on argumentation-theoretical insights lacks the instruments necessary to pinpoint the dimensions of metaphor expressions of resistance are focused at.¹⁸

We will discuss the theoretical framework underpinning our analysis of metaphor (DMT) and the approach upon which our argumentative analysis of resistance standpoints is based (Pragma-dialectics) in more detail in Section 2 of this paper. In Section 3 we will put both theories into practice and discuss six examples of resistance standpoints that differ in terms of the type of proposition they express and the dimension of metaphor they address. More specifically, through these case studies we will demonstrate how resistance standpoints may address *a)* the role of metaphor in thinking about the metaphor's target domain, *b)* the role of metaphor in talking about the metaphor's target domain, and/or *c)* the role of metaphor *as* metaphor in communication whereby distinct attention is paid to the source domain of violence as a separate domain of reference. These three propositional aspects correspond to the three dimensions of metaphor that are distinguished within DMT, i.e., the conceptual, linguistic, and communicative dimension of metaphor use. Furthermore, in line with pragma-dialectical theory, in this paper three types of resistance standpoints will be distinguished: evaluative, descriptive, and prescriptive standpoints. The pragma-dialectical distinction between these types will help to understand not only how violence metaphors for cancer are negatively perceived in public discourse, but also the different conclusions at which language users can arrive regarding the contested metaphor use.

¹⁸ For recent research that combines insights from DMT with Pragma-dialectics in the analysis of metaphor use in argumentation, see van Poppel (2020).

3.2 Theoretical framework

In principle, ‘resistance to metaphor’ may refer to any form of opposition to the use of metaphor in a given context. In the current study we are specifically interested in *argumentative* resistance, or resistance that is supported by arguments. We seek to understand the various negative positions language users take in public discussions on the use of violence metaphors for cancer. That is to say, refusing to pick up on a metaphor used by someone else could be considered an example of resistance to metaphor too; this and other forms of criticism that are not expressed verbally by means of (counter)argumentation will be left out of consideration here. We will give a more detailed explanation of what we mean by ‘standpoints of resistance to violence metaphors for cancer’ below, where we will discuss the theoretical foundations of DMT and Pragma-dialectics.

3.2.1 Deliberate Metaphor Theory

Metaphor can be defined as a means to talk and think about one thing in terms of another due to some perceived similarity between these two things (Semino, 2008, p. 1). This definition reflects the cognitive-linguistic distinction between metaphor in language (“talk”) and thought (“think”). In the past decades, much cognitive-linguistic research on metaphor has been conducted within the framework of Conceptual Metaphor Theory (CMT) (Lakoff & Johnson, 1980). One of CMT’s main tenets is that metaphorical expressions in language are surface phenomena that derive from conceptual structures in thought. When we talk about cancer as war, for instance, this is due to our understanding of (overcoming) cancer as sharing similarities with (waging) war.¹⁹ Even though the two concepts belong to different semantic domains, our mind perceives the structural relationships they share. These relationships are also referred to as the ‘cross-domain mappings’ brought about by metaphor.

The cognitive-linguistic approach has had a profound impact on metaphor theory and research. Recent years, however, have seen an increase in more

¹⁹ For our definition of *violence metaphors* for cancer we make use of Demmen et al.’s characterisation of violence metaphors as:

“any metaphorical expressions or similes whose literal meanings suggest scenarios in which, prototypically, a human agent intentionally causes physical harm to another human, with or without weapons. Less prototypical scenarios involve non-human agents, the threat or consequences of violence, or non-physical harm.” (2015, pp. 211-212)

rhetorically-oriented approaches to metaphor taking into account another aspect of metaphor (i.a. Cameron, 2003; Charteris-Black & Musolff, 2003; Steen, 2015; for an extensive overview see Reijnerse, 2017, pp. 4–7). These approaches consider metaphor not only as a linguistic phenomenon that can be connected to conceptual structures in thought, but also as communicative means employed in interaction between language users.

DMT (Steen, 2015) recognises the communicative function of metaphor as a separate, third dimension of metaphor – i.e., in addition to the dimensions of metaphor in thought and metaphor in language. The theory argues that every metaphor can be characterised along each of the three dimensions. In thought, metaphors are based on an understanding of one conceptual domain in terms of another, e.g., CANCER (the metaphor’s *target domain*) and VIOLENCE (the metaphor’s *source domain*). In language use, metaphors take form of particular metaphorical expressions such as ‘she fought a battle against cancer’ (an indirect metaphor) or ‘cancer is like war’ (a simile). In communication between language users, metaphors do or do not “serve *as* metaphors” between sender and addressee (Steen, 2017, p. 1). The metaphorical use of the preposition ‘up’ in “speak up”, for instance, is ingrained in our language and may often go unnoticed as metaphor. The use of a novel nominal metaphor in “cancer researchers need a ‘battlespace vision’”, on the other hand, deviates from the typical way in which people talk and may potentially influence language users’ understanding of the topic of communication in relation to the metaphor’s source domain. If in a particular situation of use this is indeed the case and language users, in production or reception, pay distinct attention to the metaphor’s source domain as a separate domain of reference, the metaphor would concern a deliberate metaphor (Steen, 2017).

Whether a given metaphor actually makes an addressee move away their attention from the metaphor’s target domain to its source domain is something that can only be established by psycholinguistic and psychological research. DMT takes a strictly semiotic approach to the identification and analysis of metaphor in language use based on theories of text comprehension in discourse psychology (e.g., Van Dijk & Kintsch, 1983; McNamara & Magliano, 2009).²⁰ More specifically, DMT describes the meaning of metaphorical utterances in a structural–functional way and takes as a starting point the systematic and reliable identification of *potentially deliberate metaphor* in language use. According to the theory, a metaphor counts as potentially deliberate

²⁰ Criticism that has been raised against DMT seems to stem from the misunderstandings that it aims to describe how metaphors are processed by actual language users (e.g. Xu et al., 2016; Gibbs & Chen, 2015). For a response to this criticism, please see Steen (2017).

“when the source domain of the metaphor is part of the referential meaning of the utterance in which it is used” (Reijnierse et al., 2017, p. 134).²¹

Most analyses that have been conducted within the framework of DMT have been concerned with metaphor use in text and transcripts of talk. In this paper we will apply the framework of DMT in a novel way. We will use DMT’s differentiation between metaphor as a matter of language, thought, and communication as a starting point in our analysis of resistance standpoints. More specifically, we will argue that the three dimensions of metaphor cannot only be used to characterise metaphor use, but that each of these dimensions can potentially also be identified in critical responses to metaphor use – i.e., that in some expressions of resistance to violence metaphors for cancer particular dimensions of metaphor use can be found to play a more prominent role. *More prominent*, as each metaphor in language use has a linguistic, conceptual, as well as a communicative dimension, one of which can potentially be resisted more explicitly compared to the other dimensions. Resistance standpoints may, for instance, explicitly oppose the use of one or more source domain term(s) in conversations about a given target domain, i.e., focusing on the dimension of metaphor in language. But they can also, and secondly, specifically resist the use of (a) metaphor in thinking about a target domain, the dimension of metaphor in thought. Thirdly and lastly, a resistance standpoint can address (a) metaphor serving *as* metaphor in communication between language users, the communicative dimension of metaphor.

3.2.2 *Pragma-dialectics*

Standpoints may not only vary according to their object of resistance but they may also differ according to the nature of the proposition they express. Pragma-dialectical argumentation theory distinguishes three types of propositions that can be expressed

²¹ Please note that in our discussion of the above examples we therefore purposely speak of a metaphor that “may often go unnoticed” and a metaphor that “may potentially influence language users’ understanding”, respectively. In relation to these specific examples we would like to stress that deliberateness is not something that can be determined by a factor such as word class (alone). A recent corpus study of 24,762 metaphors has demonstrated that adverbs, verbs, and prepositions are in fact used less frequently as potentially deliberate metaphors across different registers compared to nouns and adjectives in the same registers (Reijnierse et al., 2019). However, even though a metaphor’s status as potentially deliberate or potentially non-deliberate may sometimes be related to the role of its word class and the register in which it is used, this status is directly dependent on whether the presence of the source domain in the referential meaning of an utterance can be observed in language use (also see Reijnierse et al., 2017). The latter can be established through DMIP, i.a. by establishing the presence of lexical signals and other contextual cues such as the use of direct metaphor and wordplay (Ibid.).

in standpoints: they can be prescriptive, evaluative or descriptive. Prescriptive standpoints recommend (or discourage) a certain course of action, evaluative standpoints express a judgement of facts or events, and descriptive standpoints describe facts or events (van Eemeren et al., 2014).

Different types of standpoints place different *burdens of proof* upon their protagonists. A common term in the domain of law, ‘burden of proof’ may often be associated with the legal duty that commands someone to provide factual evidence for the truth of their claim. Within the context of argumentation theory, however, the concept is defined in a broader way. Pragma-dialectical argumentation theory starts from the premise that argumentation is advanced in order to resolve a (potential) difference of opinion²²; through the exchange of arguments, discussants involved in the difference of opinion aim to test the acceptability of the standpoint at issue. This means that the protagonist of a standpoint is expected to support their standpoint with arguments when they are challenged to do so; if the protagonist fails to provide arguments for their standpoint, this renders the resolution of the difference of opinion impossible. The burden of proof is met if the antagonist is sufficiently convinced by the protagonist’s arguments to withdraw their criticism or doubt (van Eemeren et al., 2014).

In this study we do not intend to take a normative perspective in the analysis of resistance standpoints. We will use the argumentation-theoretical concept of burden of proof to better understand why language users put forward certain standpoints of resistance to violence metaphors for cancer to convince a (potential) antagonist of the acceptability of their standpoint. That is to say, as different types of standpoints place different burdens of proof upon their protagonists, these standpoints are typically supported in a particular way (van Eemeren & Grootendorst, 1992). By taking this into account in our analysis of resistance standpoints, we can find out more about the protagonists’ motivations for advancing their standpoint. The following examples may illustrate this.

If an arguer expresses a negative judgment on violence metaphors for cancer in the form of an evaluative resistance standpoint, the argument(s) they put forward in defence of the standpoint may be limited to their personal opinion

²² Pragma-dialectics recognises that argumentative practices can vary widely depending on the communicative context in which they occur (e.g., van Eemeren et al., 2014, pp. 557-563). There are argumentative activity types that are subject to explicit rules, such as legal trials or discussions in parliament; on the other end of the spectrum there are more informal settings in which argumentation occurs, like discussions among friends or in personal blogs, that can be characterised by more informal (social) conventions about the exchange of arguments. Within Pragma-dialectics, any context in which argumentation is advanced in order to convince anyone who (potentially) disagrees or doubts with a particular standpoint, is defined as a (potential) difference of opinion.

regarding the metaphors in question. They may for instance argue that they dislike such metaphors because they do not like to be compared to army soldiers or because they prefer looking at their illness in a more peaceful, non-violent way. They could, however, also use factual evidence to support their evaluation. They might argue that they dislike violence metaphors for cancer because research has shown that these metaphors can lead to distorted conceptions of the disease.

Prescriptive standpoints are similar to evaluative standpoints in the sense that they can be based on factual proof, personal opinion or both. This likeness between evaluative and prescriptive standpoints is captured by Mohammed's (2016) remark that they are both *value-based*. Put differently, they concern two variants of value-based standpoints – “evaluative standpoints [are standpoints] in which a value-judgment about a certain state of affairs is expressed [and] prescriptive standpoints [are standpoints] in which a certain future action is recommended for its value” (Ibid., p. 3).²³ They differ, however, as to the argumentation that is typically provided in support of these two types of claims. For evaluative standpoints, arguments are aimed at convincing another party of the acceptability of the protagonist's judgment of a given state of affairs or to change one's beliefs about that state of affairs. For prescriptive standpoints, the protagonist's arguments are meant to change an antagonist's view of a given state of affairs (‘the current situation is bad’) *as well as* their behaviour (‘one should (not) undertake this particular action in order to change this bad situation’).

In other words, prescriptive claims carry more far-reaching implications than evaluative claims in that they do not only ask from an antagonist to accept the protagonist's evaluation of a particular situation, but also that a certain course of action needs (not) to be undertaken in order to change that situation. Following this difference in the argumentative support evaluative and prescriptive standpoints require, generally speaking, evaluative standpoint allocate a burden of proof on the protagonist that is lighter compared to a prescriptive standpoint.

As mentioned above, for evaluative and prescriptive standpoints arguments restricted to the protagonists' own subjective perspective suffice. This is different for descriptive standpoints: descriptive claims are typically supported in the form of facts or objective findings. One can argue that something is true (e.g., ‘violence metaphors for cancer make people less likely to think of certain cancer prevention behaviours’) based on another fact that has been proven to be true (e.g., ‘research findings have shown that the use of violence metaphors in information messages about cancer does

²³ I.e., prescriptive standpoints can recommend that one carries out a particular action *or* that one abstains from carrying out a particular action.

in fact reduce certain prevention intentions without increasing others’). Putting forward a standpoint on violence metaphors for cancer of the descriptive type thus imposes certain constraints upon the protagonist, who will base an argument in support of a descriptive standpoint upon objective findings rather than their subjective opinion.

The concept of burden of proof and the distinction between standpoint types are theoretical analytical instruments that can help us characterise the different (negative) positions language users express regarding the use of violence metaphors for cancer.²⁴ In actual discourse these positions may often resemble one another in different ways; the theoretical distinction between description, evaluation, and prescription can help pinpoint how they differ from one another when it comes to the main point of criticism a protagonist would like to convince their (potential) antagonists of. Our cases studies below will demonstrate how different types of resistance standpoints, placing different burdens of proof upon their protagonists, relate to the protagonists’ motivations for advancing their standpoint.

3.3 Case studies

In this section, six examples of resistance standpoints will be discussed. Each of these examples demonstrates a different type of proposition in the standpoint (Subsection 3.3.1) or a different metaphor dimension as the object of resistance (Subsection 3.3.2). Three of the selected examples constitute relatively clear-cut cases of a specific standpoint type and another set of three examples concern clear illustrations of resistance standpoints addressing a particular dimension of metaphor. Subsection 3.3.3 will discuss the application of each of these two approaches to the other set of examples.

²⁴ A body of recent studies within the pragma-dialectical framework has focused on the analysis of (various aspects of) argumentative activity types within the healthcare domain (e.g. Akkermans et al., 2018; van Poppel, 2019). While taking into account the contextual factors that are of influence on the communicative – argumentative – phenomenon at hand, these studies starting from a pragma-dialectical perspective are specifically focused on argumentative characteristics of that phenomenon. As an anonymous reviewer rightly pointed out, the pragma-dialectical perspective taken in this study has as a consequence that other interesting information about resistance standpoints is left aside. However, we wish to stress that our study is focused on (demonstrating the added value of) getting an understanding of the different types of propositions that are put forward in resistance to violence metaphors for cancer; we thereby hope to contribute to the larger body of research that is being done on the (potential) shortcomings of violence metaphors for cancer. Several studies have previously reported other interesting findings on this subject, e.g. about the framing consequences of violence metaphors for cancer in relation to a patient’s evaluations, emotions, and feelings of (dis)empowerment (Semino et al., 2018).

Two of the six examples that are discussed in this paper are from opinion articles published on websites aimed at providing information and support to patients with cancer, one example is from a cancer support website for peers and concerns the *start of a discussion thread*, and the remaining three examples are from blogs by cancer patients. All texts have been written by (former) cancer patients and are available on web pages that are publicly accessible.²⁵

The six examples have been selected from a larger corpus of instances of resistance to violence metaphors for cancer that was manually compiled by one of the authors.²⁶ Search engines on cancer support websites and social publishing platforms were used to search for discussions on violence metaphors for cancer that potentially contained expressions of resistance to these metaphors. A number of search terms were employed that are related to (1) the metaphors' target domain (e.g., 'cancer', 'cancer patient'), (2) the metaphors' source domain (e.g., 'fight' or 'warrior'), and (3) argumentative resistance (e.g., verbs like 'disagree' or 'dislike').

After a first categorization of the data into the relevant categories by one of the authors, all three authors analysed the instances of resistance individually. If each of the authors' interpretation of an example was the same, the analysis was regarded as intersubjectively reliable. If there turned out to be disagreement about a specific (aspect of) analysis, this was discussed among the three authors and a joint decision was made about the most likely interpretation(s) of the instance in question. In some cases, like for example (1)²⁷, the discussion about different possible analyses of the same material led to new insights about this example's multi-interpretability. This was considered to enrich the outcomes of our analyses, sometimes bringing to the

²⁵ Using internet material for research purposes gives rise to a number of ethical considerations (Gustafsson et al. (2019). Yet "there is a lack of clear advice on ethical issues related to using internet material, such as blogs, as research data" (Ibid., p. 3) meaning that researchers using similar type of data follow different practices. In this paper we follow Demmen and colleagues' (2015) and Seale and colleagues' (2010) decision to consider internet materials that are publicly accessible as public data that does not require informed consent. We adhere to this view by understanding that it is based on the premise that the data is treated respectfully and used purposefully. For the current paper this means that we only present information about or parts of the data that we believe is necessary for increasing our understanding of standpoints of resistance against violence metaphors for cancer. In our case studies we give a direct quotation of an example's main standpoint (i.e., the exact words the author used to express their resistance standpoint on violence metaphors for cancer) and we paraphrase the argumentation that is given in support of this standpoint. In the paraphrases we have replaced specific references that may reveal information about the example's source by more generic references (following Gustafsson, 2014).

²⁶ The corpus data is stored under permanent embargo in the UvA/AUAS figshare database at the University of Amsterdam.

²⁷ This concerns the characterisation of the metaphor dimension(s) addressed in example (1), which is discussed in Subsection 3.3.3.

fore factors that complicate a straightforward categorization due to pragmatic aspects of language use such as the use of indirect language.

The final selection of examples for discussion in this paper was based on the authors' judgment of an instance being suitable for illustrating the characteristics of a particular standpoint type or metaphor dimension in a resistance standpoint (Subsections 3.3.1 and 3.3.2, respectively) and, for at least two instances, for illustrating factors that may complicate a straightforward categorization (Subsection 3.3.3).

3.3.1 Evaluative, prescriptive and descriptive standpoints of resistance

Examples (1)-(3) below demonstrate how expressions of resistance standpoints can be differentiated according to the pragma-dialectical account of standpoint types.

Evaluative resistance standpoint

Example (1) is an excerpt from a blog post that contains an evaluative resistance standpoint. The blog post discusses the author's decision to quit chemotherapy. About this decision he writes the following:

- (1) On the “weenie” side, I guess this means I am not “fighting” cancer like a tough guy. To heck with that. That bout is rigged.

The author of (1) takes issue with a particular perspective on his illness that is based on metaphors of violence. He “guesses” that his decision to quit chemotherapy “means [he is] not ‘fighting’ cancer like a tough guy”, a perspective he rejects by adding the conclusion “to heck with that”. The standpoint concerns a value-based judgment on the part of the author: he negatively evaluates a specific way of looking at his illness experience, namely if it were conceptualised as a metaphorical fight. References to being “weenie” or “[not being a] tough guy” indicate the author's resistance to further associations based upon this mapping.

In the remainder of his blog post the author provides a number of arguments in support of his claim. He first discusses why he disagrees with the metaphor of ‘fighting cancer’ by arguing that this supposed fight is unfair. He then argues why he feels that the point of cancer treatment is not ‘just’ to prolong life – to him, living well has proven to be more important than living longer. Each of these arguments concerns further value judgments on the part of the author; by advancing

his opinions on the matter, the author seeks to meet the burden of proof the evaluative standpoint commits him to. This can be contrasted with the next example.

Prescriptive resistance standpoint

Example (2) is from a blog post by another cancer patient and demonstrates a prescriptive resistance standpoint. In this blog post the author argues why she prefers not to use violent language when she talks about her life with the disease. Moreover, she does not only discuss why she prefers not to use metaphors of violence such as ‘warrior’ or ‘fighter’— she also means to discourage others not to use such language:

(2) For crying out loud, don’t call me a warrior.

In the remainder of her blog post the author motivates her resistance by mentioning that she does not feel empowered by picturing herself as a fighter unlike some other people do. She then provides arguments as to why she also explicitly refrains from using such metaphors herself. These arguments are specifically related to the author being a late-stage cancer patient who, according to the metaphorical comparison between cancer and a violent conflict, would be on the losing side of the battle. She subsequently extends the scope of her argument to include other cancer patients that are in a similar situation – according to the metaphors she contests, they should all be called failed warriors. Furthermore, being confronted with the gravity of her illness every day already, she does not need words of violence reminding her of this situation.

The author of (2) responds to the burden of proof of her prescriptive standpoint by arguing why she disagrees with violence metaphors for cancer being used to describe and talk to patients with cancer; in addition to expressing a negative evaluation of said metaphor use, the author of (2) provides arguments as to why she (thus) steers clear of violence metaphors for cancer. These can be read as arguments for her addressees to do the same – i.e., they simultaneously function as arguments to convince addressees not to use such metaphors when talking about cancer. This is different from example (1), in which the author argued his opinion without encouraging the reader to undertake a certain course of action, and can also be contrasted with example (3) below.

Descriptive resistance standpoint

The resistance towards violence metaphors expressed in example (3) concerns an example of a descriptive standpoint:

- (3) The trouble with using [metaphors such as ‘battle’ and ‘fight’] to describe cancer is it puts the burden of healing on patients by turning them into winners and losers.

