

Cover page

Article title: Killer, thief or companion? A corpus-based study of dementia metaphors in UK tabloids

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Killer, thief or companion? A corpus-based study of dementia metaphors in UK tabloids

Abstract

This article examines the most frequent metaphors that are used to represent dementia in British tabloid newspapers over a ten-year period (2010-2019). The analysis takes a corpus-based approach to metaphor identification and analysis, utilising in particular the corpus linguistic technique of collocation analysis. Metaphors are considered in terms of the ‘targets’ they frame, which include the following aspects of dementia: (i.) prevalence; (ii.) causes; (iii.) symptoms and prognosis; (iv.) lived experience; (v.) responses. A range of metaphors are identified, with the tabloids exhibiting a particular preference for metaphors which construct dementia as an agentive and violent entity, people with dementia as passive victims, and which foreground preventative responses to dementia such as pharmacological intervention and individual behaviour change. It is argued that such metaphors have the potential to contribute to dementia stigma and place focus on preventing or eliminating dementia while backgrounding responses which may help people to ‘live well’ with dementia in the here-and-now. Metaphors which frame dementia as a companion or the experience of dementia as a journey are put forward as potentially less stigmatising alternatives which better reflect the particularities of this complex public health issue.

Keywords

Dementia, ageing, metaphor, corpus linguistics, framing

1. Introduction

Dementia is a syndrome characterised by a series of diseases that cause impairment in memory, reasoning, perception and communication (World Health Organisation (WHO) 2017). This study examines the metaphors used by British tabloid newspapers to frame dementia. The analysis takes a corpus-based approach to metaphor analysis, based on a purpose-built corpus containing national tabloid articles about dementia published between 2010 and 2019 (inclusive). The analysis considers which aspects of dementia are foregrounded by the tabloids’ metaphors (and those which are backgrounded or elided), and the particular views or understandings of the syndrome that are prioritised as a result. These framings, in turn, are interpreted in terms of their potential implications for the public’s understanding and indeed experiences of dementia. Following this introduction, the next section begins by providing a more detailed introduction to dementia, outlining its prevalence, health consequences and existing research into the ways it is represented in the media. The second half of the section then introduces metaphor and framing, paying particular attention to the potential for metaphorical framings to shape individuals’ health-related knowledge, beliefs and behaviours.

2. Background

2.1. Dementia

The nomenclature ‘dementia’ is an umbrella term that covers a range of discrete diseases, the most common of which is Alzheimer’s disease. People experiencing each of these variants are likely to present with different symptoms and the experiences of any type of dementia will be unique to the individual affected by it. For example, the experiences of one person living with Alzheimer’s disease are typically distinct from those of another person living with Alzheimer’s disease (Harman and Clare 2006). Dementia is a progressive syndrome, which means that its symptoms worsen over time.

Dementia is widely understood to be one of the greatest public health challenges facing society. There are around 50 million people living with dementia worldwide (WHO 2017), and this figure is projected to rise to 152 million people by 2050 (ibid.). In the UK – the context of the present study – there are currently understood to be around 900,000 people living with dementia; or, 1.35% of the country’s population (Wittenberg et al. 2019). This figure is set to rise to 1.59 million people by 2040 (ibid.). This purported increase in the prevalence of dementia has been interpreted and described by many – including media commentators, politicians and scientists – in apocalyptic terms, as a ‘rising tide’, a ‘silent tsunami’ and a ‘time bomb’ (Zeilig 2014). Yet, such statistical niceties do not provide a straightforward indication that the numbers of people affected by dementia are necessarily growing in real terms, or at least at the same rate as the prevalence statistics might imply. In fact, a recent systematic review of studies regarding dementia prevalence found moderately consistent evidence to suggest that the incidence of dementia may actually be declining in high-income countries (Prince et al. 2016). At the same time, any evidence for rising prevalence of dementia might be attributable to a number of factors, including ageing populations and the increased capacity of medical professionals and technologies to detect and diagnose dementia. The picture regarding the prevalence of dementia is, it seems fair to say, complex and not particularly well understood.

There is currently no known pharmacological cure for dementia, which means that people living with the syndrome will also die with it. Between 2016 and 2020, dementia was reported by the UK’s Office for National Statistics (ONS) to be the leading cause of death in England and Wales (ONS 2020). Like its rising prevalence, though, the increase in dementia-related mortality can be linked to a number of factors. Significantly, the aforementioned ONS report also attributed the evident rise in recorded dementia mortality to changes in UK death certificate-writing practices, whereby deaths formerly attributed to other conditions have recently been coded as exclusively dementia. Furthermore, during this period NHS General Practitioners were controversially given financial incentives to diagnose dementia (BBC 2014). Yet, by far the most problematic aspect of these mortality rates is that dementia itself does not actually cause death; that is to say, although people die *with* dementia, they do not die *of* it. In fact, when people with dementia die, their death is typically caused by co-occurring conditions, most often pneumonia, rather than by dementia itself (Alzheimer’s Society 2017).

2.2. Cultural and media representation of dementia

Going beyond biomedical understandings of dementia, it is also important in a study such as this to consider dementia as a cultural phenomenon, including how it is represented in socio-cultural context. In Western societies, dementia is commonly conceived of as a cultural metaphor for the ageing process itself, as a stage in life that has to be resisted at all costs. The personhood movement in dementia studies (see Kitwood 1997) has drawn particular attention to the propensity for prominent, historical and enduring cultural conceptions of dementia to contribute to stigma. Sociologist Erving Goffman (1963) referred to stigma as a ‘spoiled identity’. Durkheim (1982 [1895]) argued stigma to be unavoidable and relative – that even in societies with no crime, ‘venial faults’ would create scandals and that if such societies could judge and punish, such acts would be defined as criminal. Representations of dementia which have been linked to the creation and sustenance of dementia stigma include, perhaps most prominently, the reduction of the person with dementia to their brain and (deteriorating) cognitive faculties (Harvey and Brookes 2019) and the framing of the syndrome as representing a loss of self and ‘social death’ (Sweeting and Gilhooly 1997), as something to be feared (Basting 2009) and, relatedly, as a metaphorical battle which needs to be fought by any means (Zimmermann 2020). Such discourses are by now long-standing and well established, and can be traced back decades (ibid). Furthermore, such is their dominance that these conceptions of dementia also transcend particular cultures and modes of communication (as demonstrated, for example, by the essays compiled by Swinnen and Schweda (2015)).

