

Signaling Expertise and Empathy through Metaphors: Using Language that Heals.

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Course Objectives:

- 1) Explain the impact that the language we use has on our patients
- 2) Differentiate between harmful and healing words as applied within a biopsychosocial model
- 3) Develop language to use during patient education that is focused on enhancing self-efficacy and minimizing passive attitudes toward healing
- 4) Implement communication strategies that promote adaptive coping for sample case scenarios across different settings

Does the type of exercise we use matter?

<https://www.youtube.com/watch?v=EC0r8XWr-3g>

DO NOT TRY THIS AT HOME!!!

Does the type of exercise we use matter?

- The Physical Activity Guidelines for Americans "Recommendations emphasize that moving more and sitting less will benefit nearly everyone... Additional benefits occur with more physical activity." (Piercy 2018)
- However, these same guidelines also have specific recommendations for certain populations. (Piercy 2018)
- A patient presents with low back and leg pain. She notes centralization and improved pain with lumbar extension.
- What exercise would you do? (Surkitt 2012)

So... Does the language we use matter?

- YES!!!
- Different behavioral intervention strategies have shown promise in improving adherence with home exercise programs (Meade 2019)
- Motivational interviewing improves return to work outcomes (Gross 2017)
- Humor can improve depression, anxiety, and sleep quality (Zhao 2019)
- In patients with cancer, humor has been shown to alter pain threshold, immune function, and biochemical makeup (Christie 2005)
- It can improve the efficacy of our treatments (Louw 2016)

Healing Language

- Pain neuroscience education improves pain, function, and healthcare utilization (Louw 2016)
- The therapeutic alliance can improve pain, patient adherence, patient satisfaction, and outcomes (Funetes 2014, Hall 2010)
- Positive patient expectations affect outcomes (Degner 2003)
- Communication strategies that improve patient comprehension are linked with improved outcomes (King 2013, Karliner 2007, Danzl 2016)

Healing Language through Metaphors

- Metaphors can fuel healing language (Trogen 2017)
- Pain neuroscience education strategies often employ metaphors (Louw 2016)
- Some evidence in psychology literature, metaphor can aid in developing a therapeutic alliance (Stine 2005, Sommers-Flanagan 1996)
- Metaphors can influence patient expectations (Degner 2003)
- Metaphors have been shown to help with patient comprehension (Casarett 2010)
- Not all metaphors are created equal (Trogen 2017)

Therapeutic Alliance

"...the the working relationship or positive social connection between the patient and the therapist and established between therapist and client through collaboration, communication, therapist empathy, and mutual respect." (Babatunde 2017)

- Influences outcomes throughout the healthcare field, including rehabilitation (Fuentes 2014, Hall 2010, Babatunde 2017)
- Despite this evidence, there is an incomplete understanding of therapeutic alliance (Babatunde 2017)
- Which makes it difficult to determine how to best cultivate and utilize the therapeutic alliance (Babatunde 2017)
- Patient-centered communication and verbal behaviors / non-verbal behaviors / empathy have been shown to improve therapeutic alliance and outcomes in physical therapy literature (Pinto 2012)

Using Metaphor for the Therapeutic Alliance

- Limited evidence in psychology literature has found benefit of metaphor for therapeutic alliance (Stine 2005, Sommers-Flanagan 1996)
- Engaging children (in a traditionally difficult to treat population) with a Wizard of Oz metaphor increased cooperation with treatment (Sommers-Flanagan 1996)

How much time/training have you spent on ?

- Physical exam skills
- Hands on interventions
- Exercise interventions
- Language related to patient communication and education



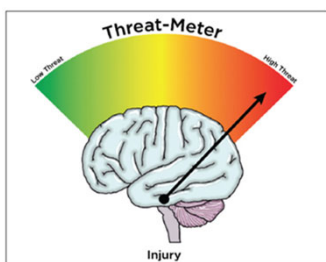
How much time doing patient-care is spent on each?

Disclaimer: We are NOT Linguists

Linguistic Structure	Definition	Example
Metaphor	Directly equates from one domain to another	My pain is a real killer
Simile	Directly compares from one domain to another	My pain is as sharp as a knife ...as hot as _____ My knee is like a rusty hinge
Metonymy	Stands for another term within the same domain. shortcut	I use Maitland
Euphemism	Replaces words and terms considered offensive or impolite	Passed away Sleep together

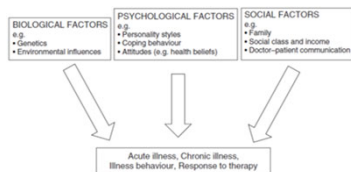
Butler 2017

A Word on Metaphors and Pain



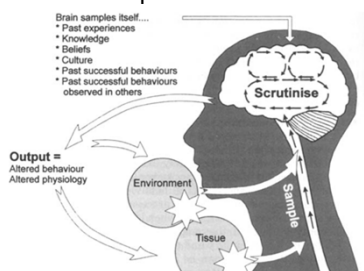
Pain (and other sensory/emotional experiences) is Multidimensional

"An unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage."