According to the author of the blog post this excerpt was taken from, a problematic aspect to using metaphors like ‘battle’ and ‘fight’ in conversations about cancer is that it “puts the burden of healing on patients by turning them into winners and losers”. In the remainder of her blog post the author mentions a few other examples of metaphorical expressions that are commonly used in discourse about cancer, including some specific implications that can be drawn from these metaphors. Calling cancer a ‘battle’, for instance, would imply that it must be bravely fought and that patients can win this battle as long as they fight hard enough. The author’s standpoint in this matter is concerned with the problematic effects such implications may have on cancer patients. In order to support her standpoint the author refers to a blog post by another cancer patient in which exactly this issue is addressed. In this latter blog post it is discussed how it is not straightforward what ‘beating’ cancer means or what patients can or should be able to do to achieve this, yet talk about cancer as a ‘battle’ can evoke the feeling that one (should) have the ability to change the outcome of their disease. This, the patient argues, increases the heavy burden patients are faced with already in trying to overcome their disease.

Compared to the standpoints in (1) and (2), the standpoint in (3) is less of a subjective statement based upon the author’s opinion. The author maintains that a given state of affairs is troublesome, the truth of which can be tested or proven in a relatively objective way. Put differently, some non-subjective standards can be employed to describe a situation as involving some problem or trouble. By expressing a descriptive resistance standpoint, the burden of proof the author of (3) takes upon herself involves argumentative support by means of a factual premise. The author meets this burden of proof for her descriptive standpoint by advancing an argument by example: the author cites a cancer patient who confirms to experience a burden of assumptions as a result of violence metaphors for cancer.

3.3.2 Resistance standpoints focused on a particular dimension of metaphor

Examples (4)-(6) below demonstrate how resistance standpoints can also be differentiated according to the dimension of (the contested) metaphor they address.

The conceptual dimension of metaphor

Example (4) is an example of a resistance standpoint that addresses the conceptual dimension of the violence metaphors for cancer contested by the author. The example is taken from a *discussion thread* on a cancer support website. The author, who initiates this thread, discusses how she struggles with conceptualising herself as a ‘warrior’ and her disease as a ‘battle’. She writes the following:

- (4) I don't like the idea of being a Warrior. I don't see cancer as a battle, because I don't want to be at war with my self [sic].

In the excerpt in (4), two words stand out in the light of our focus on metaphor dimensions as objects of resistance, i.e., “idea” and “see”. They indicate the contested metaphors’ role in the author’s conceptualisation of cancer based on the metaphorical notion of the cancer patient as a ‘warrior’ and the illness experience as a ‘battle’. One argument she raises in support of her resistance relates to the fact that these notions would imply that she is involved in a violent conflict with herself. This latter view also does not resonate with her preferred way of looking at the situation.

Both “idea” and “see” in excerpt (4) seem to point to the metaphors’ manifestation at the level of thought. The fact that ‘warrior’ or ‘battle’ are metaphorical terms that are also used in talk about cancer and/or the fact that these metaphors play a particular communicative role in cancer conversations is not discussed in (4). This is not to say that the author may not object to these other dimensions of metaphor as well – in the expression of resistance in this particular excerpt, however, the standpoint addresses (metaphorical) *thinking* of a cancer patient as a ‘warrior’ in the first place. This can be contrasted with our next examples.

The linguistic dimension of metaphor

The resistance standpoint in example (5) below addresses the linguistic dimension of metaphor. The example is a short excerpt from an online opinion article written by a cancer patient. In the article the author discusses what she wishes people would stop saying to her in relation to her disease. She writes:

- (5) I wish people would stop using clichés [about cancer]. “You are so brave”, “You are a warrior” [...]

The author subsequently argues why she feels that such ‘clichés’²⁸ sound dismissive and why they do not seem to acknowledge the actual challenges cancer patients are faced with, especially when phrases such as “you are so brave” or “you are a warrior” are used to encourage patients to be positive: according to the author, patients should also be allowed *not* to remain positive at all times; moreover, believing that good things will happen or that a situation will get better does not cure patients of their cancer.

By explicitly expressing the wish no longer to be spoken to by means of the aforementioned ‘clichés’, the standpoint of the author is targeted at a particular manner of talking that is informed by the source domain of violence. According to DMT, this type of resistance would concern the linguistic dimension of metaphor: resistance is expressed against certain metaphorical expressions in language use – i.e., metaphorical expressions that (have come to) carry particular associations for the author that are not in line with her preferred way of looking at the target domain situation. In example (5) it specifically concerns violence metaphorical expressions that are used to convey allegedly misplaced messages of encouragement. Our next example will exemplify how resistance to this linguistic dimension of metaphor use can be distinguished from resistance to the communicative dimension of metaphor use.

The communicative dimension of metaphor

The resistance standpoint in example (6) constitutes an example of a resistance standpoint that addresses the communicative dimension of metaphor use. The example is taken from a blog post in which a cancer patient discusses her opinion on what are bad things to say to patients with cancer. In this post she argues why she thinks comparing cancer to a fight leads to a distorted understanding of the illness. Her standpoint about this matter reads as follows:

- (6) “No surrender!” [...] I can’t stand it when people compare cancer to a fight.

²⁸ It should be noted that not all of the expressions resisted by the author of (5) are metaphors or metaphors of violence, yet some of the non-(violence)metaphorical terms referred to can be said to hold a relation to the source domain of violence. Bravery, for instance, can apply to many situations in which people withstand adversity yet the adjective may be considered to be the epithet of a soldier in war (Annas, 1995, p. 745).

She argues where she thinks the comparison between cancer and a fight goes wrong by pointing out the fact that some cancers are incurable and by noting that even patients who are diagnosed with a form of cancer that is potentially curable can die from their disease. These arguments are based on the conception that in an actual – non-metaphorical – fight those who fight hard (enough) are able to influence the outcome of the fight they are involved in. According to the author this does not apply to a ‘fight’ against cancer: it often does not matter how hard one tries to win as some factors are beyond a patient’s control, whether it is the type of cancer one is diagnosed with, the stage at which the cancer is detected or another factor that affects one’s chances of surviving the disease.

Unlike examples (4) and (5), example (6) explicitly addresses the mechanism that underlies metaphor use – the mechanism of (indirect) comparison. The author expresses resistance to what the metaphor does by relating one conceptual domain to another. Through the metaphor’s cross-domain comparison, concepts from the source domain are transferred onto the target domain. In the particular example of (6) the idea that a fight will be won by the party who fights hard enough is deemed problematic when it is applied to the metaphorical scenario of the cancer patient ‘fighting’ against their disease. Here lies a subtle difference with example (5): in (5) the resistance seems principally aimed at violence metaphorical phrases that are meant to encourage a patient or to lift their spirits, something which the author judges to be admonishing – it is the tone of these phrases or the emotion or attitude they are understood to express that the author appears to resist in the first place. The author of (6) places more emphasis on the comparison underlying the metaphor use, transferring implications of a literal fight onto the metaphorical ‘fight’ against cancer, which she considers to be inapt.

3.3.3 DMT and *Pragma-dialectics* applied to examples (1)-(3) and (4)-(6)

Below, we will analyse the metaphor dimensions in (1)-(3) and the standpoint types in (4)-(6). We will start with the second set of examples, i.e., examples (4)-(6).

Example (4) read: “I don't like the idea of being a Warrior. I don't see cancer as a battle, because I don't want to be at war with my self [sic].” In this standpoint the author expresses a negative judgement of the warrior metaphor, which is indicated most clearly by the first verb used in the example: the author “[does not] *like* the idea of being a Warrior”. Her arguments for this standpoint have to do with her observation that she also does not want to be ‘at war with herself’, which would be the underlying implication of picturing herself as a warrior, or her disease as a battle. These are subjective evaluations on the part of the author. Something similar

can be observed in (6): The standpoint in (6) reads that the author “*can’t stand* it when people compare cancer to a fight” (italics added). Here too the use of the verb “can’t stand” points to the author’s subjective evaluation of the object of her resistance, i.e., “people comparing cancer to a fight”.

Compared to (4) and (6), the identification of the type of standpoint in example (5) requires some more careful consideration. Like in (4) and (6), the finite verb in the standpoint of (5) provides a starting point for the determination of the standpoint type. The author of (5) writes she “[*wishes*] people would stop using clichés [like] ‘You are so brave’, ‘You are a warrior’ [...]” (italics added). While her *wish* can be understood to concern a value-based statement about a certain state of affairs, it may in fact communicate something else. The author’s expression of a wish for a situation to change can be interpreted as a request: the people referred to in the standpoint are requested in an indirect way to change their behaviour, or to undertake the action the author argues to be desirable. The example can therefore be reconstructed as an implicit standpoint²⁹ of the prescriptive type: the author does not explicitly ask for people to change their behaviour, but by formulating the wish for this to happen the author proposes a prescriptive claim in an implicit manner.

We will now turn to examples (1), (2), and (3). The standpoint in (1) reads: “On the “weenie” side, I guess [my decision to quit chemotherapy] means I am not “fighting” cancer like a tough guy. To heck with that.” The quotation marks used by the author can be read as markers of irony meant to accentuate that the author disagrees with the metaphor. This interpretation may be supported by the fact that quotation marks are also used for “weenie”. The marks subvert the actual meaning of the words in question: the author’s decision to quit chemotherapy is by no means a sign of cowardice, just like the notion that one can ‘fight’ cancer does not compare with the actual experiences cancer patients go through. This interpretation might indicate that the conceptual dimension of metaphor plays a main role in the author’s resistance: he argues against conventional thinking that cancer can or should be ‘fought’ against.

Arguably, the quotation marks in (1) may also concern a reference to the use of the expression of ‘fighting cancer’ in conversations about cancer, emphasizing that this is how people talk about the disease. From the wording of the standpoint it seems difficult to determine what possible role is played by the metaphor’s source domain as a distinct referent in the meaning of the contested metaphorical expression – in other words, whether the resistance is also targeted at the metaphor’s use *as* metaphor in communication (i.e., DMT’s communicative dimension) or not. The

²⁹ For the pragma-dialectical perspective on implicit or unexpressed premises, see Gerritsen (2001).

standpoint does not give us any particular clues about this, but if we look at the arguments that are provided in support of the standpoint in (1), we see that the author does criticize the cross-domain comparison underlying the metaphor use. All of the above considered it thus seems more difficult to see one particular metaphor dimension standing out as the main target of resistance in example (1) compared to (4), (5) and (6) discussed in Subsection 3.3.2.

The standpoint in (2) read: “For crying out loud, don’t call me a warrior”. This standpoint may also be related to the linguistic as well as the communicative dimension of metaphor: the author asks her readers not to use certain violence metaphorical expressions when talking about cancer (e.g., ‘don’t *call* me ...’). Like in (1), from the formulation of the standpoint alone it cannot be told which possible role is played by the communicative dimension of the contested metaphors – for instance, the verb ‘call’ does not point as clearly to a relation to the use of metaphor *as* metaphor in communication like the verbs ‘compare’ (cf. example (6)), ‘liken’ or ‘parallel’ do. The arguments that are provided in support of the standpoint, however, seem to be based on an extension of the contested metaphor: the author takes the cross-domain comparison between patients and warriors to mean that she and other late-stage cancer patients should be called ‘failed warriors’. These arguments can be interpreted to address the inappropriateness of comparing patients to ‘warriors’, which indicates a possible role of the communicative dimension in the standpoint of resistance.

The standpoint in (3) read that “[the] trouble with using [metaphors such as ‘battle’ and ‘fight’] to describe cancer is [that] it puts the burden of healing on patients by turning them into winners and losers”. The author speaks about metaphors that are used to ‘describe’ cancer which can again be related to the linguistic as well as the communicative dimension of metaphor use. Moreover, the second part of the standpoint, about patients experiencing a burden of healing, can be connected to the role of metaphor in thought. For example (3) it thus also seems more complex to pinpoint one particular metaphor dimension that stands out clearly as the main target of resistance.

In sum, our analyses in Subsections 3.3.1 and 3.3.2 demonstrated relatively straightforward examples of a particular metaphor dimension or standpoint type. Each of the examples contained certain clues or keywords that made it possible to connect a particular expression of resistance to one standpoint type or metaphor dimension. The above analyses show how it can sometimes be more difficult to determine which dimension of metaphor forms the main focus of resistance, or which standpoint type is used; furthermore, for some expressions of resistance the

(con)text lacks clear indications for the analyst to determine if one – and which – dimension of metaphor use plays a role in the emergence of the arguer's resistance.

3.4 Conclusion

The first objective of this paper was to give an insight into the different types of resistance standpoints that are expressed in critical responses to violence metaphors for cancer as well as the different metaphor dimensions these standpoints are focused on. A second aim of this paper was to demonstrate the value of a close analysis of standpoints of resistance to metaphor from a combined argumentation-theoretical and metaphor-theoretical perspective.

In line with pragma-dialectical argumentation theory, three types of resistance standpoints against violence-metaphors for cancer were defined: evaluative resistance standpoints expressing a negative judgement of violence metaphors for cancer; descriptive resistance standpoints describing factual observations concerning the contested metaphor use; and prescriptive standpoints discouraging the use of violence metaphors in relation to cancer. Our case studies in Subsection 3.3.1 exemplified the differences between these different types of resistance standpoints. The analyses also demonstrated how each standpoint type has consequences for the protagonists' burden of proof. As a result, a more detailed picture could be formed of the protagonists' motivations for advancing their standpoint or their aims to convince (potential) antagonists of the validity of their opinion, the truth of a fact, or the necessity to undertake a certain course of action.

Deliberate Metaphor Theory guided our analysis of the propositional content of resistance standpoints. More specifically, we categorized resistance standpoints according to whether they seemed to be principally related to *a*) conceptualising cancer in terms of the source domain of violence (DMT's conceptual dimension of metaphor), *b*) talking about cancer by means of violence metaphorical expressions independent of the underlying cross-domain comparison between source and target domains (DMT's linguistic dimension of metaphor), or *c*) communicating about cancer in such a way that the source domain of violence functions as a distinct referent in the meaning of a metaphorical utterance (DMT's communicative dimension of metaphor). This concerned a novel application of DMT. Our case studies in Subsection 3.3.2 showed that in some expressions of resistance particular dimensions of metaphor use did seem to stand out as the main targets of resistance: certain keywords appeared to indicate that some expressions of resistance were focused on one specific dimension of metaphor use more than another.

The case studies in Subsections 3.3.1 and 3.3.2 presented relatively clear-cut examples of a particular standpoint type or metaphor dimension. In Subsection 3.3.3 we also discussed less straightforward cases in which standpoints displayed characteristics of more than one standpoint type or metaphor dimension. It was also shown that sometimes the (con)text of an example provides too little information for the analyst to make a sound judgment about which dimension of metaphor potentially formed the primary target of resistance.

In sum, the paper has offered new insights about how metaphors are perceived and which specific aspects of their use are deemed inapt or inappropriate by actual language users through a close analysis of resistance standpoints. The paper thereby contributes to the larger body of research that is done on the (potential) shortcomings of violence metaphors for cancer. The paper has also shown that a combined metaphor- and argumentation-theoretical approach to the analysis of resistance standpoints renders a more detailed account of resistance to violence metaphors for cancer compared to an exclusively argumentation-theoretical or exclusively metaphor-theoretical approach. Furthermore, the cases analysed in this paper may be seen as illustrative examples of how the combined metaphor and argumentation approach can potentially be applied more generally, also for other metaphors or in other contexts of metaphor use. For each instance of resistance to metaphor, regardless its source or target domain, a close analysis from the perspectives of Pragma-dialectics and DMT can improve our understanding of the negative points of view language users hold towards the metaphor in question.

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Chapter 4

“No amount of fighting or battling cancer can affect the outcome of the battle”. An analysis of argumentative resistance to implications of violence metaphors for cancer³⁰

4.1 Introduction

‘She is fighting cancer’, ‘she is a true cancer warrior’, ‘she lost her battle against cancer’. In discourse about cancer, violence metaphors abound. The metaphors are also widely considered controversial – not the least because of the detrimental effects they may have on the emotional well-being of people with cancer (e.g., Byrne et al., 2002; Hendricks et al., 2018; Semino et al., 2018). These effects vary from patients suppressing their emotions in order to meet expectations that they ‘fight’ their cancer, to patients experiencing feelings of guilt because they fail to ‘win the battle’.

The contentious status of violence metaphors for cancer can be found reflected in public discourse, where language users argue against the usage of terms such as ‘fight’ and ‘battle’ in conversations about cancer. In recent academic literature, such expressions of argumentative criticism are referred to as (*argumentative*) *resistance to metaphor* (e.g., Finsen et al., 2021; van Poppel & Pilgram, 2023; Renardel de Lavalette et al., 2019; Wackers et al. 2020). Previous research on resistance to violence metaphors for cancer has demonstrated that language users hold different standpoints against these metaphors, including evaluative standpoints that express a negative judgement of violence metaphors for cancer and prescriptive standpoints in which the use of such metaphors in relation to cancer is discouraged (Wackers et al., 2021). Additionally, research has shown that language users provide different types of argumentation against these metaphors. Argumentation can pertain, for instance, to the inaptness of particular metaphorical mappings between cancer and violence, or to undesirable consequences of using violence metaphors to describe the topic of cancer (Wackers et al., 2020).

In this paper we will analyse arguments that are expressed against (alleged) *implications* of violence metaphors for cancer. In the public debate on violence metaphors for cancer, resistance is sometimes directed at what these metaphors

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would imply about the target domain of cancer. In such cases, language users take issue with something they take to be suggested by the contested metaphors rather than something that is stated explicitly in common usages of these metaphors.³¹

Our analysis will be focused on expressions of resistance to the implication ‘if a patient fights hard enough, they will win the battle against cancer’. Specific attention will be paid to arguments that are directed at a presumed causal relation between patients’ efforts to ‘fight’ cancer and ‘winning the battle’ against cancer. An important reason for analysing such arguments is that the notion that cancer patients have an influence on the outcome of the figurative battle against cancer seems to lie at the heart of the metaphors’ controversiality. Research has shown that possibly one of the metaphors’ most negative effects is caused by the suggestion that patients with terminal cancer have been *unsuccessful* at ‘fighting’ their disease. The latter can make cancer patients experience feelings of guilt for having failed to ‘win’ (e.g., Hendricks et al., 2018; Semino et al., 2018), which stands in stark contrast to the positive effects cancer patients may experience by feeling empowered and proud for ‘battling’ their disease (also see Semino et al., 2018).

By analysing arguments that are provided against the implication ‘if a patient fights hard enough, they will win the battle against cancer’, we seek to gain insight in the grounds on which language users may resist this implication. Throughout this paper it will be demonstrated that these arguments may vary depending on resisters’ beliefs on the type of causal effect ‘fighting’ may have, if any at all. For our argumentative analysis we will make use of the standard pragma-dialectical approach of argumentation analysis or Pragma-dialectics (van Eemeren & Grootendorst, 1984; 2004). In addition, we will draw on the literature on violence metaphors for cancer to further our understanding of violence metaphors’ (implied) meanings as a trigger for resistance.

In Section 4.2, we will discuss previous literature on violence metaphors for cancer, paying specific attention to research findings on the metaphors’ limitations. In Section 4.3, we will use insights from Pragma-dialectics as a starting point for making a theoretically motivated characterisation of arguments against the

³¹ I.e., in this paper, ‘implications’ are used in the sense of “things that are suggested [by a given metaphor] without being explicitly stated”. This definition is based on the second entry of ‘implication’ in the Macmillan Dictionary, i.e., “something that you suggest is true, although you do not say it directly.” The first entry of ‘implication’ reads: “a possible effect or result”. This type of implication that may be brought about by the (conventional) use of particular metaphors will be left out of consideration in this paper. Wackers et al., (2020), however, have analysed cases of resistance that address undesirable consequences of using violence metaphors for cancer such as the influence they would have on research directions in the field of oncology (also see van Poppel & Pilgram, 2023, for a typology of resistance to metaphor including resistance that is based on the negative consequences a contested metaphor may have).

implication that ‘if a patient fights hard enough, they will win the battle against cancer’. In Section 4.4, we will analyse instances of resistance from actual language data featuring arguments that display characteristics of the arguments distinguished on theoretical grounds. In the final section of this paper, Section 4.5, we will discuss our main findings alongside suggestions for future research.

4.2 Previous research on (the limitations of) violence metaphors for cancer

Since the cognitive turn in metaphor research, metaphors have been recognised as important conceptual devices that allow humans to understand and talk about experiences from one conceptual domain in terms of experiences from another conceptual domain (Lakoff & Johnson, 1980). Due to their ability to connect knowledge from one conceptual domain to another, metaphors are considered particularly suited for talking and thinking about relatively abstract and subjective concepts in terms of concepts that are more concrete and objective (Flusberg, et al., 2018; also see Gibbs, 1994; Lakoff & Johnson, 1980; Pinker, 2007; Thibodeau & Boroditsky, 2011).

In the past decades, a large body of research has evolved on the different uses and applications of metaphors in discourse about cancer (e.g., Appleton & Flynn, 2014; Byrne et al., 2002; Gibbs & Franks, 2002; Gustafsson, et al., 2019; Harrington, 2012; Semino et al., 2020). Metaphors that compare a person’s experience with cancer to a violent confrontation with the disease – conventionally referred to as *violence metaphors for cancer* (Hendricks et al., 2018) – are the most dominant metaphors for cancer in English discourse.³² Previous studies on these metaphors have found that the metaphors can have positive as well as negative functions and effects in discourse about cancer (e.g., Demmen et al., 2015; Semino et al., 2018). As touched upon above, the metaphors are used positively when patients use them to express a sense of determination or pride in ‘fighting’ cancer. An example of a negative use of these metaphors is when patients use them to express feelings of guilt about ‘losing the battle’ (Semino et al., 2018).³³

³² In the literature, these metaphors have also been defined as “any metaphorical expressions or similes whose literal meanings suggest scenarios in which, prototypically, a human agent intentionally causes physical harm to another human, with or without weapons” (Demmen et al., 2015, p. 212).