As well as understanding its biological influences, understanding how dementia is culturally constructed ‘contributes to the fight against stigma and can improve the wellbeing of people with dementia and their caregivers’ (ibid.: 11). Indeed, given that there is presently no cure for dementia, there is a pressing need for research, including linguistic research, which aims to shed light on the public’s experiences and understandings of it, including how these might be shaped by media framings (Lock 2013). This is important, since popular media – including news media – remains one of the primary means through which people access health information and form their impressions and understandings of health issues. Dementia is certainly no exception here, given that it appears to represent something of an ‘unfailing newsworthy topic’ for the print media (Brookes et al. 2018: 371). This is reflected in the amount of interest that media coverage of dementia has received from social scientists and public health specialists. For example, Kirkman (2006) analysed the contexts in which Alzheimer’s disease was portrayed across a 5-year sample of articles taken from 15 New Zealand newspapers, with the analysis showing that Alzheimer’s disease was covered in notices, scientific reports, obituaries, personal stories, ‘missing people’ reports and reports dealing with residential care for people with Alzheimer’s disease. Kirkman concluded the print media served to perpetuate negative stereotypes associated with Alzheimer’s disease, dementia and ageing. van Gorp and Vercruyse (2012) analysed the frames emergent from images related to in newspaper articles from six Belgian newspapers as well as a sample of movies, literature and healthcare texts. They reported the most common frame to be one that represents humans as being composed of two distinct parts: a material body and an immaterial mind, with the person with dementia ultimately framed as lacking identity. More recently, Harvey and Brookes (2019) examined the visual discourse surrounding dementia in

commercial stock images. This study found that the dementia-related values, assumptions and beliefs articulated by these images represented people experiencing the syndrome in objectifying and de-humanising terms, emphasising disease and deficit at the expense of whole personhood, for example by frequently symbolising dementia through images of disembodied, wrinkled pairs of hands.

These and other studies therefore paint a decidedly negative picture of media coverage of dementia – characterising it in terms of its reliance on age-related stereotypes and consequent perpetuation of dementia and age-related stigma (see also: Swinnen and Schweda 2015). Of direct relevance to the present study, other discourse-based studies of dementia have elucidated some of the metaphors that the media and other types of texts have employed when representing dementia. Before reviewing some of these studies, I will first provide a more detailed introduction to metaphor itself, considering its relationship to communication about health and illness.

2.3. Metaphor and the framing of dementia

For the purposes of this study, I adopt Semino's (2008: 1) definition of metaphor as 'the phenomenon whereby we talk and, potentially, think about something in terms of something else', where the two things involved are different but are perceived by the speaker to share some similarity. Cognitive metaphor theorists, such as Lakoff and Johnson (1999), have demonstrated that metaphors can play a central role in not only communication but also cognition, for they have the power to 'express, reflect, and reinforce different ways of making sense of particular aspects of our lives' (Semino et al. 2018: 625). Thus, metaphors have the capacity to 'frame' our understandings and experiences of reality, including health and illness.

The present study examines the role of metaphor in framing dementia in the press. The concept of framing was originally developed within the field of sociology (Goffman 1974). Bringing together a series of definitions, Atanasova and Koteyko (2017: 652) usefully define a 'frame' as 'an organising principle ..., a central organising idea ... or an interpretative package' that enables individuals to make sense of issues by turning 'meaningless' aspects 'into something meaningful' (Goffman 1974: 21–22). Studies applying the concept of framing to the study of media data are often influenced, more and less directly, by the work of Entman (1993), whose perspective on framing places particular emphasis on the role of selection and salience. He argues that '[t]o frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described' (Entman 1993: 52). For Entman, then, a frame has four functions or elements which may or may not all be present within a particular text: (i) to define an issue, (ii) to suggest its causes, (iii) to propose solutions and (iv) to assign moral evaluations (see also: Atanasova and Koteyko 2017; Baker et al. 2020).

Given that metaphors are often used to express abstract, subjective, sensitive and taboo subjects, it stands to reason that talk about health and illness is often replete with metaphorical language. This point is addressed by Semino (2008), who also observes the way in which metaphors surrounding health and illness can be found at multiple levels;

[m]etaphor is relevant to the linguistic and conceptual construction of illness in more than one way. As a physical or mental condition to be understood and treated, illness can be modelled metaphorically by experts like any other phenomenon that is the subject of scientific investigation. [...] However, illness is also an individual, personal state of being, which is normally associated with physical discomfort or pain, and with feelings of anxiety, fear, isolation and, potentially, shame. As such, it belongs to the kind of complex, subjective and poorly delineated experiences that tend to be conventionally verbalised and conceptualised through metaphor.