Engel 1977

The Influence of Metaphor



Gifford 1998

Enduring Impact of Clinicians' Words

- How did the provider make the patient feel?

"[The doctor] said most likely it was just a lumbar sprain... when I get that sharp pain, I guess that I've moved in a way that's continually putting strain on an area of the muscle that I've damaged...my assumption would be that I was making it worse (ALBP08)."

Darlow 2013

- How did the therapist make the patient feel?
- What other labels or metaphor could be used instead of dis-alignment?


"When [the current episode] first happened, the only thing that was going through my mind is the seriousness of my dis-alignment [sic] of my back.... I was really petrified...you get scared in the sense that you could damage your spinal cord, or anything, to such an extent that you might become paralyzed (CLBP09)."

Darlow 2013

Problems with Medicine's Metaphors

Patients who view their disease (Cancer) as an "enemy" tend to have:

- Increased depression
- Increased anxiety
- Poorer quality of life
- Higher pain scores
- Lower coping scores

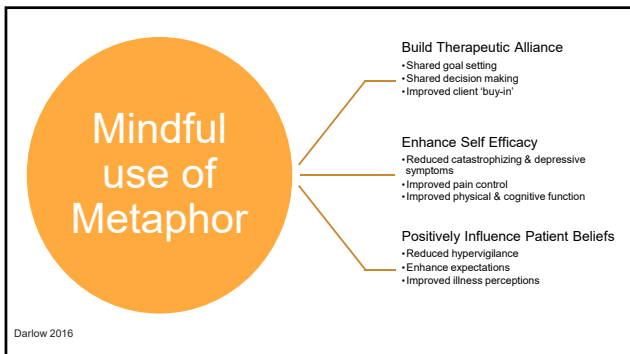


Patients encouraged to "fight" may feel that they have to suppress their emotional distress and maintain a positive attitude to avoid upsetting family members—and clinicians.

Barkwell 1991
Byrne 2002

Metaphors all around us

- Whiplash } **Diagnostic**
- Frozen Shoulder }
- Fight cancer } **Medicine as war**
- Attack the source of the problem }
- Pain is killing me } **Pain as enemy**
- Attack of back pain }
- Pinched nerve } **Structural**
- My SI joint is out }



Patient-Generated Metaphors

- Consider the significance of metaphors generated by our patients
- How can we best use these for therapeutic gain?

"I couldn't sit, I couldn't stand, I couldn't bend, I was frozen in one place."

"It was so sensitive that if I misbehave with my back... then, again my back will go rebellious."

Stewart 2016

Patient Ascribed Meaning in Breast CA

Women (n=1012) asked to describe the meaning of their breast CA:

- "challenge" (57.4%)
- "value" (27.6%)
- "enemy" (7.8%)
- "irreparable loss" (3.9%)

Ascribed negative meaning was associated with higher levels of:

- depression
- anxiety
- poorer quality of life

Degner 2003

Language of Diagnosis and Prognosis & Outcomes

Beliefs making it difficult for patients to imagine recovery:

- Blamed misuse or previous injury
- Personal predisposition
- Degeneration believed to be 'cause' of pain
- Permanent & progressive

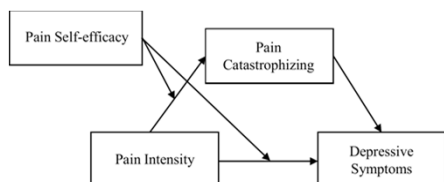
Sloan 2010

Language of Diagnosis and Prognosis & Outcomes

- Negative beliefs, including an anatomical/structural cause of pain and pessimistic future outlook, were common.
- Negative beliefs originated from interactions with healthcare practitioners suggesting disabling LBP may be partly iatrogenic.
- Biomedical-orientated management approaches to LBP are far reaching, highlighting the need for healthcare practitioners to positively influence beliefs as part of LBP care in all settings.