³³ Even though violence metaphors have been subject to widespread examination and discussion, relatively few sources spell out what ‘fighting’ or ‘winning’ or ‘losing the battle’ exactly refer to. However, some regular meanings with which they are used can be observed. ‘Winning the battle’, typically refers to a situation in which a patient partially or fully recovers from cancer, whereas ‘losing the battle’ usually refers to the situation in which a patient dies from cancer (for examples

Due to the focus of the current paper on *resistance* to violence metaphors for cancer, we will discuss a number of previous research findings on these metaphors' negative functions and effects in more detail. In a study on clinical communication, Byrne et al. (2002) found that if patients are repeatedly encouraged to 'fight' their disease, this may cause patients to suppress their emotions and feelings of distress in order to protect others. Another study on communication between healthcare professionals and patients found that repeated talk about cancer patients as being 'brave' and 'real fighters' can cause both the patient and the professional to view it as a failure to talk about topics related to death and dying, which can have as a further consequence that both refrain from initiating conversations about the patient's preferences for end of life care (Macmillan Cancer Support, 2018, p. 18). In a series of experiments, Hendricks et al. (2018) examined the effects that the 'battle' metaphor may have on the emotional appraisal of illness situations compared to effects of the 'journey' metaphor. Even though the researchers' experiments could not determine the precise role each individual metaphor plays in affecting the way people think about an illness situation, their findings did show that people might be more likely to feel at peace with not recovering from cancer if their situation is described in terms of a 'journey' metaphor compared to when their situation is described as a 'battle'. Findings by Semino et al. (2018) indicate that violence metaphors can in fact negatively affect patients' perceptions of their illness experience: Semino et al.'s study of violence metaphors in contributions to an online forum for people with cancer has demonstrated that usages of the 'lost battle' metaphor both reflect and reinforce emotions of guilt and low self-esteem among patients with cancer.

In other words, the common usage of violence metaphors for cancer can have various negative effects on patients' emotional well-being. These effects seem to be caused by interpretations of the metaphors' implicit meanings rather than by actual instances in which violence metaphors are directly used to communicate that the outcome of 'battle' is determined by the patient's own 'fighting' efforts, or that those who succumb to cancer are to blame for this themselves. According to Semino et al. (2018), conceptualising cancer as 'battle' evokes different associations about patients' degree of agency, or patients' (perceived) ability "to control or react to events for one's own benefit [when this is desired by the patient in question]" (p. 13). Patients are generally presented as having a high degree of agency to react to what is happening to them when their outlook on the disease is optimistic; in such cases,

see e.g. Granger, 2014; Semino et al., 2018; Schattner, 2023). Generally speaking, 'fighting' or 'battling' seems to be understood as anything a patient may do, physically or emotionally, that might prolong their lives (e.g. Schattner, 2023).

patients also use violence metaphors to express positive feelings such as determination or pride. The opposite of this positive framing is that patients who are likely *not* to survive may perceive it as their own fault that they ‘lose the battle’.

Put differently, metaphors comparing cancer to a ‘battle’ give rise to certain associations about cancer patients’ ability to ‘fight’ their disease and ‘win’. In the most negative situation, these can lead to patients experiencing feelings of guilt and shame if they feel it is their own fault that they are ‘losing the battle’. The latter situations occur even though violence metaphors are generally not used to explicitly state this – nor do these metaphors need to be interpreted to mean that it is within the patients’ control whether they succumb to cancer or not. Indeed, actual (non-figurative) battles are influenced by various factors, including circumstances that are beyond the competing parties’ control (also see e.g., Gortan, 2016; Wosnick, 2013). Below, we will demonstrate how analysis of resistance against the implication that ‘if a patient fights hard enough, they will win the battle against cancer’ provides insight into language users’ critical reflections on the contested metaphors’ implied meanings. Moreover, the analysis will show that language users advance different arguments against a supposed relation of causality between cancer patients’ efforts to ‘fight’ cancer and the eventual outcome of their disease.

4.3 A theoretical characterisation of resistance to the metaphorical implication

The implication that ‘if a patient fights hard enough, they will win the battle against cancer’, is subject to discussion in public debate in opinion pieces and blogs on cancer.³⁴ In Section 4.4 of this paper we will analyse examples from actual language data illustrating different arguments that are raised against this particular implication. In the present section we will first consider the implication from a linguistic and argumentation-theoretical perspective.

We start our analysis with the observation that the implication, formulated by means of an ‘if-(then)’-sentence, may trigger arguments that are directed at the relation that is suggested between the events mentioned in the separate clauses of the conditional sentence. In other words, because the second clause of the implication is presented as conditional on the first clause, it is suggested that if the

³⁴ In actual instances of resistance, the precise formulations of these implications may vary (compare, for instance, example 1 below, in which the antecedent of the implication reads that “if a patient fights hard enough and/or long enough, he or she will be able to ‘win the war,’” and example 2 below, resisting the implication that “if you fight hard enough you will beat cancer”). For readability purposes we refer to these type of implications in the same way – namely ‘if a patient fights hard enough, they will win’.

event in the first clause takes place ('a patient fights hard enough'), then so will the event in the second clause ('the patient will win'). Moreover, because the first clause reads that 'if a patient fights hard *enough*', it conveys the notion that there is a specific amount of 'fighting' that a patient can do that is sufficient for the purpose to be met – i.e., for the figurative battle to be 'won' by the patient.³⁵ Both aspects of the implication seem to be prone to resistance for the (type of) influence they suggest 'fighting' can have on the outcome of 'battle'.

In order to pinpoint the precise objections language users hold against the contested implication, we propose a categorisation of different types of arguments expressing resistance to the relation between 'fighting (hard enough)' and 'winning'. For this categorisation of arguments we draw on pragma-dialectical evaluation criteria for the argument scheme of causal argumentation (van Eemeren & Grootendorst, 1992).

In the field of argumentation theory, different *argument schemes* are distinguished based on the nature of the justificatory relation on which an argument for a specific standpoint is based. One of such schemes is the scheme of causal argumentation. Within Pragma-dialectics, the scheme of causal argumentation is defined as argumentation in which a particular action or event Z (mentioned in the argument) is argued to lead to the occurrence of another event Y (mentioned in the standpoint) (van Eemeren & Garssen, 2019).³⁶ By means of illustration, someone may argue that they won the prize in a competition as a result of the fact they worked hard for it. In this example, a relation of causality is implied to exist between *a*) winning a prize, and *b*) the amount of work put in by the eventual winner of the competition.

In order to evaluate whether a given instance of causal argumentation is acceptable, a set of evaluation criteria can be used to assess different aspects of the causal relation on which the justification of the standpoint is based. Pragma-dialectics has formulated these criteria as *critical questions* (CQ's) that an analyst may ask to this end. The questions read as follows:

³⁵ In principle, the connection between an antecedent and consequent in a conditional sentence can also be another connection than a causal one (see e.g. Reuneker, 2022). For the particular conditional sentence that we are analysing here (reading that 'if a patient fights hard enough, they will be able to win') we observe that resistance arguments take issue with a relation of causality between the antecedent and the consequent of the sentence. For a discussion of causality and the appropriateness or acceptability of conditionals also see van Rooij & Schulz (2019).

³⁶ Pragma-dialectics also distinguishes a variant of the standard scheme of causal argumentation, the so-called reverse variant, in which the event mentioned in the argument is consequential to the event mentioned in the standpoint. This variant will be left out of consideration in this paper. As will be discussed in the Conclusion of this paper, future research might examine instances of resistance implications regarding 'not winning the battle' and 'not having fought hard enough' (e.g., if a patient doesn't win, they haven't fought hard enough').

CQ1 *“Does the established cause, in fact, lead to the mentioned result?”;*

CQ2 *“Are there any other factors that must be present together with the proposed cause to create the mentioned result?”;*

CQ3 *“Could the proposed result be caused by something else as well?”.*

(van Eemeren & Grootendorst, 1992)

The first critical question addresses whether or not a proposed or supposed relation of causality between two events (Z and Y) exists at all – instead of, for instance, a relation of correlation. The two other critical questions address the type of cause Z might be – a i.e., whether the occurrence of (cause) Z is sufficient for (result) Y to occur, and whether the occurrence of (cause) Z is necessary for (result) Y to occur. If the first question is answered negatively, questions 2 and 3 are irrelevant. If the first question is answered positively, the suggested cause (Z) can be judged for its sufficiency and necessity. If Z is a necessary cause, Y cannot occur without being preceded by Z. It may, however, still require other (contributory) causes to make Y happen. If Z is a sufficient cause, the occurrence of Z will guarantee the occurrence of Y. Also, if Z is a sufficient cause, it might still not be a necessary one. Lastly, If Z is neither sufficient nor necessary, Z can still be a contributory cause to the occurrence of Y.

While the pragma-dialectical critical questions have been developed as a tool for the argumentation analyst to evaluate the justificatory relation that underlies instances of causal argumentation, these questions can also be applied in a broader context to evaluate any relations that are suggested or interpreted to be of causal nature. In other words, one may also use the criteria to assess causal relations that are non-argumentative. Someone might for instance contend that there is no relation of causality between the ‘fighting’ efforts of the patient and the eventual outcome of their disease. Someone might also argue that the ‘fighting’ that is done on the part of the patient is incorrectly presented as sufficient as there are other factors that also need to be present in order for the result to occur. A third possible response to the implication might read that ‘winning the battle’ can also be caused by other factors than the amount of ‘fighting’ that is done by the patient, which makes their ‘fighting’ not a necessary cause for the result to occur.³⁷ Each of these three examples contains

³⁷ Previous research on the conventional validity of argumentation-theoretical evaluation criteria (van Eemeren et al., 2009; Schellens et al., 2014) has shown that language users who have not been trained in argumentation theory are in fact able to apply criteria in the evaluation of (causal) argumentation that are similar to those defined within argumentation theory. If language users use

a negative evaluation of a relation of causality that is presumed to be implied by violence metaphors for cancer – rather than *argued* to exist by, for instance, language users that describe cancer in terms of a ‘battle’.

Put differently, from the critical questions of causal argumentation we can deduce three issues that can be raised in relation to the implication that ‘if a patient fights hard enough, they will win the battle’. We can use these to characterise the different arguments that may be raised in resistance to the aforementioned implication. In the next section, we will explore how these different arguments – characterised on theoretical grounds – may be identified in actual instances of resistance to violence metaphors for cancer.

4.4 An analysis of actual examples of resistance to the metaphorical implication

In this section, we will discuss four examples of resistance to violence metaphors that have been selected from (publicly accessible) online opinion articles and weblogs. The excerpts have been sourced from the internet using the search terms “battle”, “cancer” and “imply” or “implication”. The search was conducted via Google, in May 2023. Together, the searches resulted in almost 10 million hits. From the first two pages of search results, we manually selected 10 excerpts of texts that met the following criteria: 1) the excerpt contains a standpoint that criticises the metaphor of cancer as ‘battle’ or related violence metaphors; 2) in the excerpt, issue is taken with an implication of the contested metaphor(s) formulated by means of an ‘if-(then)’ sentence; 3) the excerpt contains arguments that are put forward to prove why there would be something wrong with this implication. In addition, we discarded excerpts from texts that were written by academic researchers studying metaphors for cancer or cancer discourse more generally.

The excerpts that were eventually selected for discussion in this paper feature arguments that resist the notion that the ‘fighting’ efforts of cancer patients are either contributory, necessary and/or sufficient for ‘winning’ the figurative battle against cancer. They are not meant to be a representative sample of arguments that are raised in resistance to the aforementioned implication; instead they serve to illustrate how the different arguments that may be distinguished on a theoretical basis can be identified in actual language data.

criteria that correspond with the critical questions for causal argumentation in their evaluation of implications that presume a causal relation between an antecedent and consequent, this might be in line with the aforementioned findings.

4.4.1 *No amount of fighting or battling cancer can affect the outcome of the battle*

Our first example concerns an excerpt from a blog on a cancer support website. In the excerpt, the author of the blog takes issue with what she refers to as ‘war metaphors’.^{38,39}

- (1) “It seems whenever we hear a story about someone with cancer, war metaphors are never far behind.^a Cancer battles must invariably be bravely fought, won, or lost.^b Using this metaphor implies that **if a patient fights hard enough and/or long enough, he or she will be able to ‘win the war.’**^c [...] [One problem with this metaphor is that it] takes no account of the sheer randomness of the disease.^d [...] [Research has shown that] two-thirds of the variation in adult cancer risk across tissues can be explained primarily by ‘bad luck.’^e In other words, a major contributing factor to cancer is in fact beyond anyone’s control.^f For the most part, we don’t know why one person is alive 10 years after the diagnosis of advanced cancer, whereas another dies within months.^g By this reasoning, no amount of fighting or battling cancer can affect its outcome.^h” (Ennis-O’Connor, 2019)

The author’s main objection to metaphors describing cancer in terms of a ‘battle’ has to do with the implication that “if a patient fights hard enough and/or long enough, he or she will be able to ‘win the war’” (sentence c in excerpt (1)). According to the author of (1), the implication fails to convey ‘the sheer randomness of the disease’ (sentence d). The argument in d is further supported in sentences e-h, which address two issues pertaining to the presumed relation of causality between what is stated in the antecedent and what is stated in the consequent.

The arguments in sentences e-g support the argument in d by discussing oncological research findings that have shown that the risk for developing cancer as well as the length of time that a patient with advanced cancer may live are largely determined by factors that are beyond the patient’s control. Because it is argued that

³⁸ In the large body of literature on metaphorical expressions such as ‘she is fighting cancer’ or ‘we are at war with cancer’, different labels are used to denote their source domain. I.e., apart from ‘violence metaphors’, they have also been referred to as ‘bellicose metaphors’ (e.g., Hauser & Schwarz, 2015), ‘war metaphors’ (Flusberg et al., 2018), or ‘martial metaphors’ (e.g., Reisfield & Wilson, 2004), to name a few examples. The current paper uses the broad source domain term of *violence* to denote metaphors for cancer that are used to refer to encounters of physical violence in a literal sense – as in the definition by Demmen et al. (2015, p. 212) discussed in Section 2 of this paper.

³⁹ In each of the cases that will be discussed in this section, we have marked individual sentences with subscript letters to make it easier to refer to these sentences in our analysis. Additionally, for convenience purposes, we have marked the contested implications in bold.

it is mostly due to other factors whether someone ‘beats’ cancer or not, ‘fighting’ is presented as not sufficient for this outcome to be achieved (compare CQ2 discussed in Section 4.3). Arguably, the arguments leave open the option that the ‘fighting’ that is done by the cancer patient can be of influence on their chances of ‘winning the battle’, even if it is a minor one.

In the final sentence of the excerpt, however, the author concludes that ‘no amount of fighting’ can affect the outcome of the figurative battle against cancer (sentence h). Possibly, the author considers the factors that are beyond the patient’s control to be of such a large influence that the amount of ‘fighting’ that is done by the individual cancer patient is in effect too small of a factor to affect the eventual outcome of their disease (CQ1). This also means that, indirectly, the cancer patient’s ‘fighting efforts’ are also not necessary for the ‘battle’ to be ‘won’ (CQ3): if they have no effect at all, they cannot be necessary. In sum, the resistance in (1) rejects the notion that the patient’s efforts to ‘fight’ their disease are a sufficient or contributory cause of ‘winning the battle’.

4.4.2 – *I didn’t fight much if at all*

Our second example has been selected from an online discussion of a collection of poems on having cancer. While the author of the review appreciates the fighting spirit that speaks through the poems, she also notes that there is a problematic aspect to comparing cancer to a ‘battle’ that can be ‘won’ or ‘lost’:

- (2) “[The poet’s] fighting spirit makes his poetry strong and resonant but the idea of winning or losing the battle with cancer always bothers me.^a There is an expectation that **if you fight hard enough you will beat cancer** and that is just not the case.^b In fact, I see ‘fighting’ cancer more in terms of succumbing to treatments that devastate the mind and body and medical interventions that are demoralising and disempowering, which in the end, may or may not save you.^c [...] In July, I’ll be free of breast cancer for 5 years but I see this more as the result of early diagnosis, a wonderful (female) surgeon and a bit of luck.^d I researched treatment options and asked a lot of questions but I didn’t fight much if at all.^e” (Bolton, 2011)

The author of (2) also criticises the implication that ‘if you fight hard enough you will beat cancer’ (sentence b). Her arguments against this implication are built around her own perception of what ‘fighting’ means (sentence c). According to the author’s point of view, the ‘fighting’ that can be done on the part of the patient is relatively

limited or subordinate to other processes such as the treatments and interventions patients receive. She also argues that the fact that she herself has been cancer free for almost five years is down to factors that are (largely) beyond her control (sentence d). In the last sentence of the excerpt she adds that “she didn’t fight much if at all”, also suggesting that the things she did undertake – e.g., to inform herself about treatment options – would not fall under the definition of ‘fighting’.

Put differently, the author of (2) does not consider the ‘fighting’ that she might have done to have been essential or necessary for her recovery (CQ3). In addition, because she argues that it is mostly due to other factors whether someone ‘beats’ cancer or not, ‘fighting’ is presented as not sufficient for this outcome to be achieved (CQ2). Arguably, the author’s arguments do leave open the option that efforts on the part of the patient – e.g., by submitting themselves to treatment – might have an influence on the chance of success of their treatment. If so, ‘fighting’ may have a contributory causal effect on the desired outcome (CQ1).

Compared to the resistance in (1), some similarities and differences can be observed. Firstly, both cases appear to be based on the notion that ‘fighting’ is not a sufficient nor a necessary cause or ‘winning the battle’. Secondly, the resistance in (1) seems to more explicitly state the conclusion that ‘fighting’ does not have an influence on a patient’s chances of ‘winning’, whereas the resistance in (2) is less straightforward about the potential influence of what may be understood as ‘fighting’.

4.4.3 – *It’s not all up to you and your positive attitude*

Our third example concerns an excerpt from a weblog by a former cancer patient. In the weblog, she discusses several arguments why she disagrees with metaphors comparing cancer to a war. She also resists the implications of these metaphors:

- (3) “[The language of cancer as a ‘battle’] implies that **if you fight hard enough or long enough you’ll “win the war”** as if it’s all up to you and your positive attitude.^a When in truth there are so many other factors that come into play.^b [...] [Regarding that positive attitude:] The false positivity that ignores our *real* feelings can be harmful.^c [Yet] I’ve definitely seen how visualizing positive outcomes, getting rid of toxic things in your life (including toxic partners!) can ‘heal’ you.^d I myself was getting pre-cancerous cells on my cervix when I was in a high-stress job.^e I quit the job and the cells went away.^f So I KNOW there’s a connection.^g But feeling scared, worried, angry or sad are all 100% normal when you’re faced with a

challenging diagnosis.^h Just because you feel them doesn't mean you're jeopardizing your outcome.ⁱ" (Faulds, n.d.)

At the beginning of the excerpt, the author of (3) mentions the implication she objects to, i.e.: "if you fight hard enough or long enough you'll 'win the war'". In addition, she discusses her interpretation of what 'fighting' cancer involves, namely to have or keep a positive attitude (sentence a). In the remainder of the excerpt she argues that this is not the only factor that plays a role in whether a patient 'wins' or 'loses' (sentence b). In other words, the 'fighting' on the part of the patient is not sufficient to 'win' (CQ2). She also argues, however, that having a positive attitude *can* have a positive influence on the development of cancer (sentence d). The author cites her own experience of having been diagnosed with precancerous conditions of the cervix and argues that the precancerous cells disappeared as a result of her quitting her high-stress job (sentences e-f). Even though she does not explicitly refer to these events in metaphorical terms, the arguments do indicate that a causal relation is assumed to exist between the efforts on the cancer patient and their chances of surviving (CQ1).

From the arguments in the excerpt it cannot be determined, however, whether the author thinks that her own actions would have been the only way which the pre-cancerous cells could have been stopped from turning cancerous. In other words, the author sees *a* connection between her decision to reduce stress in her daily life, yet she does not (explicitly) argue that if she did not have taken such actions, the precancerous cells would not have gone away (CQ3).

In brief, the resistance in (3) differs from examples (1) and (2) by suggesting that there is a causal relation between what a patient can do and the (potential) development of cancer. Additionally, examples (1) and (2) refuted the notion that 'fighting' can be a necessary cause while example (3) leaves this open for interpretation. A commonality between the three examples is that they each contain resistance to the notion that 'fighting' would be sufficient for a patient to 'win'.

4.4.4 *'In cancer, there is only one victory: a cure for all cancer'*

Our fourth example concerns an excerpt from a weblog on a family's experiences with childhood cancer. The author of the blog post rejects common interpretations of what it means to 'win' the figurative battle against cancer, thereby also arguing that the implications surrounding these metaphors are untrue:

- (4) “What does it mean when we apply the term “win” to a battle with cancer?^a What does that imply when it doesn't go that way, when the cancer won?^b The person failed?^c They didn't fight hard enough?^d I have seen some pretty ridiculous commentary, that **if you fight hard enough, anyone could survive.**^e [...] THAT IS JUST NOT TRUE.^f [...] [Our son] went to war with at best a 50% chance at 5 years survival.^g But add in his age and specifics of his disease, his outcome was grim.^h He was a martyr.ⁱ He was sent into battle without the right armor.^j Without the right weapons.^k He was facing a monster with outdated treatment, a monster that is under funded [sic] and researched.^l Ultimately, [our son] finished the race against cancer.^m He fought hard.ⁿ He fought to survive.^o He fought for his life.^p And he gave everything, sacrificed everything, including his life.^q He was killed in action.^r In cancer, there is only one victory.^s A cure for all cancer.^t When no lives are sacrificed.^u” (Kirsten, 2019)

The author of (4) resists the implication that ‘if you fight hard enough, anyone could survive’ (sentence e) by referring to her son’s ‘fight’ with cancer (sentences g-q). More specifically, she argues that her son did ‘fight’, as hard as he could, but it was beyond his ability to change the outcome of his disease. Due to factors such as his age and specifics of his disease, he could not ‘win’ (sentences g-h). The author of (4) thus refutes the notion that ‘fighting hard enough’ is sufficient to guarantee a ‘win’ (CQ2); in the text it is not made explicit whether his ‘fighting’ efforts would or could have had a (contributory) causal influence on the outcome of the disease – even though not a sufficient one (CQ1). The same applies to the question of whether ‘fighting’ would or could have been necessary to ‘win’ (CQ3). The arguments in sentences j-l offer a little room for interpretation: because it is argued that the treatment he received was inadequate, this might be interpreted to suggest that ‘winning’ could not have been caused by other factors other than the ‘fighting’ of the patient. As the latter concerns a hypothetical situation, however, we cannot determine with certainty whether or not ‘fighting’ is considered a necessary cause for ‘winning’ by the author of (4).