Semino (2008: 175-176)

Considering their potential to shape health-related knowledge, beliefs and actions, there is clear value in studying the metaphors that are used to communicate about topical health issues like dementia. Indeed, recent studies have also shed light on some of the metaphors that are used to represent dementia not just in the media but in other types of texts, too. Adopting a perspective from critical gerontology, Zeilig (2014) explores the metaphors surrounding dementia in stories about dementia contained within and framed by contemporary culture, interpreting these in terms of their cultural and historical influences. Studying a collection of films, TV documentaries, news reports, theatre, memoirs, novels and poems, Zeilig notes, amongst other things, the use of metaphorical language to frame dementia as, for example, a 'rising tide', an opponent in a battle and a monster, also noting the characterisation of dementia as a crisis and a burden. A similar observation is made by Peel (2014) in her analysis of 350 newspaper articles. Taking a 'discursive thematic approach', like Zeilig, Peel noted the use of a 'panic-blame framework' wherein dementia was characterised in 'catastrophic' terminology, for example as a 'tsunami' and as something that was 'worse than death'. Peel also noted a focus on individualistic behaviour and lifestyle changes as a solution to preventing – or in the words of the articles in her data, 'staving off' – the syndrome. Comparing these depictions to interviews conducted with informal carers, Peel observed that the carers in her data were much less likely to employ such hyperbolic discourse and rarely framed dementia in terms of individual responsibility.

More recently, Brookes et al. (2018) studied the multimodal discourse representations of dementia in a series of UK national newspaper articles printed in response to the publication of statistics revealing dementia to be 'the leading cause of death' in England and Wales. In addition to scrutinising the images used to represent dementia in the articles, this analysis also highlighted the use of war and violence metaphors in headlines which branded dementia as the nation's 'biggest killer', as well as a metaphor of sport and competition in the characterisation of dementia as winning the race to claim 'top spot' as the UK's leading cause of death. Bailey et al. (2021) reported a corpus-assisted analysis of UK media discourses around dementia in a corpus of articles published between 2012 and 2017. This included the identification of metaphors which, they argued, supported a biomedical view of dementia and foregrounded pharmacological treatments and research.

The aim of the present study is to build on this insightful, though slim, body of research which has illuminated media metaphors of dementia. It aims to do this in a number of ways. First, this study provides the first quantitative (and qualitative) study of dementia

metaphors. While the aforementioned studies have identified dementia metaphors, analyses tend to be based on relatively small datasets. By analysing a corpus representing dementia coverage over a ten-year period, the present study examines a dataset that is not only more widely representative of press coverage of dementia, but that is also more up-to-date, running to the end of 2019, which is an important consideration when researching a topical and ever-developing health issue. An exception to the use of small datasets is Bailey et al.’s (2021) study which, like the present study, used a corpus linguistic methodology. The present study builds on this research by systematically analysing metaphors specifically (this was not the main analytical focus of Bailey et al.’s study) and by basing insights on a larger and more recent dataset (representing ten years, up until the end of 2019).

3. Methodology

This analysis takes a corpus-based approach to identifying and analysing the use of metaphors in tabloid framings of dementia. Corpus linguistics is largely a group of methods that use computer programs to analyse large collections of naturally occurring language (Brookes and McEnery 2020). Such a datasets are known as ‘corpora’ (singular *corpus*) and are assembled with the aim of representing a language or linguistic variety on a broad scale. Corpora tend to be much larger and more representative than the types of data that are typically analysed in studies employing manual, purely qualitative analytical methods. Meanwhile, corpus analytical tools can provide unique insights into the language in a corpus, including relating to the frequency and statistical salience of linguistic phenomena such as words and collocations.

3.1. Data

The data analysed in this study is a purpose-built corpus representing UK national tabloid coverage of dementia over a ten-year period (2010-2019). Using the online news repository, *LexisNexis*, I obtained all articles mentioning ‘dementia*’ in their headline or three or more times in their body (note: the asterisk acts as a wildcard to capture longer strings, e.g. ‘dementias’). Search results were grouped by moderate similarity and, once downloaded, required some cleaning to remove article metadata. The resulting corpus contains 6,751 articles (3,961,272 words), distributed across five UK national tabloids (*Express*, *Mail*, *Mirror*, *Star*, *Sun* – including print, online, Sunday and ‘sister’ publications). See Table 1 for a breakdown of the newspapers in the corpus.

Table 1. Newspapers in the corpus.

Newspaper	Articles	Words
<i>Express</i>	1,938	1,074,805
<i>Mail</i>	2,477	1,884,991
<i>Mirror</i>	1,476	686,832
<i>Star</i>	90	30,536
<i>Sun</i>	770	284,108
Total	6,751	3,961,272

3.2. Analytical approach

The approach to metaphor identification adopted in this study is based on collocation. As conceptualized in corpus linguistics research, ‘collocation’ refers to the association between words based on patterns of co-occurrence. Collocation is usually judged to exist using a word association measure that tells us how often two or more words occur within close proximity of each other within the corpus, and whether this association is notable as a sizeable effect (i.e. that the words in question have a measurably strong preference to occur together as opposed to being randomly associated). Using WordSmith Tools (version 8; Scott 2020), I began by generating a list of collocates for the word *dementia* (frequency: 50,868) – i.e., the ‘target’ or ‘recipient’ of the metaphors. For words to be judged collocates, they had to occur within a five-word window either side of *dementia* at least 10 times and be assigned a Mutual Information (MI) score of 3 or above. This threshold represents something of a standard in corpus-based discourse studies (Baker et al. 2013; Gabrielatos and Baker 2008; Hunston 2002) and, for the purposes of the present study, gave a number of collocates that was small enough to be manageable for qualitative analysis while being sufficiently large to show a range of different metaphorical representation.

I then generated concordances for all resulting collocates and manually analysed their co-occurrences with *dementia* to ascertain whether or not they tended to be used metaphorically. My identification of metaphors was guided by the Metaphor Identification Procedure (MIP; Pragglejazz Group 2007). For collocates with a frequency of co-occurrence exceeding 100, I analysed a sample of 100 uses. In such cases, I balanced the samples so that they reflected the distribution of the given collocational pairings across the newspapers in my corpus. For example, if 70% of the total occurrences of a given collocational pairing occurred in the *Mail*, 25% in the *Guardian*, and 5% in the *Mirror*, then this distribution would be mirrored in the make-up of the sample used for the analysis of that collocational pairing. Within newspapers, uses of collocational pairings were selected for samples at random.

