

Language of the Patient with a Raging Headache

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The patient making the statement, "Doctor, I have a raging headache," is engaged in a communicative process involving several steps. These include (1) the patient's perception of pain, (2) selection by the patient of a set of verbal symbols (words) which he judges as having some relationship to the subjective state, (3) uttering the words, (4) perception by the physician of the patient's statement, and (5) translation by the physician of the patient's statement into a conceptual framework which makes sense to the physician.

Words are symbols. A symbol is something which represents something else. The real thing which the symbol stands for is called the referent. Thus, the word *tree* is a symbol, and the tall object with a central trunk and green leaves which stands outside the window is the referent for that particular symbol. In the communicative process between patient and physician, words are symbols and subjective states are referents. The process of going from subjective states to uttering words is called *encoding*.¹ The listener, upon perceiving the speaker's utterances, associates them with his own subjective experiences. This process, the reverse of encoding, is *decoding*.

The physician's orientation and training will usually lead him to decode and respond to only

some parts of what the patient is saying. For example, most physicians would notice the adjective "raging" but would be unlikely to comment on it immediately. The physician's understanding of *raging* is likely to be that it functions as an intensifier of the noun *headache* and he may translate the adjective into a word more consistent with the medical frame of reference: *raging* becomes *severe* or *painful*. The physician might then ask some questions about the severity of the pain, its localization, onset, and debilitating effects, but he may well not return to the specific term *raging* and question the patient directly about it.

It may be precisely at this point that the difference in frames of reference between physician and patient becomes critical. The patient may be using *raging* not as an adjectival intensifier, but as a metaphor having etiologic as well as diagnostic significance. The term *raging* may refer to his emotional conflict as well as physical pain. That is, the patient may define (encode) his symptom from a metaphorical frame of reference, while the physician understands the patient's definition from a medical frame of reference.

There are, of course, many instances in which the frames of reference of sender and transmitter (speaker and listener) do not coincide, although both would say that they have understood the word being spoken. An example is in the translation of words from one language to another. The meaning of the word *freedom*, in Russian, involves the *recognition of necessity*, while its American meanings include *exemption from necessity*. This is not an instance of poor translation, but of differences in the concept.²

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Less obvious are the differences in frames of reference among native speakers of the same language who are from different social classes or subcultures. Schatzman and Strouss found striking differences between middle and lower class speakers,³ a finding echoed in the work of Hollingshead and Redlich.⁴

The medical community may be regarded as a subculture, with its own language, customs, and frames of reference. The physician translates the patient's verbal presentation of symptoms in this frame of reference. Doing so is, of course, entirely proper medical practice. Questioning of the patient with headache, followed by physical examination, laboratory procedures, and perhaps radiologic studies, will result in negative or equivocal findings in most cases.⁵ The physician is then faced with the dilemma of whether to aggressively pursue further diagnostic procedures or to prescribe an analgesic intended to provide symptomatic relief. If either course is chosen, the physician will have treated half the presenting complaint (the headache) while leaving the other half (the raging) untouched.

Other examples of presenting complaints which include metaphorical intensifiers are:*

"A nagging backache"

"A frustrating dream"

"My head is racing" (from a patient with insomnia)

"Like a visitor in the night" (from a patient with menstrual irregularities)

"Like seven years of morning sickness" (from a patient with nausea)

The descriptive phrases not only convey to the physician *how bad it* (the symptom) *is*, they may also convey information as to *what* it is (the emotional component of the symptom).

It seems clear that patients sometimes use metaphors to describe symptoms, especially when

such symptoms are somatic manifestations of emotional stress. The process of deciphering patient metaphors about symptomatology requires a redefinition by the physician of the patient's presenting complaint. The metaphors used by the patient should be regarded as *an intrinsic part of the complaint* and not merely as an intensifier. Hence, the *nagging* of the back pain, the *racing* of the head, or the *years of morning sickness* are as much parts of the presenting complaints as are the back pain, insomnia, or nausea themselves. The metaphor, then, is redefined as part of the patient's statement to be decoded (rather than translated) by the physician. When the decoding of the metaphor is correct, the physician will have succeeded in entering more closely into the patient's frame of reference, and the accuracy of communication will have been enhanced.

Recognizing the metaphorical components of the patient's complaint may lead the physician to the patient's frame of reference and enable him to decode the patient's message in the same metaphorical language in which it was sent. The resultant enhanced understanding of the patient leads to a more satisfying, and perhaps more effective, diagnostic process.

References

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