Like examples (1)-(3), example (4) refutes the notion that the cancer patient’s ‘fighting’ can be enough – i.e., sufficient – for a cancer patient to ‘win’: other factors, beyond the patient’s control, have a (large) effect on whether the patient will survive or not. Compared to the other examples, the author of (4) most explicitly argues that this applies even when patients ‘give it their all’. From the text of the excerpt alone it cannot be determined with certainty whether the author thinks that ‘fighting’ is necessary or contributory to the aim of ‘winning’.

Table 4.1 below summarises which types of causes are refuted and which types of causes are addressed in the four example. In cases where there are no clear indicators in the text that the author does indeed resist a particular cause, we have put ‘not specified’ in the relevant cell of the table.

Example	‘Fighting’ is a contributory cause	‘Fighting’ is a sufficient cause	‘Fighting’ is a necessary cause
1	No	No	No
2	Not specified	No	No
3	Yes	No	Not specified
4	Not specified	No	Not specified

Table 4.1 Contributory, sufficient, or necessary causes addressed in examples (1)-(4)

4.4.5 Discussion

The examples discussed in 4.4.1 through 4.4.4 each more or less explicitly rejected the notion that ‘fighting’ is a sufficient cause for the figurative battle against cancer to be ‘won’. Indeed, the word ‘enough’ (in the contested implication) suggests that there is a specific amount of ‘fighting’ a patient can do that is as much as is needed for the battle to be ‘won’, without other factors needing to be involved. Examples (1)-(4) differed as to whether a causal relation between ‘fighting’ and ‘winning’ exists at all, or whether ‘fighting’ can be contributory or necessary to achieving the aim of ‘winning’.

Even though some of the texts lacked explicit indicators on the basis of which it could be decided whether an author considered the patients’ ‘fighting’ efforts to be contributory or necessary to ‘winning the battle’, a relatively straightforward difference could be found between the resistance in (1), which concerned an outright rejection of the existence of any type of causal relation between ‘fighting’ and ‘winning’, and the resistance in (2), (3) and (4) which left room for the possibility that it may be necessary or contributory to a patient’s chances to ‘win the battle’ if they ‘fight’.

We would like to discuss three observations in relation to the above findings. Our first observation is connected to the fact that each of the examples explicitly takes issue with the notion that ‘if patients hard *enough*’ this will lead to them ‘winning the battle’. As discussed previously, this is not a necessary interpretation of

the metaphor that compares having cancer to a ‘battle’. Examples (1)-(4) demonstrate that language users raise different arguments in response to this implication, including arguments stating that ‘fighting’ has no influence whatsoever and arguments stating that ‘fighting’ can have *an* effect. They are all opposed, however, to the notion that a patient puts in a sufficient amount of effort to ‘fight’, this will lead them to ‘win the battle’.

The question remains why language users interpret violence metaphors to carry this specific implication. As discussed earlier in this paper, Semino et al. (2018) found that conceptualising cancer as ‘battle’ evokes different associations about patients’ degree of agency, or patients’ (perceived) ability “to control or react to events for one’s own benefit [when this is desired by the patient in question]” (p. 13). When patients are presented in an empowered position (e.g., when they are said to be successfully ‘fighting’ cancer, and ‘winning the battle’) they are framed as having a high degree of agency to react to or control what is happening to them (Semino et al., 2018). When patients are presented in a disempowered position (e.g., in case they are being ‘defeated’ by cancer and ‘losing the battle’), their degree of agency is low. However, in the cases of resistance that have been analysed here, it seems that in the interpretation of the metaphors’ implications *agency* is replaced with *responsibility*. Indeed, having agency in a ‘battle’ can be viewed as the ability to undertake action to improve one’s chances of survival; if this is taken a step further, and the attainment of a particular outcome is seen as principally or solely determined by the lack of action undertaken by the person ‘fighting’, they are made responsible for this outcome. It may be that through highlighting the role that the patient may have in changing the course of their disease, the metaphors hide the fact that other factors are of (major) influence as well.

Our second observation concerns language users’ different uses of terms such as ‘battle’ and ‘fight’. In a quite general sense, ‘fighting’ may refer to anything a patient may do, physically or emotionally, that might prolong their lives (e.g. Schattner, 2023). The author of example 2, however, argued that there are very few things a patient can do to ‘fight’ their disease. According to her, ‘fighting’ cancer mostly involves ‘succumbing to treatments’. This appears to be different for the author of example 3, who argued that patients can exert an influence on their disease by visualizing positive outcomes. Language users may thus not only differ regarding whether ‘fighting hard enough’ can lead to ‘winning the battle’, they may also differ as to what type of (target domain) activities they interpret ‘fighting’ to include.⁴⁰ This

⁴⁰ This confirms the findings by Flusberg et al. (2018) and Semino et al. (2018) on the interpretations of (violence) metaphors being shaped by specific circumstances of use.

possibly affects their view on the influence it may have on the outcome of cancer.

A third observation we would like to discuss here is that none of the four examples discussed above refuted the idea that if a patient ‘fights’ hard enough, this is sufficient for them to ‘win’, while also *explicitly* arguing that ‘fighting’ would in fact be necessary for the patient to ‘win’ (cf. examples 3 and 4). We have found an example of this type of position in another weblog on cancer, in which the author argues the following:

- (5) “I’m not trying to say that everyone can beat cancer. Certainly some people are going to die from it, no matter what they do. But I am saying that if a person doesn’t try, there is no way they can beat it. If they do try, they have a chance.” (Bloch, 2009)

This example has not selected for analysis in this paper because it does not concern resistance to implications to violence metaphors for cancer but a discussion of the author’s opinion on the ability of patients to increase their chances of surviving cancer. In other words, the above quotation shows an example of the argument that it *is* necessary for patients to ‘fight’ if they want to ‘win the battle’, but it will not guarantee that they will ‘win’ in the end. Future research might examine whether this type of argument is also raised in expressions of resistance to (implications of) violence metaphors for cancer.

4.5 Conclusion

In this paper we sought to gain insight into the grounds on which language users may resist the implication that ‘if a patient fights hard enough, they will win the battle against cancer’. Throughout the paper we demonstrated that these arguments may vary depending on resisters’ beliefs on the type of causal effect ‘fighting’ may have, if any at all. We proposed a categorisation of different arguments language users may advance in resistance to the implication that ‘if a patient fights hard enough, they will win the battle against cancer’. This categorisation is based on a set of criteria that have been originally developed for the evaluation of causal argumentation. Using these criteria as a starting point, we argued that resistance to the aforementioned type of implication may be directed at one or more of the following issues: 1) there is no relation of causality between the ‘fighting’ efforts of the patient and the eventual outcome of their disease – meaning that these efforts also do not have a contributory causal effect; 2) the ‘fighting’ that is done on the part of the patient is not sufficient for the ‘battle’ to be ‘won’ as there are other factors that also need to be present in

order for this result to occur; 3) ‘winning the battle’ can also be caused by other factors than the amount of ‘fighting’ that is done by the patient, which makes their ‘fighting’ not a necessary cause for the result to occur.

In the second part of the paper we provided a close analysis of four examples of resistance in order to demonstrate how the characterisation of different resistance arguments can be used to pinpoint the type of causal relation between ‘fighting cancer’ and ‘winning the battle’ they object to. Each of the examples analysed refuted the notion that ‘fighting hard enough’ would be all that is needed for a patient to ‘win the battle’. We had expected to find resistance to this as the word ‘enough’ in the contested implication suggests that there is a specific amount of ‘fighting’ a patient can do that is as much as is needed for the battle to be ‘won’, without other factors needing to be involved. In the analysed examples, this notion was refuted by the argument that it is mostly factors that lie beyond a patient’s control (such as luck or the treatment patients receive) that play a major or definitive role in deciding the outcome.

The four examples differed as to whether a causal relation between ‘fighting’ and ‘winning’ exists at all, or whether ‘fighting’ can be contributory or necessary to achieving the aim of ‘winning’. The most clear difference could be found between the resistance in example (1), which concerned an outright rejection of the existence of any type of causal relation between ‘fighting’ and ‘winning’, and the resistance in (2), (3) and (4) which left room for the possibility that it may be necessary or contributory to a patient’s chances to ‘win the battle’ if they ‘fight’.

In the paper we noted that violence metaphors for cancer appear to trigger the implication that ‘if a patient fights hard enough, they will win the battle’ even though violence metaphors may hardly ever be used to explicitly state this. Moreover, we discussed that violence metaphors need not be interpreted to implicitly convey this. Indeed, actual (non-figurative) battles are influenced by various factors, including circumstances that are beyond the competing parties’ control. Previous research on the framings that are offered by violence metaphors for cancer offers a starting point for exploring the reason why violence metaphors for cancer to carry the aforementioned implication: Semino et al. (2018) have found that different usages of violence metaphors can present patients with different degrees of agency – meaning that patients with a terminal cancer diagnosis tend to be presented in a disempowered position, and patients with higher chances of survival in an empowered position. In relation to the findings of our argumentative analysis we argued that violence metaphors for cancer attribute a larger degree of agency to cancer patients than they actually have (or resisters think they have), making patients *responsible* for the eventual outcome of their disease. Future research could examine

this further – for instance by analysing positive uses of violence metaphors for cancer that might communicate that if a patient has ‘won’ the battle against cancer, their efforts to ‘fight’ the disease have been the sole cause for this.

Another opportunity for future research lies in expanding the dataset to examine other types of arguments that are raised in response to the implication that ‘if a patient fights hard enough, they will win the battle against cancer’. The examples of resistance that were analysed in this paper were not meant to be a representative sample of arguments that are raised in resistance to the aforementioned implication. Instead, they served to illustrate how different theoretically possible arguments against a presumed causal relation between ‘fighting (hard enough)’ and ‘winning’ may be identified in actual language data. Future (quantitative) analyses of more instances of resistance from actual language data might provide insight into a potentially larger array of arguments that are provided against this implication.

Lastly, future research might examine how different interpretations of what ‘fighting’ cancer means might feed into different arguments against the aforementioned implications. While ‘winning’ and ‘losing’ the figurative battle against cancer seem to be generally used to refer to situations in which a patient does or does not recover from cancer, respectively, ‘fighting’ cancer can refer to several types of activities (also see e.g. Granger, 2014; Semino et al., 2018; Schattner, 2023). Future studies could analyse how language users’ precise interpretation of what ‘fighting’ cancer means might feed into different arguments against the metaphors’ (implied) meanings.

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Chapter 5

Countering undesirable implications of violence metaphors for cancer through metaphor extension⁴¹

5.1 Introduction

“The language of cancer is the language of war. But for everyone who won their battle, someone lost. For every survivor, there’s someone who didn’t make it. The implication being the ones who didn’t win their battle didn’t fight hard enough. They didn’t want it badly enough. They weren’t brave enough to go the extra mile to be the victor. And I call bullshit on that. Cancer is an unfair fight.” (Gortan, 2016)

Violence metaphors for cancer can have undesirable implications. The above excerpt, written by a cancer patient, illustrates how the metaphor of cancer as ‘battle’ is understood to suggest that cancer can be overcome by those who ‘fight hard enough’, which in turn is taken to imply that patients who die from the disease did not manage to do so.⁴² The author of the excerpt explicitly resists this implication and argues instead that having cancer is in fact “an unfair fight”.

In the large body of studies on metaphors for cancer, various shortcomings have been reported that can be related to the implications these metaphors may have for people who are affected by cancer (e.g., Byrne et al., 2002; Demmen et al., 2015; Hendricks et al., 2018; Semino et al., 2017; Macmillan Cancer Support, 2018).⁴³ Hendricks and colleagues (2018), for instance, found that when a cancer patient’s

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⁴² In this paper we are not concerned with the question whether these implications are ‘true’ or logically valid –the fact *that* they are drawn or felt to be drawn in communication about cancer forms the starting point of this study’s examination of expressions of resistance to violence metaphors for cancer.

⁴³ Metaphorical expressions such as ‘she is fighting cancer’, ‘he lost his battle against cancer’ or ‘we are at war with cancer’ have been defined and labelled in different ways. They are sometimes also referred to as ‘bellicose metaphors’ (e.g., Hauser & Schwarz, 2015), ‘martial metaphors’ (Reisfield & Wilson, 2004) or ‘violence metaphors’ (e.g., Semino et al., 2018), to mention a few examples. In this paper we will make use of Semino and colleagues’ definition of violence metaphors for cancer as “any metaphorical expressions or similes whose literal meanings suggest scenarios in which, prototypically, a human agent intentionally causes physical harm to another human, with or without weapons” (Demmen et al., 2015, pp. 211-212).

illness experience is described as a ‘battle’ this can make people believe that the patient is more likely to feel guilty if they do not recover compared to when their situation would be described as a ‘journey’. The study’s findings were in line with the researchers’ predictions that the metaphor of ‘battle’ suggests that the patient is responsible for the outcome of the disease.

Another example is a study by Byrne et al. (2002), who analysed the role of language of effort and fighting in clinical communication with cancer patients in relation to patients’ experience of their disease. The study found that if patients perceive their clinicians as promoting ‘fighting’ and keeping a positive attitude, patients can feel the need to conceal their own distress and suffering in order to avoid upsetting others. This emotional suppression adds to the physical and psychological burden patients are faced with already and might hinder their progress towards coping with the experience of cancer (p. 21).

For the purpose of circumventing any negative effects violence metaphors for cancer can have it is sometimes argued that these metaphors should be avoided altogether (e.g. Sontag, 1989; Haines, 2014; also see Wackers et al., 2021, on (prescriptive) resistance standpoints). But violence metaphors for cancer are highly conventionalized in discourse about cancer and will continue to be used in many communicative settings, including settings that cannot be controlled for. That is to say, particular stakeholder groups such as health practitioners can be made aware of the potentially harmful effects of violence metaphors for cancer so they can act on this in communication with (individual) cancer patients. For communication that is not one-to-one, however, recipients’ situation or emotions will not – cannot – always be accounted for in such a way. Violence metaphors in public discourse about cancer will inevitably confront some with, to them, undesirable implications about the metaphors’ target domain.

If we take a detailed look at public discussions on violence metaphors for cancer it can be seen that ordinary language users also explicitly criticize these metaphors – without rejecting the use of the metaphors altogether. Moreover, they sometimes offer alternative interpretations of these metaphors to replace more conventional and allegedly inappropriate ones. In this paper we will analyse two opinion articles in which arguments are advanced *against* particular implications of violence metaphors for cancer and *for* specific reinterpretations of said metaphors.

Put in different terms, our research focuses on two phenomena that can be observed in argumentative discussions on violence metaphors for cancer in public discourse, i.e., what we call *expressions of resistance* to these metaphors and the use of *metaphor extension* to counter certain metaphorical implications. By resistance we specifically mean argumentative resistance or resistance that is supported by

arguments⁴⁴ (also see Wackers et al. 2020, 2021); following Landau et al. (2017), the paper defines metaphor extension as a manner of endorsing a given metaphor in broad outlines while arguing that it has been applied incorrectly, thereby drawing attention “to other familiar features of the metaphor’s concrete concept, [encouraging observers] to apply *that* knowledge to interpret the target issue” (Ibid., p. 64). Illustrative examples of both phenomena will be given further on in this paper.

The paper principally aims to demonstrate the added value of closely analysing expressions of resistance to metaphor to identify the precise metaphorical implications that are being contested in a given case of resistance as well as the alternative interpretations that proposed by the protagonists of the resistance. The paper will make use of pragma-dialectical instruments for argumentation analysis (van Eemeren & Grootendorst, 1992; van Eemeren, 2015) to bring current and novel insights about metaphor extension and resistance to violence metaphors for cancer together. More specifically, two case studies will be conducted in which pragma-dialectical tools for argument reconstruction are used to analyse expressions of resistance to violence metaphors for cancer that are (partially) based on a form of metaphor extension. The case studies will provide valuable input in two important ways: Firstly, a detailed argumentative analysis of such expressions of resistance will help us pinpoint which metaphorical implications are contested in each given case, and why. Secondly, closely examining the different elements of resistance argumentation in which the contested metaphor is extended will help define which alternative interpretations⁴⁵ are deemed (more) acceptable instead.

The results of our argumentative analyses will add to existing knowledge about resistance to metaphor, which has received increased attention over the last couple of years (e.g. Finsen et al., 2021; Renardel de Lavalette et al., 2019; Wackers et al., 2020, 2021). Furthermore, the paper adds new insights to the literature on metaphors of violence and their potential (dis)advantages for conceptualising the target domain of cancer in particular. In the next section of this paper we will discuss previous studies on the diverging functions of violence metaphors for cancer. The sections thereafter will discuss the concepts of metaphor extension and resistance to

⁴⁴ Refusing to pick up on a metaphor used by someone else could be considered an example of resistance to metaphor too. This and other forms of criticism that are not expressed by means of (counter)argumentation will be left out of consideration here.

⁴⁵ I.e., *alternative* as opposed to *more conventional* interpretations of violence metaphors for cancer. In our case studies start from the premise that what resisters argue (they think) are common interpretations of the metaphors in question can be considered more conventional than the alternative interpretations they propose. This means differences may exist among resisters about which interpretation of a metaphor counts as the most common or usual one and which interpretation is potentially novel.

metaphor in more detail. The final sections present the paper's case studies and a discussion of the studies' main findings.

5.2 Violence metaphors for cancer

The use of violence metaphors for cancer has received academic interest in a wide range of disciplines, from the fields of linguistics and communication studies to medicine and psychology (Fleischman, 2001).⁴⁶ A number of studies have demonstrated that violence metaphors for cancer can have undesirable effects, some examples of which have been mentioned in the introduction of this paper (e.g., Byrne et al., 2002; Hendricks et al., 2018; MacMillan Cancer Support, 2018). But there are also positive functions that can be ascribed to these metaphors dependent on the ways in and purposes for which they are used.

Semino et al. (2018), who conducted a corpus-based study of contributions to an online forum for people with cancer, found that a patient's relationship with the disease can have an influence on the functions violence metaphors may have for them. Semino and colleagues also observed a connection between the diverging functions of violence metaphors for cancer and the different *metaphor scenarios*⁴⁷ they were used for. In their data, for instance, the metaphor of 'battle' was used for describing three main types of violent scenarios, i.e.: 'preparing for battle', 'engaging in battle', and 'outcome of battle'; cancer patients who were going through potentially curative treatment used violence metaphors in empowering ways such as to express pride or determination to 'fight' their cancer, while terminal patients for whom the outcome of the metaphorical battle had already been decided in favour of the disease used violence metaphors to express feelings of disempowerment or a negative sense of self.

Gustafsson et al. (2019) also conducted a corpus-based study on metaphor use by cancer patients. More specifically, they studied how patients with advanced cancer make use of metaphors in online blogs to make sense of and cope with the difficult aspects of living with their life-limiting disease. Gustafsson et al.' research findings demonstrated that the use of metaphor can both articulate and function as part of a patient's coping process and that the source domains of the different

⁴⁶ Many studies have focused on violence metaphors for cancer in the English language, but research has also been done on the (common) use of these metaphors in languages other than English, including for instance Swedish (e.g., Gustafsson et al., 2019) and Spanish (Magaña & Matlock, 2018).

⁴⁷ Semino et al. borrow the term scenario from Musolff (2006) to refer to "(knowledge about) a specific setting, which includes: entities/participants, roles and relationships, possible goals, actions and events, and evaluations, attitudes, emotions, and the like." (Semino et al., 2016, p. 12).

metaphors they examined offered “different flexibility and usefulness for the bloggers in relation to coping” (p. 8). Moreover, the researchers’ analysis of ‘battle metaphors’⁴⁸ showed that patients did not only use these metaphors for describing their ‘battle’ against the disease, but also for their figurative battle with their thoughts and emotions.⁴⁹ Gustafsson and colleagues note how this particular use of metaphor enables patients to keep their fighting spirit intact and the perspective of ‘winning’ still possible, independent of the question whether they can (physically) recover from cancer – i.e., “to change the object for the battle makes it possible to win” (p. 4). The researchers relate this particular use of metaphor to coping strategies of ‘Acceptance’ and ‘Positive reinterpretation and growth’.

The research outcomes by Semino et al. (2018) and Gustafsson et al. (2019) form important starting points for the current study on resistance to violence metaphors for cancer, namely: 1) violence metaphors for cancer can reflect different (positive and negative) ways of understanding or evaluating a particular target domain situation; and 2) (even) if a target domain situation can be considered to concern a *negative* situation, e.g., if someone is faced with a terminal diagnosis and is no longer able to ‘defeat’ their disease, violence metaphors for cancer can still be used in a positive, empowering way. The latter, involving the application of reinterpretation of a metaphor in a way so to make this metaphor fit with one’s (desired) perspective on a target domain situation, can be linked to the phenomenon of metaphor extension.