Each use of all candidate metaphorical collocates within the samples was analysed following the MIP, as summarised by Semino et al. (2018: 632): ‘an expression is regarded as metaphorically used when its “contextual meaning” contrasts with a more physical and concrete “basic meaning”, and where the former meaning can be understood via a comparison with the latter.’ Following Semino et al. (2018), I also included simile and other figurative comparisons, in line with Steen et al.’s (2010) definition of ‘direct metaphor’. Collocates judged to have been used metaphorically in at least 50% of cases were considered metaphorical, while those which evidenced no metaphorical use, or which were used metaphorically but in fewer than 50% of cases, were discarded. This step ensured that the words analysed were used metaphorically at least as much as they were used with non-metaphorical senses, while having the practical benefit of keeping the analysis manageable by removing the need for me to wade through large amounts of non-metaphorical uses. My codings were checked by another researcher with training in linguistics to ensure accuracy and plausibility.

The metaphorical collocates were then allocated to one or more the following categories, which reflect the specific ‘targets’ of the metaphors: (i.) prevalence; (ii.) causes;

(iii.) symptoms and prognosis; (iv.) lived experience; (v.) responses. I then qualitatively analysed all metaphorical uses of the collocates (or, if where their frequency exceeded 100, I took 100 metaphorical uses). This qualitative analysis set out to identify the frames (Goffman 1974) that are activated through the use of the metaphorical collocates. In particular, the analysis considers which aspects of dementia are foregrounded by the metaphorical framings (and which are backgrounded or elided), and what views or understandings of dementia are prioritised as a result. In the discussion following the analysis, these framings are interpreted in terms of their potential implications for the public's understandings, and indeed experiences, of dementia.

A limitation of the data analysed in this study is that it focuses just on tabloid coverage and not that from broadsheets. This was a practical decision driven by limitations on space, and to allow the analysis to be more focussed. I decided to focus on tabloids, as these tend to be read more widely than broadsheets in the UK (PressGazette 2019), and so arguably play a more prominent role in shaping societal understandings of dementia. A further limitation of the data is that it is unbalanced in terms of the extent to which each tabloid is represented (for example, the *Mail* contributes many more articles and words to the corpus than the *Star* does). This imbalance does at least reflect the landscape of UK press coverage of dementia which, on the basis of Table 1, is clearly unbalanced in terms of how much each newspaper contributes to the discourse. A limitation of the approach taken in this study is that it will lead to the identification only of those metaphors which are lexicalised frequently within close textual proximity of mentions of *dementia*. A more comprehensive approach would involve considering metaphors which also occur beyond close proximity of dementia and which may not be represented by the strongest collocates. However, for the purposes of the present study, the collocation-based approach provided a productive but practical route into the data.

4. Findings

A full list of metaphorical collocates can be found in Appendix 1. The analysis identified evidence of a range of metaphorical domains which contributed to the framing of the following aspects of dementia: (i.) prevalence; (ii.) causes; (iii.) symptoms and prognosis; (iv.) lived experience; (v.) responses. For the facility of analysis, the findings reported in this section are structured according to these metaphorical targets. However, as will become clear, many of the metaphorical patterns identified relate to one another in how they frame dementia and, at some points, overlap.

4.1. Prevalence

Dementia's prevalence was framed using metaphors belonging to a diverse range of domains, all of which were used to frame the UK's prevalence of dementia as being high and rising. Most frequently, the articles could be interpreted as drawing on a domain of sports and competition to frame dementia as the leading cause of death in the country. This was indicated in the majority of uses of the following collocates (frequency of collocation in brackets): *leading* (242) and *leader* (49). The notion that dementia is the 'leading' cause of

death could be considered a more conventionalised trope (for example, many English dictionaries define *leading* as ‘first or more important’). However, its uses could also be more self-evidently metaphorical, for example in cases where dementia was framed as overtaking (*overtaken* (19), *overtook* (10) other conditions to become the *leader* or the *leading* cause of death in the country. As the following example shows, this metaphor could be mixed with a metaphor of violence, with dementia being framed as the biggest ‘killer’ in the UK (a metaphor considered in more detail later). Note: examples chosen were deemed to be representative of metaphorical patterns being discussed. The node is highlighted in bold and lexicalisations of the metaphors are underlined.

dementia has overtaken heart disease as the biggest killer

(*Express* 2017)

Violence metaphors could also be used to frame the prevalence more directly, where the incidence of the condition was quantified in terms of the number of people who had been *hit* (162) by the condition, or what its death *toll* (53) was. Related to the violence metaphor, dementia was also construed as a weapon – a time bomb (*bomb* (22), *ticking* (10), *timebomb* (47)) – which foregrounds more specifically dementia’s rising prevalence and implied this to continue to grow and to disastrous effect.

BRITAIN faces a **dementia** timebomb with one in three people born this year expected to develop the condition, research shows.

(*Mail* 2015)

Dementia’s growing prevalence was also metaphorically rendered as an *epidemic* (66). In around a fifth of cases, this epidemic is also described as ‘silent’, which arguably attributes to it an insidious quality.

DEMENTIA is a silent epidemic, with 11 people a day now diagnosed with the disease here and around 55,000 current cases.

(*Sun* 2018)

At first glance, since it belongs to the domain of illness, the characterisation of dementia as an *epidemic* may not appear metaphorical, since the term belongs to the domain of illness. However, strictly speaking, the term ‘epidemic’ denotes the spread of an infectious disease, which dementia is not. Consulting the general language British National Corpus, the ‘epidemic’ metaphor tends to be used to characterise an increase in the frequency of a phenomenon or activity that is evaluated negatively, such as crime and the illegal use of drugs. Thus, like the ‘ticking time bomb’ metaphor, the epidemic metaphor is used to provide a negative evaluation of growth in dementia prevalence.