Lin 2013

Relationship of Self-Efficacy to Catastrophizing



Cheng 2018

Self Efficacy and Disability in Knee OA



Note:
 Unilateral cases: May need more attention than bilateral cases
 Males: May warrant more attention than females
 Individual variation and variation between different self-efficacy constructs should be carefully assessed

Terms that could lead to problematic misunderstandings

- Acute
- Chronic
- Recurrent
- Muscle weakness
- ★ Instability
- ★ Non-specific back pain
- Trapped nerve
- Parasthesia
- Neurological Involvement
- Psychological pain
- Wear and Tear
- Arthritis
- Coping
- Exercise
- Activity
- Disability

Barker 2009

“Non-specific low back pain”

Patient perspectives:

- The phrase suggests that the health professional thought that it was “non-existent”
- Others felt the nonspecific meant the pain is not located in a specific place, “you would feel it all over really”

How can you re-phrase this diagnostic label to provide enhanced alliance, self-efficacy, and positively influence patient beliefs??

“Instability”

- Back instability was considered worrying. It suggests a permanent condition and one from which you could never relax; “you’re on a knife edge sort of thing.”
- “It is not in a stable state so it can’t be localised and controlled. It can flare up at any time, there’s not a lot you can do about it.”
- “Something’s a bit loose... It’s liable to pop out.”

How can you re-phrase this diagnostic label to provide enhanced alliance, self-efficacy, and positively influence patient beliefs??

Patient ascribed meaning

Provider message: Your MRI has revealed “Degenerative Disc Disease”. This is relatively common and you should do well with PT

Patient’s view: “It feels like my back is crumbling. Like it’s crumbling and it can’t support me. Now I guess I will be even more prone to injury since my spine will only degenerate more as I get older”



Darlow 2015

Using Metaphors for Patient Comprehension

- 78% of patients in the emergency department do not fully understand their discharge instructions (Engel 2009)
- 80% of these patients were unaware of their incomprehension (Engel 2019)
- When using metaphors to describe molecular testing for patients with cancer, 85% of patients found it effective (Pinheiro 2017)
- In seriously ill patients, using metaphors were rated by patients as better communicators (Casarett 2010)

How do you explain an intervention in clinic?

This technique is a joint mobilization. It helps the facets of your spine articulate better. Your superior right facet in particular is gliding superior like it is supposed to. I am targeting my force in a way to best address this restriction. This increases your lumbar range of motion, which helps your pain. We will now do some neuro re-education exercises to maintain these gains.

- This may make sense to us....
- But does it make sense to our patients?
- Does this help a patient become more involved in their care or make them more of a passive recipient?

\$\$\$ Put ourselves in our patient's shoes... \$\$\$

When allocating funds in a tax sheltered account, such as a 529 or 403b, one should consider whether an active or passive management strategy is preferred. Active funds have an advisor more regularly managing the fund, which in theory should higher gains though fees will be higher. The reverse would be true for a passive approach. It also should be stated that either strategy could aggressive (more equities) or conservative (more bonds and/or cash). So do you think a target date fund or the mutual fund will be a better fit for you?

- Confused?
- Do you feel like you could make an informed decision?

Using a metaphor for patient comprehension

Your body's muscles and tissues are overprotective, like an overprotective brother. Your spine is stable and very capable of returning to your normal activities, just like you are very capable of having your own personal life. Sometimes, your brother just needs a nudge to let you be. Likewise, this technique, a joint mobilization, gives your tissues a nudge to stop being overprotective. Afterwards, we will start progressing exercises to get your body used to doing what it did before.

Cases

Outpatient - 52 YO male w chronic LBP states, "I'm here because my PCP sent me here." He says I cannot have an MRI unless I do six PT visits. The last PT I saw diagnosed me with "lumbar instability". The PT told me to avoid twisting my back and keep my spine upright when lifting or it could 'go out' again.

Acute Care - 66 YO male presents one day post MI with angioplasty who reports MD told him, "It's like a grenade went off in your chest and you need to rest."

Cases

Inpatient Rehab - 72 YO female presents w R hemiparesis and patient is distraught saying, "Due to my brain damage. I'm never going to be able to use my arm again to bake for the grandchildren." She reports she feels defeated by her stroke.

Peds - 4 YO girl presents with diagnosis of cerebral palsy. The parents will not allow the patient to participate in sports, stating "she is fragile." The mother states, "she will never be able to interact with other kids."

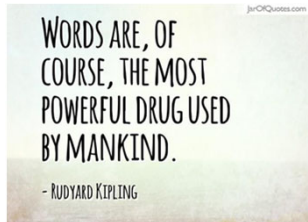
A final word...

- No one communicates perfectly every time
- Correcting misinformation is hard... BUT It can be done! (Chan 2017)
- Corrective messages can have moderate influence on belief in misinformation (especially in healthcare, more so than politics) (Walter 2018)
- It is best done with attention to detail and appeals to coherence (better than fact checking) (Chan 2017, Walter 2018)
- Principles may matter more than specific metaphor so make it your own (Louw 2019)
- Practice makes perfect!

Questions?

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