5.3 Countering implications of metaphor through metaphor extension

The notion of ‘metaphor extension’ is used differently in the literature. Barnden (2015) discusses the ambiguity of the notion and mentions two phenomena it is used to describe. One concerns a metaphorical view being used at more than one occasion throughout a stretch of discourse “rather than just locally within a short sentence” (2015, p. 18).⁵⁰ This particular form of metaphor extension will be left out of

⁴⁸ As mentioned above, metaphorical expressions such as ‘fight’ and ‘battle’ have been defined and labelled in different ways in previous studies. What Gustafsson et al. (2019) refer to as ‘battle metaphors’ appears to match, to a great extent at least, with our definition of violence metaphors for cancer.

⁴⁹ Similar observations have been reported in other studies, including the studies by Byrne et al. (2002) and Demmen et al. (2015). Byrne and colleagues found that cancer patients who used ‘language of effort, struggle or fighting’ often used such language to express their “resistance [...] to [their] emotional response to cancer” (2002, p. 18). Demmen and colleagues also discuss a number of instances of metaphor use that describe a violent confrontation between the cancer patient and their emotions.

⁵⁰ Also see Oswald & Rihs (2013) for a study on the rhetorical and epistemic advantages as a result of metaphor extension.

consideration here. The second type of metaphor extension Barnden describes concerns a form of conceptual extension, “exploiting some unusual aspect of the source subject matter of some familiar metaphorical view—unusual in the sense that that aspect is not normally exploited in uses of the view”. The latter corresponds with the phenomenon that is central to our study; moreover, in our study we are particularly interested in its occurrence in *argumentation against* metaphor. Before we will go into the specifics of our argumentative analysis of metaphor extension in expressions of resistance to violence metaphors for cancer, we will discuss a recent study that has been conducted on the use of metaphor extension in argumentative discourse, done by Landau et al. (2017).⁵¹

Starting from the premise that a metaphor can systematically influence people’s attitudes toward its target domain, Landau et al. (2017) raised the “practically important but understudied” (p. 63) question of how a metaphor’s influence can be effectively undone once it has entered discourse. Their study focused on testing the effectiveness of metaphor extension as part of a rebuttal strategy. In this particular rebuttal strategy a metaphor is endorsed in broad outlines but is argued to have been applied incorrectly. We will briefly describe (part of) Landau and colleagues’ case study on the conventional *household metaphor* that compares the United States federal budget to a typical household budget in order to illustrate in more detail how metaphor extension can function as part of a rebuttal message.

In one of the studies’ experiments, Landau et al. (2017) asked research participants to read an article in which the household metaphor was used to argue in favour of cutting funding for federal programs. The article argued, for instance, that “[families] often have to make sacrifices and cut spending to keep a budget and live within their means. When they cannot pay for things they want, like a new bike or a family vacation, they just have to wait or make sacrifices to get by. [...] If a family doesn’t have the money to pay for stuff, it cuts back on its spending. Likewise, the government cannot afford all the federal programs we have, and so it should cut spending.” (Landau et al., 2017, p. 79).

⁵¹ Landau et al. (2017) were inspired by a study done by Mio (2006). In his (2006) study, Mio asked how one can effectively respond to a “[an] argument [that is built] around an incisive metaphor that has the potential of convincing the audience of [a particular standpoint]” (p. 127). In two experiments, he tested which response was more persuasive – one ignoring the metaphor, one using another metaphor in response, or one extending the metaphor that had been used in the initial argument. The study’s experiments provided overall support to Mio’s hypothesis that the extended metaphors were more effective persuasive devices compared to rebuttals based on literal statements or non-extending metaphorical ones (Ibid, p. 136). Taking Mio’s (2006) findings into account, Landau et al. (2017) raised the question *under what conditions* a metaphor extension strategy is particularly effective.

After having read this article, half of the participants were asked to read a rebuttal of the article arguing in favour of spending cuts that contained direct arguments against spending cuts and ignored the household metaphor, while the other half of the participants read a rebuttal that extended the household metaphor. In this latter rebuttal the household metaphor was used to highlight features of the source domain that legitimized spending. Instead of focusing on the strategy that is based living within one's means, the rebuttal pointed out that families also frequently (and justifiably) take on large debts. The rebuttal argued, for instance that “[families] make long-term investments all the time, and for good reasons: taking out big loans can help kids go to college, provide a family with a new car, [...] Loans like these are investments that are costly at first, but they pay off in the long run. In fact, they are necessary for families to succeed. The government should take the same approach to spending that successful families do [...]” (Landau et al., 2017, p. 81).⁵²

In the experiment described above, participants who read the extension rebuttal of the article arguing in favour of spending cuts were encouraged to view the target issue in another way without giving up the metaphor's source domain.⁵³ Inspired by this mechanism, in this paper we examine how language users (in actual practice) may use a form of metaphor extension in order to argue against undesirable implications of metaphors without rejecting the metaphors' source. Here the extension is principally aimed at refuting what a particular metaphor is taken to mean or imply – i.e., instead of a claim or standpoint in which a given metaphor is used – and an alternative meaning is proposed. To our knowledge, no study to date has examined this specific use of metaphor extension yet. The current paper moreover provides a novel angle on metaphor extension by carrying out a systematic (pragma-dialectical) analysis of the arguments that are advanced to motivate the extension in a given case of resistance. In the next section we will demonstrate how an analysis according to the pragma-dialectical approach gives a clear overview of the precise metaphorical implications that are being contested in each given case of resistance as

⁵² According to Landau et al. (2017), this latter metaphor, legitimizing spending, is in line with recommendations of influential economists “[urging] stimulus spending to revive a flagging economy” (p. 77) and can therefore be seen as a more correct way of conceptualising the federal budget; the metaphor extension offers a way to “undo” the allegedly inaccurate implication of the household metaphor that just as a family has to make sacrifices and cut spending to live within their means, the government should cut back on spending for federal programs.

⁵³ This experiment formed but one part of Landau and colleagues' study that sought to determine *under what conditions* a metaphor extension strategy is effective. The study ultimately concluded that the persuasiveness of the strategy is dependent on the epistemic benefit and saliency of the initial metaphor. If the metaphor in question is salient and increases the epistemic benefit of the metaphor by making the target issue easier to grasp, participants in Landau et al.'s study turned out to be more persuaded by a rebuttal that extended the household metaphor compared with a rebuttal that ignored that metaphor.

well as the alternative interpretations that are proposed by the protagonists of the resistance.

5.4 An argumentative analysis of resistance to violence metaphors for cancer

The argumentation that is advanced in expressions of resistance to violence metaphors for cancer can be analysed through a close analysis of the different argumentative elements the resistance consists of and what the relations between these different elements are. Pragma-dialectics, founded by van Eemeren and Grootendorst (van Eemeren & Grootendorst, 1992; van Eemeren, 2015), offers a set of analytical tools to map the structure argumentation is made up of. These are based on cues in the verbal presentation of a proposition that indicate which role(s) this proposition plays in the argumentation as a whole.

An example of an argumentation structure that consists of different forms of argumentation is shown in Figure 5.1 below:

- 1. Violence metaphors for cancer are inappropriate.
- 1.1a These metaphors suggest that as long as cancer patients “fight hard enough” they can “win” and overcome their disease.
- 1.1b This suggestion is a cause of distress to many patients.
- 1.1b.1 Research has shown, for instance, that many patients experience stress at the thought of having to “keep on fighting” when they feel they cannot or do not want to anymore.
- 1.2 These metaphors compare illness to an act of violence.
- 1.2.1 As a pacifist, I believe that any form of violence is wrong.

Figure 5.1 Example of an argumentation structure containing multiple, subordinative and coordinative argumentation

The structure of this made-up example can be read as follows: According to the pragma-dialectical notation system, a standpoint is indicated by a number followed by a full stop, such as “1.”; if there are multiple standpoints at issue, the next standpoint receives the number “2.”, et cetera. The first argument that is provided in support of a standpoint is mentioned directly under the standpoint and repeats the number of the standpoint followed by the number “1”: “1.1”. Arguments that are provided *in support of arguments* form a chain of subordinately compound argumentation and are numbered according to the same principle (“1.1.1”; “1.1.1.1”;

et cetera). Additional indices “**a**”, “**b**” (et cetera) are added if the arguments form coordinatively compound argumentation, which is the case if they can only provide sufficient support for the standpoint when taken together. Lastly, argumentation that is called ‘multiple’ consists of alternative defences of a proposition that are unrelated; arguments that make up multiple argumentation each receive a different number at the same level (e.g., “**1.2**”, “**1.3**”, et cetera.).

Pragma-dialectics uses insights from linguistic pragmatics to decide which utterances can be reconstructed as (which type of) standpoints or arguments and which commitments arguers may be held accountable for on the basis of what they have said⁵⁴; in our case studies below, we will point out some examples of how contextual and other pragmatic factors are taken into account in a pragma-dialectical reconstruction. Most importantly, however, the case studies in the next two subsections will illustrate how a reconstruction of argumentation that is provided in support of resistance to violence metaphors for cancer enables us to gain a more detailed insight into actual language users’ reasons for resisting particular implications of violence metaphors for cancer as well as their grounds for considering alternative interpretations of these metaphors more appropriate. I.e., in contrast to the example in Figure 1, the examples in the case studies do not reject the use of violence metaphors for cancer entirely but offer a more nuanced view on these metaphors by assigning novel interpretations to particular mappings that elicit resistance.

5.4.1 Data selection and analysis

The instances of resistance that are the focus of the case studies are from two opinion articles that have been published on publicly accessible websites. The articles have been selected from a larger corpus of texts featuring instances of resistance to violence metaphors for cancer. This corpus was manually compiled by one of the authors and has been stored in the UvA/HvA figshare database at The University of Amsterdam. The analysis of the data proceeded as follows: The authors first analysed the instances of resistance individually according to the pragma-dialectical method for argument analysis. Then, different reconstructions of the same data were discussed and a joint decision was made about which reconstruction could be considered the most beneficial to the author of the text.⁵⁵

⁵⁴ A detailed account of how the pragma-dialectical method for argument reconstruction deals with pragmatic phenomena such as presuppositions and implicatures is provided in *A Systematic Theory of Argumentation. The pragma-dialectical approach* (van Eemeren & Grootendorst, 2004).

⁵⁵ Pragma-dialectics adheres to the ‘principle of charity’ in order to decide on one favored reconstruction when multiple reconstructions are plausible. According to this principle a reconstruction should not just be plausible but also the most likely to be successfully defended by

The selected articles were considered to be illustrative examples of how metaphor extension can occur in resistance to violence metaphors for cancer. In the next sections it will be shown how each of the articles discusses arguments against particular violence metaphors for cancer without claiming that these metaphors should be abandoned altogether; instead, attention is drawn to aspects of the source domain that are less commonly considered in the context of cancer.

5.4.2 Case study 1

Our first case study concerns an opinion article in which a cancer researcher expresses resistance to the ‘lost battle’ metaphor (Wosnick, 2013). Figure 5.2^{56,57} demonstrates a reconstruction of the resistance standpoint and supporting arguments:

1. When dealing with cancer, “lost battle” language is inappropriate. [...]
- 1.1 Cancer is not a game of winners and losers.
- 1.1.1 If you live you “win” and if you die you “lose”? How inappropriate is that?
- 1.2a That is emphatically NOT to say that I don’t think that most cancer patients and survivors have indeed BATTLED this disease. Or that they have struggled in many cases against long odds. / So no, I am not saying that people facing cancer are not brave and courageous and are not in a real “battle”.

the arguer. This principle is further specified into three practical strategies that can be followed by the argumentation analyst. These are the pragma-dialectical strategies of “maximally argumentative interpretation”, “maximally dialectical analysis”, and “maximally argumentative analysis” (van Eemeren & Grootendorst, 1992). With the help of these strategies it can be determined whether a speech act can be interpreted as argumentatively relevant, whether a speech act can be considered a constructive move in a critical discussion, and whether an argument is to be reconstructed as multiple rather than coordinative, respectively (Ibid.).

⁵⁶ The structure concerns an argumentative reconstruction of the full article; in line with the pragma-dialectical approach, sentences b-k are not included in the argumentation structure because they concern an introduction to the topic of the article in which the author discusses the occasion for his article. After this introduction part, i.e., from sentence l onwards, the author starts putting forward arguments in support of the resistance standpoint (“When dealing with cancer, “lost battle” language is inappropriate”).

⁵⁷ For this structure as well as the structure in case study 2, some parts of the original text that could be split up further into different propositions have been (kept) grouped together under one larger, main proposition so to keep the structures more easy and clear to read.

- 1.2a.1** I know how hard it is to deal with a cancer diagnosis and to endure even “mild” cancer treatments. It exhausts the body and the mind, it often robs one of dignity and plays havoc with relationships and families and just about everything else important to us all.
- 1.2b** It’s not the “battle” part that bothers me – it is the “losing” part.
- 1.2b.1** For those who ultimately die from a cancer, the idea that they have “lost” a battle implies to me that if they had just done SOMETHING else differently then maybe they might have “won”.
- 1.2b.1.1a** The use of the word “lose” is like a zero-sum game to me: if someone or something “loses” then that means that someone or something else “wins”.
- 1.2b.1.1a.1** You can’t have a loser if you don’t have winner.
- 1.2b.1.1b** We should not so easily give cancer that kind of power over us.
- 1.2b.1c.1b.1** What other diseases or condition do we cede this kind of power to?
- 1.2b.1c.1b.1.1a** My mother died a few years ago from acute respiratory distress brought on by H1N1. Did anyone say that she “lost her battle to a virus”? No, she died from a respiratory infection.
- 1.2b.1c.1b.1.1b** If someone suffers lifelong hypertension and eventually dies from a heart attack, do we ever say in the obituary that he/she “lost his/her battle with high blood pressure”?
- 1.2b.1c.1b.2** Then why do so many deaths from cancer get reported as “after a long struggle/battle, so-and-so lost his/her battle with cancer”? It’s not quite “blaming the victim” but it does have ring of placing the ultimate responsibility for having died in the hands of the deceased.
- 1.2b.2a** I know that there will be many cancer patients and advocates who will disagree totally with me, and feel that the battle analogy empowers them somehow.
- 1.1b.2a.1** Maybe it does when they are alive and kicking and fighting and scratching and “battling”.^g
- 1.2b.2b** But if they do not survive, then please let us not blame them inadvertently for “losing” the battle against cancer.
- 1.2b.3** Roger Ebert did not lose his battle with cancer.ⁱⁱ He WON his battle with cancer... And, sadly, he also died from cancer.
- 1.2b.3.1** In many, many ways, by inspiring and teaching us, he won his battle in other very important ways.

- 1.2b.3.1.1** He lived graciously and courageously with it until the very end.
1.2b.3.1.2 He was a wonderful role model right to the end.

Figure 5.2 Argumentation structure of case study 1

The structure in Figure 5.2 shows the different lines of argumentation put forward by the author of the article. The standpoint of the author reads that it is inappropriate to use the ‘lost battle’ metaphor in relation to cancer. The first argument (**1.1**) in support of this standpoint concerns an assertion: drawing on another, related source domain, the author points out “[cancer] is not a game of winners and losers”. The next two sentences in the structure illustrate that not all arguments take the shape of explicit statements: Asking “If you live you “win” and if you die you “lose”? How inappropriate is that?” the author further motivates his criticism of the metaphorical analogy between cancer and ‘a game of winners and losers’ by pointing the readers’ attention to the fact that this comparison can be considered inappropriate.⁵⁸ That is to say, in the context of the author’s further remarks about the mapping between cancer and a game that can be won or lost, this question can be considered redundant if taken literally.⁵⁹ Instead, it can be interpreted as a rhetorical question functioning as an argument.

In **1.2a-1.2b** the author narrows down his resistance to one metaphorical mapping in particular: the mapping between dying from cancer and losing (the battle)’ against the disease. The arguments the author provides in support of this standpoint can be grouped into three main lines of coordinative argumentation.

In the first line of argumentation (**1.2b.1(n)**) it is specified why the author deems the metaphorical comparison between dying from cancer and ‘losing (the battle)’ against the disease problematic – it is the implication that a cancer patient might have ‘won’ if they had done something else differently (**1.2b.1**) the author disagrees with. The coordinative arguments **1.2b.1.1a** and **1.2b.1.1b** clarify where the author thinks these implications stem from: according to him, if someone loses this automatically means someone (something) else wins; for the metaphor that compares having cancer to a ‘battle’, this would mean that if a patient ‘loses’, cancer is the figurative winner. Such ‘power’ is never ‘ceded’ to other diseases (**1.2b.1c.1b.1; 1.2b.1c.1b.1.1; 1.2b.1c.1b.1.2**). Furthermore, the undesirable consequence of this

⁵⁸ From a metaphor analytical perspective, this analogy is based on another source domain than the domain of violence, namely the source domain of GAME. For a discussion of commonalities between these two source domains, see e.g. Ritchie (2003).

⁵⁹ See van Eemeren & Grootendorst (2004, p. 75ff) about the ‘redundancy rule’, one of the rules used within Pragma-dialectics to determine the communicative intention of an utterance.

metaphorical mapping would be its underlying suggestion that the “ultimate responsibility” for dying from cancer lies with the cancer patient him- or herself (**1.2b.1c.1b.2**).

In the second main line of argumentation (**1.2b.2(n)**) the author puts forward an argument that may at first glance seem a counterargument to his own case. He mentions that many people may “disagree totally with [him] and feel that the battle analogy empowers them somehow” (**1.1b.2a**). However, while the author thinks there is a problematic aspect to comparing cancer to a ‘battle’, he does not argue that this comparison is entirely problematic or should be gotten rid of completely (also see **1.2a**). He specifically resists the notion that people who die from cancer have ‘lost the battle’. In other words, even though there may be many people who find the battle analogy empowering and thus see positive aspects to using this analogy, the author’s resistance does not contradict or reject this.⁶⁰ Nevertheless, the author ends the paragraph in which this line of argumentation is put forward with the conclusion that no one should be “blamed” if they do not recover from their disease (**1.1b.2b**). This is in line with his previous arguments that cancer patients cannot and should not be held responsible for the outcome of the metaphorical battle against cancer should they ultimately die from the disease (also see **1.2b.1** and **1.2b.1c.1b.2** in particular).

In the third and last main line of argumentation (**1.2b.3(n)**) the then recent death of American film critic Roger Ebert functions as argumentation by example. The author’s observation that many of the obituaries and tributes on Roger Ebert mentioned how Ebert ‘lost his battle with cancer’ is what prompted the author to write this piece about ‘lost battle language’. In these last arguments the author argues why Ebert did not ‘lose’ his battle with cancer but can be said to have ‘won’ instead even though he died from the disease (**1.1b.3**). In other words, the author mentions a number of arguments why ‘winning the battle against cancer’ can also be understood to mean something else than surviving (or not succumbing to) the disease (**1.2b.3.1**). For Roger Ebert specifically it was living “graciously and

⁶⁰ While it is not mentioned explicitly in the article, it is possible that the author means that some people may actually disagree with him here because they feel that they *are* in fact able to steer the outcome of their disease and ‘win the battle’ according to the more conventional meaning of the metaphor – i.e., some people may hold the view that they can (and can be held responsible) to ‘win the battle against cancer’ with the specific meaning of surviving the disease. This would not necessarily contradict the author’s reasons for resistance, but these people might not identify with the author’s wish to change the interpretation of what it means to ‘win’ mentioned later on in the article. (I.e., in **1.2b.3(n)** the author argues for a reinterpretation of ‘winning the battle against cancer’ to include target domain situations in which people have died from cancer but have withstood other challenging aspects of the ‘battle’ that having cancer brings on.)

courageously with [cancer] until the very end [of his life]” (1.2b.3.1.1) and being “a wonderful role model right to the end” (1.2b.3.1.2).

In sum, the author of example 1 argues that dying from cancer should not be equated with ‘losing the battle’. One important reason is that this metaphor seems to place the responsibility for living or dying in the hands of the patient. Furthermore, while some patients may feel the metaphor is empowering and helps them through this difficult process that can indeed be called a ‘battle’, the author still holds that saying they ‘have lost their battle’ after they have deceased is inappropriate. Another important reason for the author to resist the ‘lost battle metaphor’ lies in his view that cancer can be overcome – or ‘won from’ – in different ways.

In this last line of argumentation metaphor extension takes place. The author retains the battle metaphor as well as the metaphor of ‘winning’ this figurative fight, but he gives a novel interpretation to these metaphors relative to their (allegedly) more conventional meanings. The story of Roger Ebert functions as an argument by example: even though Ebert died, he can be said to have defeated cancer in another way, namely by, among other things, having “lived graciously and courageously with [cancer] until the very end [of his life]” (1.2b.3.1.1). In other words, the metaphor of ‘winning the fight against cancer’ is given a novel meaning by applying it to another target domain situation (e.g., “living graciously and courageously with cancer until the very end”); as a result, interpretations of what this means in the context of the target domain of cancer, change.

The argumentation structure helps to gain detailed insight into the author’s resistance standpoint and the arguments that are provided in support of it, as well as the application of a metaphor extension approach in one of the lines of argumentation to counter an undesirable implication of the contested metaphor. More specifically, the different main lines and subordinate levels of argumentation lay bare a) the author’s arguments for resisting a particular metaphorical mapping (1.2a - 1.2b.1c.1b.2); b) his arguments for retaining other mappings (1.2a and 1.2a.1; 1.2b.2a-b); and c) his ‘solution’ to counter the implications of the contested mapping by extending it (1.2b.3 - 1.2b.3.1.2).