4.2. Causes

Dementia's causes could be framed using the domain of movement, with certain behaviours and risk factors being construed as speeding up the development of dementia (*accelerate* (18), *accelerated* (11), *speeds* (27)).

BEING overweight dramatically speeds up the onset of **dementia**, a study has found.
(*Sun* 2015)

As well as focusing on the environmental risks associated with dementia, the newspapers also reported on biological factors, particularly protein variants and parts of the brain to which dementia onset is attributed. These risks were framed using violence metaphors – anthropomorphised as a treacherous *rogue* (18) or a weapon (*dagger* (10)) which attacks other parts of the brain. This latter metaphor is presented as a borrowing from scientific discourse.

Alzheimer's disease: This ROGUE protein triggers **dementia**
(*Express* 2017)

Researchers have captured scans of what they call the '**dementia dagger**' attacking parts of the brain for the first time
(*Express* 2016)

4.3. Symptoms and prognosis

Metaphorical representations of dementia symptoms and prognoses characteristically rely on the domain of violence, wherein dementia is anthropomorphised as an actor which inflicts forms of violence on those diagnosed with it. Symptoms such as loss of memory, cognitive function and even personhood are framed as being stolen (*robbing* (13), *robs* (18), *steals* (14)) by dementia.

Victims of **dementia**, which robs sufferers of their memory, rely on social care as drugs are unable to slow the progression of the incurable disease.
(*Mail* 2017)

Other symptoms are framed as forms of violence in more generic terms, as dementia is described as something which *ravages* (12) and *strikes* (41). In terms of the prognosis, the newspapers frequently foreground a fatalistic view of dementia, framing it as a murderer that kills those diagnosed with it (*kill* (54), *killed* (83), *killer* (108), *killers* (12), *killing* (45), *kills* (22)).

DEMENTIA kills more Brits than any other illness, new figures show.
(*Sun* 2017)

How we fail victims of our worst killer illness, **dementia**; There are now 850,000 dementia sufferers and that number can only increase as our population ages.

(*Mirror* 2017)

This fatalistic framing of dementia is supported by the anthropomorphic characterisation of it in terms of qualities which imply dementia to be a violent actor who inflicts such violence, and theft, wilfully and deliberately (*brutally* (11), *cruel* (83), *cruellest* (16), *deadly* (44), *heartless* (17), *savage* (10)).

Dementia is the cruellest of diseases. It robs you of your faculties, your dignity, your identity.

(*Mail* 2019)

The other way in which dementia's symptoms are metaphorically rendered in the corpus is as the loss of memory and cognitive function. The notion of memory loss might be considered a conventionalised metaphor in discourse surrounding dementia. However, it is notable that, in the articles, this metaphor is extended, through the collocates *lose* (72), *loses* (18), *losing* (111) and *lost* (125), to foreground the agency of the person with dementia, who is framed as having metaphorically lost the particular functions under focus.

Many people with **dementia** gradually lose their ability to walk and perform simple tasks as their condition progresses.

(*Mirror* 2016)

4.4. Lived experience

Consistent with the metaphorical framing of dementia as a cruel and brutal actor who inflicts forms of violence, including murder, on people diagnosed with it, the lived experience of dementia could also be characterised in terms of conflict. People with dementia were framed as battling, facing and struggling with dementia (*battle* (425), *battled* (22), *battles* (31), *battling* (167), *face* (152), *faces* (44), *fight* (370), *fighting* (49), *fight*s (24), *struggle* (75), *struggling* (70)).

Age UK said it was important not to forget those struggling with **dementia** now.

(*Mail* 2015)

MUCH-LOVED BBC weatherman Ian McCaskill has died age 78 after battling **dementia** for five years.

(*Express* 2016)

Other constructions were less agentive, though, on the part of people with dementia and instead foregrounded their victimhood. In such cases, people with dementia were referred to as a *victim* (115) or *victims* (143), were described as being in dementia's *grip* (18) or *hold* (79), as being *stricken* (176) and *struck* (95) by dementia, as being *stripped* (26) of their cognitive function and sense of personhood.

Doctor Who actor Christopher Eccleston tells how **dementia** stripped his father of his personality

(*Mail* 2017)

Meanwhile, the framing of people with dementia as *succumbing* (10) or having *succumbed* (14) to dementia arguably implies an initial struggle or resistance but an eventual failure or even surrender.

Comedy writer behind *Steptoe & Son* dies aged 88; Ray, who partnered with Alan Simpson to create legendary comedies like *Hancock's Half Hour*, succumbed to his **dementia** battle, his family has confirmed.

(*Mirror* 2018)

Another set of metaphors which similarly frames people with dementia as the objects or victims of processes are found in stories which focus in particular on cases where people with dementia have been purportedly abandoned by their relatives. This process is metaphorically likened to that of waste disposal (*dump* (10), *dumped* (31)).

NEEDLESS emergency admissions have rocketed by 70 per cent in just five years as tens of thousands of **dementia** sufferers are dumped in A&E

(*Express* 2018)

The negative appraisal of life with dementia is also conveyed through metaphors which frame the experience of dementia in horrific or even apocalyptic terms, likening it to living in *hell* (18), a *horror* (13) movie or a *nightmare* (10). A negative evaluation of life with dementia is also conveyed more subtly through the collocate *descent* (12), whose uses indicate a spatial metaphor which frames life with dementia as downward movement into the condition, drawing on the broader down=bad metaphor to provide a negative evaluation of experiences of the syndrome.

Yesterday in her heart-breaking series about her husband's descent into **dementia**, Nula Suchet described her anguish as she watched his health deteriorate.

(*Mail* 2019)

Not all metaphors necessarily imply negative evaluations of life with dementia, or foreground the victimhood of people diagnosed with it, though. A particularly frequent example is the metaphorical characterisation of the relationship between dementia and the person with it as one of companionship. This was indicated in uses of the collocates *live* (377) and *living* (1,198). The companionship metaphor is more flexible than those seen so far in this section, as it could be used to frame the relationship between dementia and people with it in more or less harmonious terms, as these examples demonstrate.

Doctors advised him that to keep living well with **dementia** he should stay active, eat healthily and socialise.

(*Mirror* 2019)

Living with dementia is hell, and I wouldn't wish it on anyone else.

(*Mail* 2012)

Likewise, the final metaphor considered in this section, which framed the experience of dementia as a *journey* (35), could be used to appraise life with the syndrome in more or less positive terms, as well as to foreground mixed experiences and dementia's progressive nature.

When choosing a game to play with dementia patients, it's important to note what stage of their **dementia** journey they are at, as not all games will be suitable.

(*Express* 2019)

4.5. Responses

The final area of representation explored in this analysis is responses to dementia. This is a broad category of representation, which mostly comprises responses from society as a whole, from biomedicine, and from individuals in terms of reducing their risk of developing the syndrome. The most pervasive metaphorical domain in this category, in terms of both its frequency and the number of individual collocates that constitute it, is violence. Most of the metaphors in this domain are used to frame the response to dementia from society as a whole, as well as from biomedicine in terms of the development of a pharmacological cure. This response is framed in terms of conflict in general (*against* (529), *beat* (261), *beaten* (19), *beating* (52), *beats* (16), *combat* (52), *defeat* (30), *tackle* (84), *tackling* (48)), as well as more specifically in terms of a battle (*battle* (425), *battled* (22), *battles* (31), *battling* (167)), fight (*fight* (370), *fighting* (49), *fight* (24)), as well as being a *mission* (15) and a *war* (44). These conflicts can, as noted, be pitched as taking place between dementia and scientists but also society as a whole. The conflict is framed variously as being fought successfully and unsuccessfully at different points in time. In all cases analysed, the key to victory in the conflict is the development of pharmacological interventions for dementia, and funding for this.

New hope in the war on **dementia** as scientists discover diabetes drug may also reverse memory loss

(*Mail* 2018)

A small set of violence metaphors, however, were used to frame individuals' responses to dementia in terms of advising readers on behaviours that could **WARD** off dementia (*ward* (234), *warding* (11), *wards* (57)).

Daily dose of 'sunshine vitamin' wards off **dementia**

(*Express* 2015)

Individual responses to dementia risk were more likely to be framed using metaphors of movement. These draw on the conception of dementia as a moving object, where readers are advised on behaviours and measures they can take to slow or stop dementia (*delay* (147), *delayed* (31), *delaying* (17), *delays* (26), *halt* (55), *halting* (17), *slow* (278), *slowed* (11), *slows* (14), *stop* (208), *stops* (23)), to reverse its movement (*reverse* (46), *reversed* (16)) or to stave it off (*staving* (20)) or keep it at bay (85).

BRAIN TRAINING Exercise 'could REVERSE **dementia**'

(Sun 2019)

These movement metaphors were also used in representations of the promise of studies and pharmacological trials, which are framed as having the potential to slow, stop or reverse dementia's movement. The construction of dementia as a moving entity can be linked, in turn to the broader cultural framing of disease as an invader (see Gwyn 2002), whereby the disease (in this case, dementia) is positioned as external to the individual and the body as a battleground upon which doctors fight or, in this case, individuals fend off the threat of the syndrome.

Relatedly, the development of a dementia cure was characterised as a *race* (58) between dementia and scientists.

The race against **dementia** is a much bigger challenge. This is the biggest personal challenge of my life and I will make sure that whilst I am still on this earth, I put all my efforts into finding a cure for this horrendous illness.

(Express 2016)

Other metaphors imply that a cure for dementia exists but has yet to be found by scientists who are framed as undertaking a *quest* (11) or *hunt* (55) for *clues* (16) or the *key* (258) to curing the syndrome and devising methods for earlier diagnosis.

BRITAIN will spearhead the hunt for a **dementia** cure by doubling the funding for cutting edge research.

(Express 2019)

Blood clues on **dementia**

MOLECULES in our blood could help identify those most at risk of dementia.

(Mirror 2018)

Although the vast majority of metaphors focused on biomedical responses to dementia, followed by individual responses in terms of behaviour modifications, this was not the case for all metaphorical framings of responses. In a small minority of cases, the articles drew on a metaphor of gambling to critique inconsistency in the provision of social care, with the public positioned as being at the mercy of a (*postcode* (22)) *lottery* (30) or (*Russian* (18)) *roulette* (16) regarding the social care services available to them and the preparedness (or otherwise) of hospitals to treat patients with dementia.

DEMENTIA sufferers face a postcode lottery with huge numbers left without basic necessary checks or a support network.

(Express 2016)

Jeremy Hughes, chief executive of Alzheimer's Society, told the BBC the investigation found worrying variations. 'In the worst cases, hospital care for people with **dementia** is like Russian roulette,' he said. 'People with dementia and their carers have no way of knowing what's going to happen to them when they are admitted.'