5.4.3 Case study 2

The example of our next case study concerns an opinion article by a writer who has been diagnosed with cancer (Gortan, 2016). The structure of her standpoint and arguments against violence metaphors for cancer is shown in Figure 5.3:⁶¹

⁶¹ Similarly to case study 1 and in line with the pragma-dialectical approach to argument reconstruction, left out of the reconstruction are parts of the article that do not strictly form part

1. We need to change the language that we use to talk about cancer.
- 1.1 Brave. Fight. Survivor. Battle. The language of cancer is the language of war. [And] I call bullshit on that [type of language with its underlying implications].
 - 1.1.1 [...] for everyone who won their battle, someone lost. For every survivor, there's someone who didn't make it. The implication being the ones who didn't win their battle didn't fight hard enough. They didn't want it badly enough. They weren't brave enough to go the extra mile to be the victor. [But] [cancer] is an unfair fight.
 - 1.1.1.1 It is so much more than David versus Goliath, of the underdog taking on someone bigger, stronger and more powerful.
 - 1.1.1.1.1 We're flying blind.
 - 1.1.1.1.1.1 [...] cancer patients go into remission or are classified as cancer-free. Never cured. Doctors will guide you through the woods as best they can, but sometimes a path just won't open up.
 - 1.1.1.1.1.1.1 Sure, we have modern medicine and doctors and seriously effective drugs, but none of these things can guarantee a win. They up your chances yes, but won't deliver a definitive cure.
- 1.2 [...] [We] need to ditch the word "brave" when it comes to cancer, just like we need to lose the euphemistic "journey".
 - (1.2.1 Cancer is an unfair fight, and the outcome of this fight has nothing to do with bravery)
 - (1.2.1.)1a Recently, my oncologist asked if I wanted to know my numbers of a recurrence. Of course I said yes. I thought I'd be high 90s of making the 10 year mark, turns out I'm mid-80s. So even with two surgeries, five months of chemo, five weeks of radiation and the five years of hormone therapy I've got to look forward to, there's a chance they might have missed something, a shitty little cell lying in wait to strike again before my 42nd birthday. It's bullshit. I have done everything I can to prevent this from happening ever again.
 - (1.2.1.)1a.1 [I have done] [everything] my breast surgeon, oncologist, genetic counsellor, radiation oncologist and plastic surgeon advised me to do. They all agreed it was my best chance and I took it. I have given this my all; my time, my money, my energy [...]

of the argumentation, such as a non-argumentative introduction to the topic of the article or a repetition of its main ideas. In the reconstruction of case study 2 we omitted the lead paragraph that provides a brief summary of the article.

- (1.2.1).1b** I'm no braver than anyone else reading this, yet I've lost count of the number of people who have told me I am. Why? / I am not brave. I am scared. And that's OK, I'm allowed to be.
- (1.2.1).1b.1** I'm just doing what I need to do to ensure I live a long healthy life, one where I get to start a family with 'The Boy, reach the stage where we're an embarrassment to our children, make fun of him when he starts to go bald and be thankful that the reconstruction means my boobs don't drop to my knees.
- 1.2.2** Being labelled as brave makes you feel guilty for feeling fear. That you're not living up to expectations.
- 1.2.2.1** Having cancer inspires the opposite of bravery. It instils fear, terror and the desire to run far, far away, stick your head in the sand and pretend nothing is wrong so you won't have to face it.
- 1.2.3** I did not choose to have cancer to prove my balls are bigger than yours. This was never a goal to be conquered, this was not my Everest. I didn't dream of it, train for it, strive to overcome it.

Figure 5.3 Argumentation structure of case study 2

As the structure in Figure 5.3 shows, the article states that we need to change the language that we use to talk about cancer (**1**). This standpoint is supported by two main lines of argumentation, **1.1(n)** and **1.2(n)**. In the former the author expresses her disapproval of 'the language of war' that is so commonly used in relation to cancer, arguing that the implications that underlie this language use are nonsensical ('bullshit'). In **1.2(n)**⁶² it is argued that people need to stop using the word 'brave' and "the euphemistic journey [metaphor]" that abound in conversations about cancer (**1.2(n)**).⁶³ We will first go into the arguments that are provided in support of **1.1**.

Propositions **1.1 - 1.1.1.1.1.1** discuss the metaphor that compares having cancer to a battle. According to the author, this particular metaphor implies that "the

⁶² In the pragma-dialectical approach to argument reconstruction, premises that have been left implicit in the original text but are relevant to the resolution of a difference opinion are added to the structure within parentheses. For more information about the (pragma-dialectical) reconstruction of implicit premises, see van Eemeren et al. (2014) and Gerritsen (2001).

⁶³ While the word 'brave' can apply to many situations in which people withstand adversity, it may be considered to be the epithet of a soldier in war (Annas, 1995, p. 745). The author of the article also considers 'brave' to be part of the 'language of war'. The word 'journey', on the other hand is another commonly used metaphor for cancer that has a different source domain than the domain of violence (see e.g., Semino et al., 2017).

ones who didn't win their battle didn't fight hard enough", which she judges to be untrue. The chain of subordinate arguments **1.1.1** through **1.1.1.1.1.1** demonstrate exactly why she disagrees with this implication. Essentially, the author argues that having cancer is an 'unfair fight' (**1.1.1**). She compares the metaphorical fight against cancer to the biblical story of David against Goliath, the story that describes the archetypal fight between two seemingly unequal opponents. The author contends that 'fighting' cancer is not analogous to the biblical underdog story as "[it] is so much more than [that]" (**1.1.1.1**): against cancer, we are 'flying blind' (**1.1.1.1.1**) – patients can try and 'fight' their disease with the help of modern medicine, doctors, and drugs (**1.1.1.1.1.1**), but there is no definitive cure that can 'guarantee a win' (**1.1.1.1.1.1.1**). Faced with a physically stronger opponent, David relied on other means to achieve his victory on the giant. Cancer patients, on the contrary, are not able to outwit or trick cancer into defeat. Unlike David they have no control over their recovery – modern medicine, doctors and drugs "up [their] chances yes, but won't deliver a definitive cure" (**1.1.1.1.1.1.1**).

The arguments that are provided in support of **1.2** concern a more personal account of the author on why she also specifically resists the word 'brave' and the "euphemistic journey [metaphor]" that are commonly used in discourse about cancer. The first line of supporting arguments for **1.2** form a coordinative argumentation of which (**1.2.1**)**1a** - (**1.2.1**)**1a.1** make up the first part and (**1.2.1**)**1b** - (**1.2.1**)**1b.1** the second part. The implicit argument (**1.2.1**) and arguments (**1.2.1**)**1a** - (**1.2.1**)**1a.1** discuss the author's chances that her cancer will return in relation to her efforts to prevent that from happening: Even though she has done everything that lies within her power to reduce the chance of relapse ((**1.2.1**)**1a.1**), there is still more than a ten percent chance the cancer may recur within ten years ((**1.2.1**)**1a**). In (**1.2.1**)**1b** the author adds that she does not feel 'brave' even though many people call her that; the reason why she does not feel braver than anyone else is because she considers what she is doing is "just [what she needs] to do to ensure [she lives] a long healthy life" ((**1.2.1**)**1b.1**).

Propositions **1.2.2(n)** and **1.2.3** provide further arguments why we should lose the word 'brave' in conversations about cancer. In **1.2.2(n)** it is stated that a consequence of using this word is that it can make patients feel guilty for feeling fear, feelings they are bound to experience because having cancer "instils fear, terror and the desire to run far, far away, stick your head in the sand and pretend nothing is wrong so you won't have to face it". Lastly, the author feels the word 'brave' does not apply to her experience with the disease because having cancer was never a choice or a wish for her to prove her bravery (**1.2.3**).

In conclusion, the article provides a number of reasons why the language we use to talk about cancer needs to be changed. The second part of the article mainly argues why we stop using the word ‘brave’⁶⁴ for cancer patients; the first part of the article principally expresses resistance to the metaphors of ‘battle’ and ‘fight’ and the specific implications these metaphors are argued have. The author supports her resistance in support of **1.1** as well as **1.2** partly by arguing that cancer is not just a ‘fight’ – it is an ‘unfair fight’. Here the author can be said to be extending the metaphor by drawing attention to the fact that fights are not always fair: If one party wins, this does not necessarily mean they fought hard enough or tried hard enough – other factors can play a role too (also see **1.1.1.1(n)** and **(1.2.1.)1a(n)**); in the case of cancer the fact that patients or their healthcare providers do not have the means (or ‘arms’) to stand up to cancer and defeat it completely makes this metaphorical fight a fight between unequal combatants. I.e., addressees are asked to consider other features of the source domain to reinterpret the target issue at hand.

5.4.4 Discussion

The above case studies demonstrated how a detailed argumentative analysis offers a nuanced understanding of how metaphors can be extended in expressions of resistance to these metaphors. The argumentation structures provide detailed insight into the authors’ standpoints and arguments for resisting particular mappings, their arguments for retaining other mappings, and their arguments for interpreting the contested metaphor differently within the same source domain. The analyses also bring to light differences between the two cases when it comes to which parts of the contested metaphors are extended.

In case study 1, the author of the article reflects on what it means to ‘win’ or ‘lose’ the metaphorical fight against cancer. His arguments relate to the fact that participants in a fight can have different objectives – i.e., according to the author, contrary to what the ‘fight’ metaphor implies, quite literally ‘surviving’ is not the only way in which a fight can be won. Figure 5.4 below is a visual representation of how the metaphor of ‘winning the fight against cancer’ is given a novel interpretation by applying it to another target domain situation (“living graciously and courageously with cancer until the very end”):

⁶⁴ In addition, a few references are made to (the inaptness or inappropriateness) of using journey metaphors for cancer.

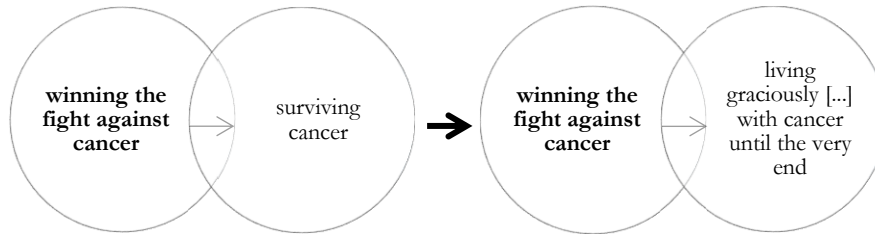


Figure 5.4 Visual representation of metaphor extension: source domain term remains the same; interpretation of what this means in the context of the target domain situation is altered

In the second case study readers of the article are also encouraged to understand the contested metaphor differently. In the article, attention is drawn to the fact that fights are not always fair; moreover, according to the author, the metaphorical fight against cancer should by definition be considered unfair. This is represented visually in Figure 5.5 below:

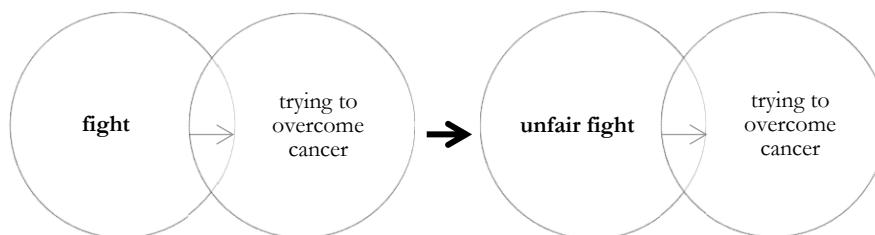


Figure 5.5 Visual representation of metaphor extension: source domain term is modified; target domain situation remains the same

In other words, both case studies draw attention to aspects of the metaphors' source domain that are less commonly considered in the context of cancer. In case study 1, 'winning the fight against cancer' is given a new meaning by applying it to another target domain situation; this example resembles the example of the household metaphor extension used in the experiments by Landau et al. (2017). In case study 2 attention is drawn to an aspect of the source domain of violence that is less often foregrounded in the context of cancer through a specification of the (source domain) term 'fight'. An example that is similar to the one in 2 is discussed in a paper by Barnden (2016). It reads: "The Jerusalem Post ... states that maintaining the delicate

economic equilibrium *isn't merely like walking a tightrope, it's like walking an invisible one*' (p. 448, italics in original). Barnden discusses this as a very specific form of metaphor elaboration or extension⁶⁵ that he calls 'elaborative correction' of metaphor. He notes how such an elaborative correction can be used to strengthen or cancel features of a metaphor's source concept (p. 456). In the example of the tightrope the addition of the adjective 'invisible' intensifies the picture of a difficult situation; in our second case study the addition of the adjective 'unfair' can be said to (be meant to) undo implications of the initial metaphor about 'losing the fight' and 'not having fought hard enough' (see e.g. argument 1.1.1).

It is beyond the purpose of the current paper to delve deeper into all (theoretically) possible variants or patterns of metaphor extension and how they may function as ways to undo undesirable implications of a given metaphor. Comparative analyses of other occurrences of metaphor extension may give further insight into the different variants that may exist; as the current paper has shown, argumentative analyses of such occurrences in resistance to metaphor can improve our understanding of the reasons why metaphors are extended to replace particular implications by alternative ones. Our case studies provided two examples in which extensions of particular violence metaphors for cancer enabled the authors of the texts to replace (allegedly) inappropriate meanings of the contested metaphors by alternative ones.

5.5 Conclusion

This paper sought to examine how language users can use a metaphor extension approach to counter undesirable implications of violence metaphors for cancer without getting rid of these metaphors completely. The paper combined recent findings in metaphor research with two case studies on argumentative resistance to violence metaphors for cancer to explore how these metaphors can be interpreted in such a way that they are in line with language users' (desired) perspective on the disease.

The two case studies examined expressions of resistance to violence metaphors for cancer that demonstrated features of metaphor extension: in both cases violence metaphors for cancer were criticised for implications about the metaphors' target domain, and alternative interpretations were suggested that

⁶⁵ Barnden (2016) discusses (relations between) different phenomena of metaphor use such as *metaphor compounding*, *metaphor replacement*, *metaphor strength-modification*, *unrealistic source-domain situations*, and *metaphor elaboration*. He notes that the latter phenomenon is often referred to as 'metaphor extension by others'.

focused on other, less considered aspects of the contested metaphors' source domain. Instruments from the pragma-dialectical approach to argumentation analysis were used to gain a detailed insight into the precise arguments *against* particular implications of violence metaphors for cancer as well as the arguments *in favour of* alternative interpretations of the contested metaphors. The reconstruction of the argumentation structure in case study 1, for instance, demonstrated different main lines and subordinate levels of argumentation concerning *a)* the author's arguments for resisting a particular metaphorical mapping; *b)* his arguments for retaining other mappings; and *c)* his 'solution' to counter the implications of the contested mapping by extending it.

In sum, the close argumentative analyses in the two case studies provided novel insights about how language users can make use of metaphor extension to try and counteract allegedly undesirable implications of metaphor. Furthermore, the analyses in the two case studies revealed differences in the ways in which the contested metaphors were extended. We argued that these differences might point to different variants of metaphor extension, and that future research might look into this further by comparing different examples of extension in detail.

The current paper first and foremost aimed to demonstrate the added value of closely examining expressions of resistance to metaphor to pinpoint the precise metaphorical implications that are being contested in a given case of resistance as well as the alternative interpretations that proposed by the protagonists of the resistance. The study's findings add to existing knowledge on argumentation about metaphor and resistance argumentation to metaphor in particular. The latter has recently received increased attention in studies examining how and when language users argue against the use of (particular) metaphor(s), and why (e.g., Renardel de Lavalette et al., 2019; Finsen et al., 2021; Wackers, et al. 2020, 2021).

The study's findings also add to the body of research on violence metaphors for cancer. Previous research has shown that violence metaphors for cancer can have different (positive or negative) effects on people who are faced with a cancer diagnosis. For terminal patients, for instance, metaphors to do with "losing the battle" can reflect or reinforce feelings of disempowerment or a negative sense of self (Semino et al. 2018). The current paper has demonstrated how language users can give novel interpretations to metaphors to replace more conventional interpretations they consider to be inappropriate. The findings can be used as a basis for further research on potential practical applications of metaphor extension as a means to counteract undesirable implications of violence metaphors for cancer.

One potential application may lie in methods for coping with cancer. As the research findings of Gustafsson et al. (2019) demonstrated, the use of metaphor can

both articulate and function as part of one's coping process, the latter also including *reinterpretation* of what a metaphor means to the person in question. A possible, to be developed method aimed at helping people assign their own meanings to violence metaphors for cancer might be helpful for people those who experience negative effects of the more conventional implications of violence metaphors for cancer.

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Chapter 6

Conclusion

6.1 Main findings of the dissertation

This dissertation examined argumentative resistance that is expressed against violence metaphors for cancer. Metaphors of this kind, such as ‘she is fighting cancer’ or ‘she lost her battle against cancer’, are widely considered controversial and have attracted considerable research interest in the past decades (e.g., Byrne et al., 2002; Demmen et al., 2015; Hendricks et al., 2018; Semino et al., 2018). Previous research has yielded important insights into the metaphors’ shortcomings, but lacked an analysis of the standpoints and arguments that are expressed against these metaphors in public discourse. The present dissertation addressed this gap in the literature by conducting a close analysis of such argumentative resistance against violence metaphors for cancer.

The dissertation employed concepts and instruments that have been developed within the fields of argumentation research (e.g., van Eemeren & Grootendorst, 1984, 2004) and metaphor research (e.g., Lakoff & Johnson, 1980; Landau, et al., 2017; Semino et al., 2018; Steen, 2015; 2017) in order to map different argumentative and metaphorical features that are involved in resistance to violence metaphors for cancer. The first part of the dissertation, comprising of Chapters 2 and 3, focused on analysing characteristics of two fundamental components of argumentative expressions: standpoints and arguments. The second part of the dissertation, which consists of Chapters 4 and 5, examined resistance against implications of violence metaphors for cancer.

In the remainder of this section, an overview will be given of the main findings of Chapters 2 through 5. The main research implications of the dissertation will be discussed in the subsequent section – Section 6.2. In the final section of this chapter, Section 6.3, the main limitations of this dissertation will be discussed alongside suggestions for future research.

6.1.1 Main findings of Chapter 2

In argumentative discourse, language users can put forward an array of arguments to defend their standpoint on a given issue. The *type of argumentation* they put forward can be determined on the basis of the nature of the justificatory relation that is drawn

between a standpoint and argument. Chapter 2 of this dissertation set out to characterise different types of argumentation that are advanced in argumentative discussions on violence metaphors for cancer, paying specific attention to how these different types of argumentation relate to features of the contested metaphors (*How are violence metaphors for cancer resisted in different types of argumentation?* RQ1).

In order to provide a close analysis of the distinctive characteristics of the argumentation type within the context of discussion, two types of argumentation were singled out for analysis. These types are *pragmatic argumentation* and *symptomatic argumentation*. In pragma-dialectical argumentation theory, pragmatic argumentation is characterised by a standpoint that a particular action should (not) be performed and a supporting premise that says that the action leads to an (un)desirable situation (van Eemeren et al., 2007). In argumentation that is symptomatic, “a property, class membership, distinctive characteristic, or essence of a particular thing, person, or situation” is mentioned to imply that “this thing, person or situation also has the characteristic property that is ascribed to it in the standpoint” (van Eemeren et al., 2007, pp. 154-155).

By means of four case studies it was demonstrated how instances of resistance featuring symptomatic argumentation were concerned with the quality of the underlying mappings between the domains of cancer and violence, whereas in instances of resistance based on pragmatic argumentation, the resistance pertained to negative consequences following the use of violence metaphors in relation to cancer. As the expressions of resistance in the case studies were triggered by different metaphors – pertaining to target domain situations –, the characterisation of symptomatic and pragmatic resistance argumentation also highlighted similarities between the instances of resistance. The case studies demonstrated, for instance, how metaphors referring to the ‘fight’ for a cancer cure may be resisted by the same types of argumentation as metaphors describing cancer patients’ experiences with cancer in terms of a ‘fight’.

In sum, the identification of different types of argumentation in actual instances of resistance to violence metaphors for cancer shed light on different aspects of metaphor use that give rise to resistance against these metaphors. For the cases of symptomatic argumentation this concerned the aptness of metaphorical mappings; for the cases of pragmatic argumentation, this concerned negative consequences that were argued to follow from the contested metaphors’ use in relation to cancer. Both argumentation types were used similarly for violence metaphors that described different target domain situations. Taken together, the findings provide novel insights into the metaphor’s contentious status by illustrating how violence metaphors for cancer are resisted in instances of pragmatic

argumentation as well as symptomatic argumentation. Additionally, the chapter's case studies demonstrate the value of a close analysis of both the argumentation that is provided in resistance and the metaphors that are subject to resistance.

6.1.2 Main findings of Chapter 3

Chapter 3 sought to provide an in-depth analysis of the standpoints language users may hold against violence metaphors for cancer. From an argumentation-analytical perspective, standpoints can be analysed for a range of different features, varying from their propositional content to the nature of their proposition. The same holds for standpoints that have the same subject of discussion such as the shortcomings of violence metaphors for cancer: such standpoints too can be characterised on the basis of their distinctive features, including the type of proposition they express or a particular kind of metaphor use they take issue with.

In the literature on violence metaphors for cancer, an analysis of standpoints against these metaphors had been lacking. Chapter 3 addressed this gap in the literature by mapping characteristics of standpoints language users put forward in discussions on violence metaphors for cancer. The analysis was focused on two aspects, namely the type of propositions that may be expressed in resistance standpoints (*Which type of propositions are expressed in standpoints of resistance against violence metaphors for cancer?* RQ2a) and the dimensions of metaphor use that may be addressed in resistance standpoints (*Which dimensions of metaphor are addressed in standpoints of resistance against violence metaphors for cancer?* RQ2b).

The first part of the analysis, addressing research question 2a, drew on the distinction between evaluative, descriptive, and prescriptive standpoints that is adhered to in Pragma-dialectics (van Eemeren et al., 2008). The analysis demonstrated how resistance standpoints in actual language data can take the form of each of these standpoint types. That is to say, the cases featured examples of evaluative resistance standpoints expressing a negative judgement of violence metaphors for cancer; descriptive resistance standpoints describing factual observations concerning the contested metaphor use; and prescriptive standpoints discouraging the use of violence metaphors in relation to cancer. In relation to these findings it was discussed how each of these standpoint types has a different bearing on the protagonists' burden of proof – or on the forms of support they typically receive. It was pointed out, for instance, how resistance standpoints that are prescriptive in nature are usually supported by arguments that are not only meant to change an antagonist's subjective opinion (e.g., 'the metaphor that compares cancer

to a ‘battle’ is inappropriate’) but is also put forward to change the antagonist’s future behaviour (e.g., ‘we should stop using this metaphor that is inappropriate’).

The second part of the analysis examined whether standpoints of resistance to violence metaphors for cancer may be directed at (one or more) dimensions of metaphor use that are distinguished within Deliberate Metaphor Theory (DMT, Steen 2015, 2017). The analysis of actual language data demonstrated how standpoints of resistance to violence metaphors for cancer may indeed contain references to particular dimensions of metaphor use. In these cases, a specific metaphor dimension was found to play a more prominent role compared to the other dimensions: Some standpoints were specifically directed at the way in which violence metaphors are used to talk about cancer (which corresponds with the *linguistic dimension* of metaphor use). In other cases, the standpoints were more specifically focused on the role of violence metaphors in thinking about cancer (corresponding with the *conceptual dimension* of metaphor use). In another set of cases, standpoints of resistance more specifically took issue with the metaphors’ mechanism of (indirect) comparison, thereby drawing attention to metaphors’ source domain (the *communicative dimension* of metaphor use). A final set of standpoints could not be straightforwardly categorised for referring to a specific metaphor dimension: these standpoints lacked clear keywords on the basis of which the resistance could be connected to a particular metaphor dimension. This was argued to be potentially due to the fact that in these cases there was not one dimension functioning as the primary focus of the resistance, or because it was not made specific in the formulation of the standpoint that a particular dimension of metaphor was being resisted.

In sum, the analysis of resistance standpoints shed light on the different negative positions language users may hold towards violence metaphors for cancer and which usages of metaphor – in language, thought, or communication – may be addressed in resistance standpoints. These insights contribute to the larger body of research on violence metaphors for cancer that lacked an account of the different standpoints that are advanced against violence metaphors for cancer. Lastly, the analysis demonstrated the added value of a combined metaphor- and argumentation-theoretical approach to the analysis of resistance standpoints, rendering a more detailed account of resistance to violence metaphors for cancer compared to an exclusively argumentation-theoretical or exclusively metaphor-theoretical approach.

The findings of Chapters 2 and 3 offered a multifaceted picture of different types of argumentation and negative standpoints language users express against violence metaphors for cancer. The second part of this dissertation sought to further increase our knowledge of resistance to violence metaphors for cancer by examining cases of

resistance that object to particular implications of violence metaphors for cancer. The research angle of these chapters was prompted by the observation that such implications are an important source of resistance (Chapter 4) and that these implications can be countered by drawing attention to aspects of violence metaphors for cancer that are generally less considered (Chapter 5).

6.1.3 Main findings of Chapter 4

Chapter 4 analysed arguments that are expressed against the implication ‘if a patient fights hard enough, they will win the battle against cancer’. More precisely, the analysis concentrated on arguments against a presumed causal relation between patients’ efforts to ‘fight’ cancer and ‘winning the battle’ against the disease. An important reason for studying such arguments in close detail is that its underlying notion – namely that cancer patients have an influence on the outcome of the figurative battle against cancer – lies at the heart of critical discussions on violence metaphors for cancer. Moreover, previous research has in fact shown that it can be particularly harmful for cancer patients if they believe they should have been able to ‘win the battle’ but they failed to do so *due to their own fault* (Semino et al., 2018).

By analysing resistance against the implication ‘if a patient fights hard enough, they will win the battle against cancer’, the chapter sought to provide insight in the kind of arguments that are put forward in resistance to this particular implication (*How may implications of violence metaphors be resisted argumentatively?* RQ3). The analysis was guided by instruments and theoretical concepts from Pragmadiagnostics (van Eemeren & Grootendorst, 1984; 2004). In addition, the chapter drew on previous research on violence metaphors for cancer in order to better understand what may have caused the notion that ‘if a patient fights hard enough, they will win the battle against cancer’ to become a conventional implication of violence metaphors for cancer.

First, a theoretically motivated characterisation was proposed of three kinds of arguments that may be raised against the implication that ‘if a patient fights hard enough, they will win the battle against cancer’. This categorisation was based on a set of criteria that are normally used for the evaluation of causal argumentation, but which were shown to be applicable for assessing non-argumentative causal relations as well. Using these criteria as a starting point, it was argued that resistance to the aforementioned type of implication can be directed at one or more of the following issues: 1) there is no relation of causality between the ‘fighting’ efforts of the patient and the eventual outcome of their disease – not even a contributory causal effect; 2) the ‘fighting’ that is done on the part of the patient is not a sufficient cause for the

‘battle’ to be ‘won’ as there are other factors that also need to be present in order for this result to occur; 3) ‘winning the battle’ can also be caused by other factors than the ‘fighting’ that is done by the patient, which makes their ‘fighting’ not a necessary cause for the result to occur.

Subsequently, a close analysis of examples of resistance from actual language data demonstrated how the previously described issues can be found reflected in argumentative discussions on violence metaphors for cancer. The examples that were selected for analysis each took issue with a causal relation that was assumed to underlie the implication that ‘if a patient fights hard enough, they will win the battle against cancer’. Each of the analysed examples contained arguments against the notion that patients’ efforts to ‘fight’ cancer would be *all that is needed* for a patient to ‘win the battle’, which can be considered direct responses to the word ‘enough’ in the contested implication. They differed on two other issues – i.e. whether a causal relation between ‘fighting’ and ‘winning’ exists at all, or whether ‘fighting’ can be contributory or necessary to achieving ‘victory’ in the figurative battle against cancer.

In conclusion, the analysis of examples of resistance showed how different arguments against the implication that ‘if a patient fights hard enough, they will win the battle against cancer’ that can be distinguished on a theoretical basis can also be identified in actual language data. Furthermore, the analysis of the examples of resistance demonstrated that there is indeed a variation in arguments against the aforementioned implication; because the contested implication specifically reads that that ‘if a patient fights hard *enough*, they will win the battle against cancer’, however, it may primarily trigger resistance on the issue of sufficiency.

In the discussion of the analysis, the above observations were related to previous research that indicated that different uses of violence metaphors can reflect different degrees of agency on the part of the cancer patient (Semino et al., 2018). On the basis of the analysis’ findings it was argued that conventional usages of violence metaphors for cancer may attribute a larger degree of agency to cancer patients than they actually have (or are thought to have by protagonists of resistance). In other words, by implying that ‘if a patient fights hard enough, they will win the battle against cancer’ patients are made *responsible* for the eventual outcome of their disease, which is likely not in line with the thoughts and beliefs of society at large and may concern a main trigger for resistance to the metaphor’s implication. The argumentative analysis of resistance demonstrated that the implication may in fact trigger different arguments depending on the resister’s perception of the specific type of causal influence ‘fighting’ cancer may – or may not – have on the outcome of battle.

6.1.4 Main findings of Chapter 5

Chapter 5 examined instances of resistance against implications of violence metaphors for cancer in which alternative interpretations of these metaphors are proposed. More specifically, it examined how language users may argue to *extend* violence metaphors for cancer in order to replace undesirable implications by more desirable ones (*How can implications of violence metaphors for cancer be countered through metaphor extension?* RQ4). In the literature on metaphor, metaphor extension has been defined as a mechanism by means of which attention is drawn to aspects of the metaphors' source domain that are less commonly considered, in order to make recipients consider the metaphor and its target domain in another light (Landau et al., 2017).

The relevance of examining metaphor extension in relation to resistance to metaphor largely follows from findings in Chapter 4 of this dissertation. Chapter 4 analysed instances of resistance where implications of violence metaphors for cancer concerned the main focus of resistance; the chapter also touched upon the fact that violence metaphors need not be interpreted to carry these particular implications. Indeed, metaphors that compare having cancer to a 'battle' do not necessarily imply that those who fight hard enough, will win the figurative battle – even though these metaphors are often interpreted in this way. Metaphor extension can be a useful manner to highlight those aspects of the source domain of violence that lead to other, potentially more desirable type of implications.

Chapter 5 provided an in-depth analysis of two opinion articles on violence metaphors for cancer in which implications of these metaphors were resisted and alternative interpretations were proposed instead. By means of pragma-dialectical tools for argument reconstruction, the analysis demonstrated the underlying structures according to which the arguments in the opinion articles were organised. The structures showed the different main lines and subordinate levels of argumentation on which the resistance was based. Further analysis of the arguments highlighted a number of similarities and dissimilarities between the analysed cases. In both cases, attention was drawn to aspects of the metaphors' source domain that are not typically considered in relation to the target domain of cancer, namely *a)* that battles can be won in different ways depending on one's goals, and *b)* that battles or fights can be unfair, meaning that they are not necessarily won by the party that fights hardest.

The cases differed as to the precise manner in which the contested metaphors were extended. In one of the two articles the meaning of a particular metaphorical mapping was reinterpreted by applying it to another target domain

situation (namely: someone can ‘win’ by becoming cancer-free, but someone can also ‘win’ by living courageously with cancer until the end of their life), while the second opinion article drew attention to an alternative aspect of the source domain of violence through a specification of a source domain term (i.e., having cancer may be a ‘fight’, but it is an ‘unfair fight’). The first variant most resembles the examples of metaphor extension provided by Landau et al. (2017); the second variant shows characteristics of a subtype of metaphor extension – ‘elaborative correction of metaphor’ – discussed by Barnden (2016).

In sum, Chapter 5 demonstrated different ways in which language users may express resistance to violence metaphors for cancer without rejecting these metaphors altogether. The analysis showed how arguments against undesirable implications of violence metaphors for cancer can be accompanied by arguments in favour of considering alternative aspects of the metaphors’ source domain. Furthermore, a comparative analysis of the case studies demonstrated that different variants of metaphor extension may be applied in order to draw recipients’ attention to aspects of the metaphors’ source domain that are generally less-considered. As in previous chapters, the findings of analysis in Chapter 5 are the result of a joint argumentation- and metaphor-analytical approach to the examination of resistance to violence metaphors for cancer.

6.2 Research implications

Taken together, the chapters of this dissertation provide a thorough account of argumentative resistance that is expressed to violence metaphors for cancer. The dissertation’s findings also have a number of implications for future research. Below, an overview will be given of the main implications for research on violence metaphors for cancer, and for research in the fields of metaphor studies and argumentation studies in general.

6.2.1 Implications for research on violence metaphors for cancer

The controversial status of violence metaphors for cancer has been addressed in previous research. The present dissertation, however, is the first that has examined argumentative resistance that is expressed to violence metaphors for cancer. Where previous research demonstrated the (potential) shortcomings of these metaphors, the present dissertation shows that ordinary language users also recognise the metaphors’ shortcomings, and that they express a large variety of standpoints and arguments against these metaphors in public discourse.

The dissertation's findings have laid the foundation for a nuanced view of resistance to violence metaphors for cancer in public discourse. In theory, the strongest form of resistance to violence metaphors for cancer concerns a blanket rejection of all violence metaphors for cancer on the basis of their harmful implications (also consider Sontag's (1978) claim for a 'metaphor-free' view on illness and disease). The analysis of resistance examined in this dissertation, however, demonstrated that resistance against violence metaphors for cancer is much more multifaceted. Case studies showed that resistance to violence metaphors for cancer can be motivated by various arguments, and that different metaphorical features can feed into resistance. Moreover, case studies demonstrated that arguments for resistance do not necessarily lead language users to conclude that these metaphors should be avoided altogether.

Indeed, the dissertation's analysis of resistance to violence metaphors for cancer showed that such resistance may involve different levels of rejection of the contested metaphors: for some protagonists of resistance, arguments against violence metaphors for cancer lead to the (prescriptive) standpoint that these metaphors should no longer be used. For other protagonists of resistance, expressions of resistance are meant to convince others that conventional implications of these metaphors need to be reinterpreted. As a third and final example, another group of protagonists may primarily seek to make others aware of metaphorical mappings that are inappropriate in certain contexts of use, leaving it up to the recipients to draw any further conclusions on this. In sum, resistance may concern different arguments and different standpoints relating to different metaphorical properties or contexts of use.

The dissertation's analysis of instances of resistance in which violence metaphors for cancer are extended also showed that protagonists of resistance do not necessarily prefer alternative source domains over the source domain of violence: in such cases of resistance where language users extend violence metaphors for cancer, the source domain of violence was retained but attention was drawn to other aspects of the source domain that are generally less-considered. The finding that violence metaphors for cancer can – and are – extended adds to previous research on violence metaphors for cancer that has stressed the need for a sensitive approach to communication about cancer in order to circumvent the detrimental effects of violence metaphors for cancer (e.g., Macmillan Cancer Support, 2018; Semino et al., 2017; 2018). In such research, one suggested way of improving communication between cancer patients and health professionals is to train health professionals to notice and attend to patients' metaphors: if health professionals observe patients using violence metaphors that are potentially harmful – for instance when patients

say they are feeling such a failure that they are not winning the battle’ – health professionals can encourage these patients to adopt *other metaphors* that work positively for them (Semino et al., 2017, p. 65).

The dissertation’s findings on metaphor extension suggest that patients who do consider their illness experience to be similar to a ‘battle’ may also be encouraged to think of alternative interpretations of ‘losing’ or ‘winning’ the figurative battle against cancer. In this way, the detrimental effects that may arise if these patients may feel they are ‘losing the battle’ due to their own fault could be circumvented too. The same holds for patients who resist violence metaphors for cancer but who nevertheless encounter these metaphors on a frequent basis: by attaching their own interpretations to these metaphors, they might have less negative associations with these metaphors that are so commonly used in discourse about cancer.

6.2.2 Implications for metaphor research

The dissertation’s findings also have a number of implications for the field of metaphor research. A first implication is related to the fact that argumentative resistance to metaphor concerns a relatively novel object of study. Previous literature on metaphor has discussed how language users may “point out, and call into question, the boundaries of our everyday metaphorical understandings of important concepts” (Lakoff & Turner, 1989, p. 69) or how different metaphoric elements within a text can call each other into question (Koller, 2008). Furthermore, previous studies have made mention of less desirable aspects of metaphor (e.g., Goatly, 2007; Lakoff, 1996; Musolff, 2004) and disadvantages to using particular metaphors depending on their function in a given context (Semino et al., 2015). In the aforementioned publications, however, no detailed attention was paid to the fact that metaphors can also be a central point of discussion.

The question how language users may resist metaphor by means of argumentation has appeared on the academic agenda only recently, with the first publications on this topic only having been published in the past few years (e.g., Finsen et al., 2021; Renardel de Lavalette et al., 2019, and van Poppel & Pilgram, 2023). These publications have provided first and fundamental insights into the ways in which metaphors are received and critically reflected upon in different domains of discourse. The present dissertation contributes to this strand of research by providing a comprehensive account of resistance that is specifically directed at violence metaphors for cancer, using insights from the field of argumentation research as well as metaphor research.

Throughout the dissertation it is demonstrated how the frameworks for argumentation analysis and metaphor analysis are compatible in the analysis of metaphor as object of resistance. As discussed previously, the dissertation's findings also show that the frameworks for argumentation analysis and metaphor analysis can be fruitfully elaborated on the basis of the dissertation's findings. For the metaphor-analytical framework, this particularly applies to research that is done on dimensions of metaphor use (within DMT) and on metaphor extension.

In this dissertation, DMT was used to characterise different resistance standpoints. This concerned a novel application of DMT, which has been originally developed for the analysis of metaphor use in text and transcripts of talk. The dissertation's case studies on resistance standpoints demonstrated that each of the metaphor dimensions distinguished within DMT may also be identified in critical responses to metaphor use. In an analysis of actual instances of resistance, particular keywords indicated that some instances of resistance were focused on one specific dimension of metaphor use more than another. The findings of the analysis add to one of the main tenets of DMT, which is that all metaphor use has a linguistic, conceptual, and communicative dimension and that all metaphor use can be described as related to those dimensions (Steen, 2017, p.4). In other words, the analysis demonstrated that these dimensions can also be found reflected in *critical responses to metaphor use* – and not only in *metaphor use*, which has been the primary focus of research within the framework of DMT.

Lastly, the dissertation's case studies on metaphor extension in expressions of resistance to violence metaphors for cancer demonstrated that language users propose novel interpretations of the metaphors in order to replace conventionalised and undesirable implications. In the cases, metaphors were extended by calling attention to a less considered aspect of the source domain of violence, or by emphasizing that conventional mappings can also be interpreted in another way. Both types were considered to fall under the definition of metaphor extension adhered to in the analysis, yet they clearly differed from one another. This finding point to the opportunity of performing further analyses of argumentative resistance to metaphor in order to gain a more detailed understanding of the different mechanisms by means of which metaphors can be extended.

6.2.3 Implications for argumentation research

Implications for the field of argumentation research resemble the previously discussed ones for the field of metaphor research. That is to say, implications are related to the fact that resistance to metaphor concerns a relatively novel object of

study, and that the dissertation used a novel combination of approaches in the analysis of this phenomenon.

Within argumentation research, metaphor has mostly been studied as a rhetorical figure; only a relatively small group of studies within the field have attributed some argumentative function to metaphor (van Poppel, 2021). The latter include studies on the use of metaphor in analogy argumentation (e.g., Garssen & Kienpointner, 2011; Perelman & Olbrechts-Tyteca, 1969; Pielenz, 1993; Reboul, 1989) and studies on the different types of propositions metaphors can form part of (e.g., Oswald and Rihs, 2014; Pielenz, 1993; Santibáñez, 2010; Wagemans, 2016; Xu & Wu, 2014) (van Poppel, 2021, p. 191).

Only with the rise of recent publications on resistance to metaphor, academic attention has been paid to the fact that metaphors are subject to argumentative resistance. (e.g., Finsen et al., 2021; Renardel de Lavalette et al., 2019; van Poppel & Pilgram, 2023). These publications seek to provide answers to the question how language users may resist metaphors by means of argumentation. As such, they contribute to a broadened conception of metaphor in argumentation research. The present dissertation takes part in this research effort by providing a thorough account of argumentative resistance that is expressed against violence metaphors for cancer.

Moreover, this dissertation has shown that different features of violence metaphors for cancer trigger resistance among language users – including typically implicit properties such as the implications they are interpreted to carry. The importance of examining the resistance that is directed at these implicit properties can be seen most clearly in the dissertation’s analysis of resistance to the implication that ‘if a patient fights hard enough, they will win the battle against cancer’ (Chapter 4). Even though several studies on the metaphors’ limitations have shown that cancer patients may experience feelings of shame or guilt if they consider themselves *unsuccessful* at ‘fighting’ their disease, no previous research had paid attention to the precise objections that are held against these metaphors. The dissertation’s analysis of resistance to the aforementioned implication highlighted the value of conducting an argumentative analysis of resistance in order to uncover and examine the grounds on which language users object to the metaphors’ implications. The analysis demonstrated that violence metaphors are interpreted to suggest that cancer patients have a certain influence on the outcome of their figurative battle against cancer; arguments against this implicit suggestion took issue with the discrepancy between this image that is painted by the metaphor of cancer as ‘battle’ versus the actual situation cancer patients are faced with. Importantly, the analysis showed that language users’ objections to what is taken to implicitly be suggested by violence

metaphors for cancer are made explicit in argumentative discussions of these metaphors; by means of an argumentative analysis of such discussions, the precise arguments could be reconstructed and interpreted.

Lastly, the dissertation has shown that conventional argumentation analytical tools are highly compatible with an analysis of metaphor. The joint application of argumentation- and metaphor-analytical instruments offered fruitful insights into metaphor and its role in argumentation. Furthermore, findings that were brought about by the combination of the two analytical frameworks shed novel light on concepts that have been developed within pragma-dialectical argumentation theory. The analysis of arguments against the implication that ‘if a patient fights hard enough, they will win the battle against cancer’ was guided by a set of pragma-dialectical evaluation criteria that are typically used to assess the soundness of the justificatory relation that underlies instances of causal argumentation. Earlier research on the conventional validity of argumentation-theoretical evaluation criteria has shown that language users who have not been trained in argumentation theory are able to apply criteria in the evaluation of (causal) argumentation that are similar to those defined within argumentation theory (van Eemeren et al., 2009; Schellens et al., 2014). The analysis of resistance in Chapter 4 adds to these findings that language users can apply these criteria in order to assess non-argumentative propositions as well: in the instances of resistance analysed, the criteria could be found reflected in language users’ critical response to implications that were interpreted to be carried by violence metaphors for cancer.

6.3 Limitations and suggestions for future research

The findings of this dissertation provide important insights into manners in which violence metaphors for cancer are resisted, and on what grounds. The findings also raise several issues that could be addressed in future research. In this section the main limitations of the dissertation will be discussed alongside suggestions for future research.

This dissertation examined resistance to violence metaphors for cancer through a close analysis of actual language data. This approach was useful for gaining detailed insight into the different (argumentative) components and (metaphorical) features that are involved in resistance to violence metaphors for cancer. Future research on larger datasets can build on the dissertation’s findings to further increase our understanding of resistance that is expressed against violence metaphors for cancer. Such research might also examine the phenomenon from a quantitative perspective – by examining, for instance, the frequencies with which different types

of argumentation and standpoints occur in a given communicative activity type (compare Chapters 1, 2, respectively), or whether given implications of violence metaphors for cancer are resisted more than others (Chapter 3), or whether particular (prototypical) patterns of metaphor extension may occur in resistance to violence metaphors for cancer (Chapter 4).