(Mail 2016)

5. Discussion and conclusions

This study has identified the most prominent metaphors around dementia in the British tabloids across a period of ten years. The analysis focused on five related areas of dementia representation: prevalence; causes; symptoms and prognosis; lived experience; and responses. These aspects of dementia were found to be framed by the tabloids using a variety of metaphors which characterised dementia, including its prevalence, causes and symptoms, variously and amongst others, as a violent actor, a murderer, a thief, an invader, an athlete, and an infectious disease. Meanwhile, experiences of dementia were characterised in terms of victimhood, combat, companionship, biological treachery, losing possession of memory and function, descent, and being disposed of like waste. Responses to dementia were characterised as battles, races, attempts to resist invasion and restrict movement, hunting and gambling. In this section, I will argue that many of these prominent metaphorical representations have the potential to frame dementia in ways that stigmatise people with the syndrome. I will also argue that people with dementia and the public in general might benefit from metaphorical framings which, rather than foregrounding the fatality of people with dementia and the need for a medical cure, pay greater focus to selfhood and the person living with dementia, and as a response foreground the ways that people can be supported in living socially fulfilled lives in the here-and-now.

As noted in Section 2, when viewed through the lens of framing, metaphor can be considered to have the power to foreground certain elements of the phenomena they represent while backgrounding or eliding others. A hallmark of almost all of the metaphors identified in the foregoing analysis is that they foreground the agency of dementia – in many cases anthropomorphising it as a social actor – while background or precluding altogether the agency of those diagnosed with the syndrome. As an agentive force, dementia moves and invades, races against and hides from those seeking to remedy it, and competes with other conditions to become the leading cause of death. People with dementia, meanwhile, are largely denied agency, being instead rendered as the target of the actions both of dementia and those seeking to cure it. In certain contexts, people with dementia were granted agency, though the actions attributed to them were negatively freighted, such as being cast as 'losing' their memory and personhood and as 'succumbing' to dementia. This pattern in the assignment of agency is arguably most visible in metaphors belonging to the domain of violence, which were used to frame dementia as a violent actor which attacks people with dementia, kills them, and steals from them their cognitive function and very personhood – contributing to a wider discourse of dementia as social death. Moreover, the manner in which

dementia undertakes such acts of violence is presented as deliberate and malicious – carried out in a manner described as ‘brutal’, ‘cruel’ and ‘heartless’. Violence metaphors were pervasive across the corpus, contributing to the framing of dementia with respect to all five areas of representation considered.

Violence metaphors (also termed ‘war’, ‘martial’ and ‘militaristic’, etc.) are pervasive not only in coverage of dementia but in the language associated with health and illness in general, with criticisms of such tropes by now long-standing and wide-ranging. Sontag (1978) cautioned against the use of such metaphors, arguing that they can have stigmatising effects for those affected by the illness in question. In particular, Sontag argued that violence metaphors have the potential to frame people affected by illness as the ‘enemy’ of the ‘war’, and their bodies as the metaphorical ‘battlefields’. This is an argument that has since been extended to and discussed in relation to wide range of health issues, such as cancer (Semino et al. 2017), SARS (Wallis and Nerlich 2005) and obesity (Brookes and Baker 2021; Brookes 2021). In the case of dementia, such concerns may be compounded when we consider that we have seen how the causes of dementia are frequently located within the individual, in some instances with parts of their brain being characterised as treacherous weapons which inflict violence on the rest of the brain. Sontag and others have argued that a further issue with violence metaphors is that if the disease prevails and the person fails to recover from it, that person could then be viewed as having ‘lost’ the battle. Given, as noted, that dementia is a chronic syndrome with no known cure, it seems likely that this is a battle that people diagnosed with the syndrome will inevitably lose.

Scholars concerned with metaphor in relation to a wide range of illnesses have both supported and challenged the association between violence tropes and stigmatisation. A prominent counterargument is that people can find violence metaphors empowering, as these have the potential to grant individuals a greater sense of agency in their illness experience, helping them to feel like they have greater influence over their prognosis (see: Demmen et al. 2015). However, this argument is problematic in the case of dementia, not only because a cure for the syndrome has yet to be developed, but also because, as discussed, the prospects for agency for people with dementia are limited if not elided altogether in the ways that violence and other metaphors are used by the tabloids. People with dementia tend to be framed as victims of violence, with combative resistance more likely to come from people without a diagnosis who are advised on how to ‘fight’, etc. dementia by reducing their risk through behavioural change. A potential consequence of this neoliberal discourse is that if people are diagnosed with dementia, they could be considered to have ‘lost’ the battle with dementia by failing to take responsibility for their risk.

I would thus argue that the use of violence metaphors to frame dementia does indeed have the potential to contribute to dementia stigma. Dementia stigma is, I would argue, propagated not only through the use of violence metaphors but by the wider set of metaphorical framings identified here – including those of horrors and nightmares and the dehumanising equation of people with dementia to waste being disposed of – which foreground dementia’s most disastrous and fear-inducing aspects while backgrounding, if not shutting down altogether, the possibility of ‘living well’ with dementia following diagnosis, as many people do with the right support (Sabat 2018). The effects of stigma on identity and within society more broadly are well-documented. Becker (1963: 33-34) argued that the stigmatised aspects of a person’s identity tend to be noticed first, while Epstein (1998) suggests that stigmatised identities are thus likely to subsume other aspects of identity such

that the behaviour of a stigmatised person is likely to be attributed to those aspects of their identity that are stigmatised. Falk (2001) argued that stigmatisation occurs because it helps in the creation of in-groups and out-groups within societies.