Moreover, the scope of future research on resistance to violence metaphors for cancer – and resistance to metaphor more generally – could be expanded in a number of different ways. First, relating to the *metaphors* that are subject to resistance: future research could conduct a systematic analysis of resistance to other types of violence metaphors for cancer than the ones that stood central in this dissertation. The present dissertation was primarily focused on resistance to a specific subset of violence metaphors for cancer, namely violence metaphors that are conventionally used to describe cancer patients' experiences in terms of violence (also see Chapters 1 and 2). Only Chapter 2 examined expressions of resistance against violence metaphors that are used for describing two distinct target domain situations. In Chapter 2 it was also noted that the propositional content of resistance may be expected to differ depending on the specific target domain situation a contested metaphor is used for. That is to say, the 'winning' vs 'losing' aspect of a metaphorical battle against cancer might be subject to resistance more often when used in reference to cancer patients' confrontation with the disease compared with such references in descriptions of the 'battle' for a cure. Future research could examine which metaphorical expressions are (typically) resisted in relation to which particular target domain context. A careful design of such an analysis should account for the fact that some metaphorical expressions might be more commonly used in the one context than the other, such as the metaphor of 'war' that is most often used to refer to medicine's quest for a cancer cure.

Second, regarding different *argumentation types*: Chapter 2 mapped characteristic features of two types of argumentation that are put forward in resistance to violence metaphors for cancer. These concerned pragmatic and symptomatic argumentation. Focusing on these two types of argumentation allowed for a close analysis of their distinctive features within the context of resistance to metaphor. From the analysis, however, no conclusions could be drawn on matters such as the incidence of resistance or prototypical patterns of resistance in public discourse. A different type of study will be needed to give insight into such matters. Furthermore, future research might examine the potential occurrences of other types of argumentation that are distinguished in the argumentation-theoretical literature. Such research may further increase our understanding of the resistance that is elicited by violence metaphors for cancer,

potentially providing insight into yet other metaphorical aspects that may elicit resistance.

Third, as to different *standpoints* of resistance: The case studies in Chapter 3 demonstrated how standpoints of resistance to metaphor can be characterised in terms of the nature of their proposition and the contested metaphors' dimension of metaphor use. The cases studies featured examples of resistance to violence metaphors for cancer from actual language data that fit within these categories. Furthermore, the case studies constituted examples of how a combined metaphor-and argumentation-analytical approach can improve our understanding of the precise negative points of view language users hold towards particular metaphors and their conventional usages in language, thought, and communication about cancer. A future analysis of this type could examine whether particular dimensions of metaphor resistance standpoints are more often addressed in resistance standpoints than others (e.g., *do language users more often make references to usages of metaphor in language compared to thought when resisting violence metaphors for cancer?*), or whether the nature of the proposition holds a connection to the metaphor dimension that is addressed (e.g., *do language users use a particular standpoint type more often than another when they oppose to the usage of violence metaphors in language, thought, or communication about cancer?*)

Fourth, regarding analysis of conventionalised *interpretations* of violence metaphors for cancer and their implications: Chapter 4 demonstrated that resisters provide different arguments against the implication that 'if a patient fights hard enough, they will win the battle' depending on the type of causal effect they assume 'fighting' to have on 'winning the battle' – if any at all. Future research might examine how different interpretations of what 'fighting' cancer means might feed into (different standpoints or arguments of) resistance. That is to say, while 'winning' and 'losing' the figurative battle against cancer are conventionally used to refer to situations in which a patients does or does not recover from cancer, respectively, the metaphor of 'fighting' cancer may refer to several types of activities in different contexts or instances of metaphor use. Future studies could provide insight into language users' precise interpretations of what 'fighting' cancer means; subsequently, it may be examined which potential consequences these different interpretations have for the resistance they (may or may not) elicit.

Fifth, regarding *metaphor extension*: Chapter 5 demonstrated that language users can make use of different approaches of metaphor extension in order to try and counteract undesirable implications of metaphor. Future research could examine whether there are more ways in which contested metaphors can be extended, potentially involving variants of metaphor extension that have been discussed in

previous literature on metaphor or variants that have not been recognised in the previous literature.

Another suggestion for future research applies to the application of analytical framework throughout the dissertation. As to Pragma-dialectics, this dissertation has made valuable use of the standard pragma-dialectical approach in order to gain insight into the standpoints and arguments that are put forward in critical discussions on violence metaphors for cancer. Future research might use the extended pragma-dialectical approach to explore how protagonists of resistance may strive to advance reasonable argumentation whilst also aiming to effectively convince an antagonist of the acceptability of their standpoint (by means of *strategic manoeuvring*, see e.g., van Eemeren, 2010). Such research can provide insight in the manners in which protagonists of resistance try to be rhetorically effective – and the extent to which their argumentation is dialectically reasonable.

As to the analytical framework for metaphor analysis, the dissertation has benefited from several theoretical and empirical research findings on metaphor. Research on DMT proved to be of particular value for analysing different standpoints of resistance. Additionally, research on metaphor extension guided the analysis that sought to gain insight into the manners in which language users can counter undesirable implications of violence metaphors for cancer. Future research may use a wealth of other approaches that provide insight into features of metaphor that may play a role in the resistance metaphors elicit. Furthermore, tools for cross-linguistic metaphor analysis might be employed to examine how resistance against violence metaphors for cancer in English discourse compares to resistance that is expressed to equivalents of these metaphors in other (Indo-European) languages (see e.g., Gustafsson et al., 2019; Magaña & Matlock, 2018, for studies on violence metaphors for cancer in Swedish and Spanish, respectively).

A final suggestion for future studies is to examine whether the dissertation's findings on metaphor extension might contribute to the development of practical applications for improved communication about cancer – specifically, whether metaphor extension can be used to help patients counteract undesirable implications of violence metaphors for cancer and lead to a decrease of the metaphors' harmful effects. As has been argued and demonstrated throughout the dissertation, it may be infeasible as well as undesirable to try and avoid using violence metaphors for cancer altogether. One possible way in which recipients of the metaphor may be less prone to the metaphors' detrimental effects is to assist them in attaching their own meanings to violence metaphors for cancer. While it is beyond the aim of the present dissertation to develop or provide practical suggestions for improved

communication about cancer, its findings may have provided a first basis for exploring such options.

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Summary

Argumentative resistance to violence metaphors for cancer. An analytical study of argumentation against metaphor

Violence metaphors are highly conventional in English discourse about cancer, and they are widely considered controversial too. Previous research has shown that their usage in cancer discourse can have various detrimental effects on people who are affected by the disease. The ‘lost battle’ metaphor, for instance, can trigger feelings of guilt and low self-esteem among cancer patients who may not be able to ‘defeat’ cancer. Yet also well-meant words of encouragement, emphasizing that cancer patients are ‘fighters’ who will ‘beat’ cancer, can have negative effects on patients’ emotional well-being if the imagery does not correspond with their actual illness experience.

The controversial status of violence metaphors for cancer has not only been addressed in the academic literature – it is also reflected in public discourse, where language users express their resistance to these metaphors by means of argumentation. Such expressions of resistance provide insight into language users’ negative points of view regarding these metaphors as well as the arguments on which their views are based. An analysis of these expressions, however, has been lacking. The present dissertation addresses this gap in the literature by conducting a close analysis of the standpoints and arguments that are provided against violence metaphors for cancer in public discourse. The dissertation’s analysis is guided by the pragma-dialectical approach to argument analysis and approaches to metaphor analysis that are grounded in cognitive linguistics. By combining instruments and concepts from these analytical frameworks, it aims to offer a first, thorough account of resistance to violence metaphors for cancer.

Chapter 2 is focused on the analysis of different types of argumentation in resistance to violence metaphors for cancer. Two types of argumentation are central in the analysis: pragmatic and symptomatic argumentation. Case studies demonstrate how these two types of argumentation can pertain to different aspects of the contested metaphors. For the cases in which symptomatic argumentation is used, this principally concerns the aptness of metaphorical mappings between cancer and violence; in the cases of resistance featuring pragmatic argumentation, the resistance mainly relates to the negative consequences that are argued to follow from the contested metaphors’ use. The case studies also demonstrate how the

aforementioned difference between argumentation types applies to instances of resistance that are directed at different violence metaphors for cancer – referring to different target domain situations.

Chapter 3 characterises different standpoints that are expressed against violence metaphors for cancer. The analysis demonstrates that resistance standpoints can be of descriptive, evaluative or prescriptive nature, and that resistance standpoints can contain references to particular dimensions of metaphor use. More specifically, resistance standpoints are shown to vary according to whether a standpoint is meant to convince antagonists of *the validity of an opinion, the truth of a fact, or the necessity to undertake a certain course of action*. In addition, the analysis shows how resistance standpoints can vary depending on whether the resistance objects to *conceptualising* cancer in terms of the source domain of violence, *talking* about cancer by means of violence metaphorical expressions independent of the underlying cross-domain comparison between source and target domains, or *communicating* about cancer in such a way that the source domain of violence functions as a distinct referent in the meaning of a metaphorical utterance. Taken together, the findings contribute to a more comprehensive understanding of the negative points of view language users may hold against violence metaphors for cancer.

Chapter 4 examines how implications of violence metaphors may be resisted argumentatively. More precisely, it seeks to offer insight into language users' critical reflections on the metaphors' implications, as well as the arguments because of which these implications are deemed to be inappropriate. The chapter proposes a theoretically motivated characterisation of arguments that can be raised against the implication that *'if a patient fights hard enough, they will win the battle against cancer'*. This characterisation, based on a set of criteria that has been originally developed for the evaluation of causal argumentation, distinguishes between arguments that may be directed at one or more of the following issues: 1) there is no relation of causality between the 'fighting' efforts of the patient and the eventual outcome of their disease – meaning that these efforts also do not have a contributory causal effect; 2) the 'fighting' that is done on the part of the patient is not sufficient for the 'battle' to be 'won' as there are other factors that also need to be present in order for this result to occur; 3) 'winning the battle' can also be caused by other factors than the amount of 'fighting' that is done by the patient, which makes their 'fighting' not a necessary cause for the result to occur. Analysis of actual language data demonstrates that language users do raise (one or more of) the above issues when expressing resistance to the implication that *'if a patient fights hard enough, they will win the battle against cancer'*.

Chapter 5 examines expressions of resistance in which undesirable implications of violence metaphors for cancer are countered by means of metaphor extension. In such instances of resistance, the metaphors' source domain is retained but attention is drawn to less considered aspects of the metaphors' source domain. Two case studies demonstrate how resistance against implications of violence metaphors for cancer can be combined with arguments in favour of alternative interpretations of the contested metaphors. Furthermore, the case studies demonstrate differences in the ways in which metaphors can be extended. In one of the cases, the meaning of a particular metaphorical mapping is reinterpreted by applying it to another target domain situation (i.e., "winning the battle against cancer' may not only refer to patients becoming cancer-free, but also to patients living courageously with cancer until the end of their life"), whereas in the second case, attention is drawn to an alternative aspect of the source domain of violence through a specification of a source domain term (i.e., "having cancer is not a 'fight' that is one by whichever party fights hard enough, it is an unfair 'fight'").

In sum, the dissertation's findings contribute to an improved understanding of the limitations of violence metaphors for cancer by providing insight into the grounds on which the metaphors are resisted. The findings indicate that resistance against violence metaphors for cancer is multifaceted; furthermore, they provide evidence of language users' ability to reinterpret conventional meanings of metaphor in order to counter undesirable and potentially harmful implications. The dissertation also demonstrates the value of combining theoretical and empirical knowledge on argumentation and metaphor in order to gain a better understanding of the ways in which violence metaphors for cancer are received and reflected upon in public discourse.

Samenvatting

Argumentatieve weerstand tegen het gebruik van geweldmetaforen in relatie tot kanker. Een analytische studie van argumentatie tegen metaforen

Geweldmetaforen zijn sterk geconventionaliseerd in Engelstalige discussies over kanker. Tegelijkertijd worden deze metaforen door velen als controversieel beschouwd. Eerder onderzoek heeft aangetoond dat het gebruik van geweldmetaforen verschillende nadelige invloeden kan hebben op mensen die door kanker getroffen zijn. De metafoor die overlijden ten gevolge van kanker omschrijft als een ‘verloren strijd’ kan bijvoorbeeld gevoelens van schuld en een laag zelfbeeld veroorzaken onder kankerpatiënten. Dat geldt met name voor kankerpatiënten die ongeneeslijk ziek zijn en die – volgens de gebruikelijke interpretatie van de metafoor – niet in staat zullen zijn om hun ziekte te ‘verslaan’. Maar ook goedbedoelde aanmoedigingen die kankerpatiënten omschrijven als ‘vechters’ die hun ziekte wel zullen ‘overwinnen’, kunnen negatieve effecten hebben op het emotionele welzijn van patiënten. Deze effecten kunnen optreden wanneer de werkelijke ziekte-ervaringen van kankerpatiënten niet overeenkomen met het opgeroepen metaforische beeld – bijvoorbeeld wanneer zij zich niet herkennen in de rol van ‘strijder’ die ‘vecht’ tegen een ziekte die deel uitmaakt van het eigen lichaam.

Zoals hierboven omschreven komen beperkingen en nadelen van het gebruik van geweldmetaforen in relatie tot kanker aan bod in academische studies. De controversialiteit van deze metaforen komt tevens naar voren in publieke discussies waarin taalgebruikers door middel van argumentatie hun weerstand tegen deze metaforen uitspreken. Zulke uitingen van weerstand bieden inzicht in de negatieve standpunten die taalgebruikers innemen ten opzichte van deze metaforen alsook in de argumenten waarop deze standpunten zijn gebaseerd. Tot op heden ontbrak een analyse van deze argumentatieve uitingen van weerstand. Dit proefschrift richt zich op dit hiaat in de literatuur door een gedetailleerde analyse te verrichten van standpunten en argumenten die naar voren gebracht worden *tegen* bovengenoemde metaforen. Voor de analyse is gebruikgemaakt van pragma-dialectische benadering van argumentatie-analyse en benaderingen voor metafooranalyse binnen de cognitieve linguïstiek. Door instrumenten en concepten van deze analytische kaders met elkaar te combineren, streeft dit proefschrift ernaar bij te dragen aan het in kaart brengen van argumentatieve weerstand die geuit wordt jegens het gebruik van geweldmetaforen in relatie tot kanker.

Hoofdstuk twee van dit proefschrift concentreert zich op de analyse van verschillende typen argumentatie in uitingen van weerstand. In het hoofdstuk staan twee argumentatietypen centraal: pragmatische en symptomatische argumentatie. Aan de hand van casussen wordt gedemonstreerd hoe deze twee typen argumentatie betrekking kunnen hebben op verschillende aspecten van de bekritiseerde metaforen. Voor gevallen van symptomatische argumentatie betreft dit de geschiktheid van de metaforische *mappings* tussen de conceptuele domeinen van kanker en geweld. In gevallen van pragmatische argumentatie heeft de weerstand hoofdzakelijk betrekking op negatieve consequenties die zouden voortvloeien uit het gebruik van de bekritiseerde metaforen. De casussen laten ook zien hoe het verschil tussen weerstand die gebaseerd is op het eerste of het tweede argumentatietype van toepassing is op geweldmetaforen die verwijzen naar verschillende doeldomeinsituaties.

Hoofdstuk drie karakteriseert verschillende standpunten die geuit worden tegen geweldmetaforen voor kanker. De analyse van standpunten van weerstand demonstreert dat deze standpunten van descriptieve, evaluatieve of prescriptieve aard kunnen zijn, en dat ze verwijzingen kunnen bevatten naar specifieke dimensies van metafoorgebruik. Meer specifiek laat de analyse zien hoe standpunten bedoeld kunnen zijn om een potentiële antagonist te overtuigen van de *legitimiteit van een mening, de juistheid van een feit, of de noodzaak om een bepaalde actie te ondernemen*. Daarnaast brengt de analyse aan het licht hoe standpunten van weerstand betrekking kunnen hebben op het *conceptualiseren* van kanker in relatie tot het brondomein van geweld, het *spreken* over kanker in termen van geweld, of *communiceren* over kanker op zo'n manier dat het brondomein als een aparte referent fungeert in de betekenis van een metaforische uiting. Samengenomen dragen bovengenoemde bevindingen bij aan een uitvoerig begrip van negatieve standpunten ten opzichte van geweldmetaforen voor kanker.

Hoofdstuk vier analyseert hoe *implicaties* van geweldmetaforen voor kanker bekritiseerd worden in uitingen van argumentatieve weerstand. Meer specifiek is het hoofdstuk erop gericht inzicht te bieden in kritische reflecties van taalgebruikers op de veronderstelde implicaties van deze metaforen, alsook de argumenten op basis waarvan deze implicaties worden bekritiseerd. Het hoofdstuk stelt een theoretisch gemotiveerde karakterisering voor van argumenten die naar voren gebracht kunnen worden tegen de implicatie dat *'als een patiënt hard genoeg vecht, deze het gevecht tegen kanker zal winnen'*. Deze karakterisering van de argumenten is gebaseerd op een reeks criteria die oorspronkelijk ontwikkeld is voor de evaluatie van causale argumentatie. De karakterisering maakt een onderscheid tussen argumenten die op een of meer van de volgende punten betrekking kunnen hebben: 1) er is geen enkele causaliteitsrelatie

tussen de inspanningen van de patiënt om tegen de ziekte te ‘vechten’ en de uitkomst van het ziekteproces – hetgeen inhoudt dat ‘vechten’ ook niet wordt beschouwd als een effect dat aan die uitkomst kan bijdragen; 2) het ‘vechten’ door de patiënt is niet voldoende om te ‘winnen’ aangezien er ook andere factoren nodig zijn om dit tot stand te brengen; 3) de inspanningen van de patiënt om tegen de ziekte te ‘vechten’ zijn niet noodzakelijk om te ‘winnen’ omdat deze uitkomst ook veroorzaakt kan worden door andere factoren. In het tweede deel van hoofdstuk vier wordt aan de hand van voorbeelden gedemonstreerd hoe bovengenoemde punten aan bod komen in uitingen van weerstand tegen de implicatie dat *‘als een patiënt hard genoeg vecht, deze het gevecht tegen kanker zal winnen’*.

Hoofdstuk vijf biedt een analyse van uitingen van argumentatieve weerstand waarin onwenselijk geachte implicaties van geweldmetaforen voor kanker worden bekritiseerd en geherinterpreteerd door middel van metafoorextensie. In zulke uitingen van argumentatieve weerstand wordt het brondomein van de metafoor behouden en wordt de aandacht van de ontvanger verlegd naar andere aspecten van het brondomein die doorgaans minder vaak worden belicht. Aan de hand van twee casussen wordt gedemonstreerd hoe weerstand tegen geweldmetaforen voor kanker gepaard kan gaan met argumenten die pleiten voor een alternatieve interpretatie van deze metaforen. Bovendien tonen de casussen twee verschillende manieren waarop metaforen uitgebreid (*extended*) kunnen worden. In één van de twee casussen wordt de conventionele betekenis van een metaforische *mapping* geherinterpreteerd door deze ook voor een andere doeldomeinsituatie te laten gelden (i.e., “het ‘gevecht winnen’ hoeft niet alleen betrekking te hebben op situaties waarin patiënten kankervrij verklaard worden, maar kan ook gebruikt worden om te verwijzen naar situaties waarin patiënten tot het einde van hun leven op een moedige manier met hun ziekte omgaan”). In de andere casus wordt de aandacht op een *ander* aspect van het brondomein van de metafoor gericht door middel van een specificatie van de bekritiseerde brondomeinterm (i.e., “kanker is geen ‘gevecht’ dat gewonnen wordt door de partij die het hardste vecht, maar een oneerlijk ‘gevecht’ tegen een haast onoverwinnelijke vijand).

Samengevat dragen de bevindingen van het proefschrift bij aan een beter begrip van de beperkingen van geweldmetaforen voor kanker door inzicht te bieden op wat voor gronden de weerstand tegen deze metaforen is gebaseerd. Het proefschrift laat zien dat deze weerstand vele facetten kent; bovendien tonen de analyses aan dat taalgebruikers die hun weerstand uitspreken tegen het gebruik van deze metaforen, conventionele betekenissen van de metaforen kunnen herinterpreteren om daarmee onwenselijke, en potentieel schadelijke, implicaties af te wenden. Het proefschrift demonstreert tevens de waarde van het combineren van

theoretische en empirische kennis van argumentatie en metaforen om een beter inzicht te krijgen in de receptie van en kritische reflecties op deze metaforen in publieke discussies.

About the author

Dunja Wackers obtained a BA degree in Dutch Language and Culture and a Research Master's degree in Linguistics (*cum laude*) from Leiden University. She worked as a student assistant and teaching assistant at several departments at the Faculty of Humanities at Leiden University while pursuing her BA and ResMA. During her Research Master's, she also spent one semester at The University of Sydney, where she completed postgraduate coursework (awarded *with high distinction*). In her Research Master's thesis, she examined uses of the straw man fallacy by climate change denial advocates. After graduating, Dunja started working as a PhD researcher at the Department of Argumentation Theory, Speech Communication and Rhetoric at the University of Amsterdam. In her PhD dissertation she provides an analysis of argumentative resistance that is expressed against violence metaphors for cancer. During her work on her PhD, Dunja was a member of the Argumentation and Rhetoric Group Amsterdam as well as the Metaphor Lab Amsterdam. As part of these groups, she contributed to the organization of international conferences and colloquia. She also taught courses in argumentation analysis at the Amsterdam Center for Language and Communication, and courses in argumentation theory, rhetoric, and linguistic pragmatics at the Leiden University Centre for Linguistics. She currently works as a postdoctoral researcher at the Department of Science Communication and Society at Leiden University. Her research is focused on the analysis of metaphor in popular scientific communication on quantum science and technology.