Stigma remains a salient feature of the experience of living with dementia (Swaffer 2014) and its effects on people's lives and society as a whole can be severe. If we take the consequences of stigma noted above, we can see how dementia stigma may contribute to a societal view of people with dementia as 'other', as well as a sense of spoiled identity in which dementia is seen first, all of their traits and behaviours are attributed to dementia, and other aspects of their identity are backgrounded or overlooked altogether. Taken together, these kinds of societal representations of dementia and people with it can lead to them being negatively labelled and stereotyped, which can in turn lead to discrimination and a loss of power (Link and Phelan 2001). As well as drawing on our understanding of the impacts of stigma in general terms, recent research has highlighted the impacts of dementia stigma in particular. For example, dementia stigma has been found to engender feelings of shame in people with dementia and to prevent them from seeking diagnosis and medical support, as well as making them less willing to get involved in research (Burgener and Berger 2008). Dementia stigma has also been found to distort service standards at all levels of UK healthcare, including frontline provision and resource allocation (Benbow and Jolley 2012). Dementia stigma can also create fear, misunderstanding and negative attitudes around dementia among the general public. For example, one in five adults in the UK mistakenly believe that dementia is an inevitable part of ageing; two-thirds mistakenly believe dementia risk cannot be reduced; and one in five believe they would find it hard to communicate with a person with dementia (Alzheimer's Research UK 2018). More recently, a report by Alzheimer's Disease International (2019) suggested that 80% of people are fearful of dementia.

While people with dementia were metaphorically rendered as providing little if any opposition to the syndrome, agency was ascribed to those responsible for developing curative, pharmacological solutions. This focus not only results in emphasis being placed on prospective treatments that are not currently available, but it also serves to simultaneously shift focus away from other, non-biomedical, non-pharmacological responses, such as arts-based therapies, as well as other initiatives designed to help those with a diagnosis and their relatives to manage the syndrome. Finding a cure for dementia is, of course, a worthwhile endeavour. However, the development of curative treatment is likely to do little to improve the quality of life of people living with dementia in the here-and-now. Relative to the financial support that is granted to pharmacological research, social care for people with dementia is already chronically under-funded (Alzheimer's Society 2021). Yet, given the power of media framing to garner public and policymaker support for particular health-related initiatives (McCombs and Shaw 1972), metaphors which foreground prevention in the form of individual behaviour change and yet-to-be-developed pharmacological remedies, all the while backgrounding the role of social care in helping people to live with dementia in the here-and-now, are only likely to widen this imbalance. Indeed, metaphors which I have observed to frame the pursuit for a pharmacological cure as a hunt or puzzle with clues may imply the promise that there is a cure 'out there', if only scientists were able to find or solve it. The gambling metaphors used to expose inconsistencies in care quality offer a refreshing focus on social care, though these are far less frequent than those which foreground pharmacological responses.

One defence of the use of metaphors examined in this study is that such tropes offer useful linguistic and conceptual apparatus with which to communicate about what is – in dementia – a complex and difficult-to-understand syndrome, in the process conferring a sense of ‘symbolic order’ over it. Indeed, as noted above, many people have a poor understanding of and continue to fear dementia more than they do other serious diseases. Yet, we may question the extent to which the metaphors which characterise the tabloids’ coverage are indeed likely to improve public understanding of dementia. For example, the metaphors used to represent dementia’s prevalence as wide and growing to disastrous effect – including the framing of dementia as a ticking timebomb and as the leader in a race with other conditions – were seldom accompanied by any discussion of the epidemiological niceties, discussed earlier, which are likely to give us an inflated impression of dementia’s prevalence. Indeed, as noted, recent research indicates that the prevalence and incidence rates of dementia in high income countries such as the UK may have actually fallen (Prince et al. 2016), quite contrary to the apocalyptic and doom-laden metaphors drawn on by the tabloids. However, such optimistic counterarguments run contrary to the news value of negativity and would arguably make for less sensational headlines, and the news agencies studied here may contend that their priority is to sell newspapers and generate traffic to their websites. It is important to bear in mind that the news creators featured in my data work within commercial organisations. However, it is also important to reflect critically on the likely trade-off between raising profits and awareness, and the ramifications this may have for the lives of people living with dementia as well as the public more generally.

I would argue that people with dementia, their relatives and the general public would all be better served by metaphors which help to challenge dementia stigma and raise genuine awareness of the syndrome. Reducing dementia stigma could, as we have seen, result in more timely diagnoses, the delivery of more appropriate care, improvements in the quality of life for people with dementia and their relatives, and less fear and misunderstanding of the syndrome amongst the public. Swaffer (2014: 710) points out that language use, along with inclusivity and the creation of dementia-friendly communities, is ‘important in the reduction of stigma, and without positive change, stigma will continue to be a significant burden on people with dementia’. With this in mind, regarding metaphorical choices, some of the metaphors identified in the foregoing analysis may be productive to these ends – in particular, those which frame the experience of dementia as a journey or which characterise it as companionship respectively articulate the progressive and chronic nature of the syndrome. These tropes also leave open the possibility that the relationships and journeys can be positive, negative or a mixture of the two – therefore being able to account more flexibly for differences in subjective experiences of dementia, as well as variations in an individual’s experiences; indeed, just as dementia is experienced differently between individuals, a single person can experience their dementia differently from day-to-day.

It is difficult to issue recommendations around metaphor use, though, as the interpretation of such figurative language use is subjective, their effects on our experiences and understandings of health topics can vary from individual to individual. Indeed, in a recent study of metaphors used in dementia blogs, Castaño (2020: 126) found that the bloggers in their data could use militaristic metaphors to ‘show determination or to praise themselves or others for their tenacity and effort. Likewise, the blogs analyzed in this study also evidence that “journey” metaphors are not by default more positive than “war” metaphors if, as in the case of dementia, patients’ prognosis leads to conceive of the journey as a “one-way journey”

marked by a progressive and unavoidable decline of people's physical and cognitive abilities'. More recently, Putland (2022) used semi-structured interviews and focus groups to consider how people with dementia and their carers and/or relatives evaluated a prominent visual metaphor for dementia (one which maps autumnal trees losing leaves onto the brain/head). The analysis identified three main responses to the metaphor; that it, (i.) accurately depicts dementia, (ii.) explains a biomedical account of progressive brain deterioration, and (iii.) reinforces inaccurate and/or 'hopeless' frames of what having dementia involves. Further research like this, which explores directly and systematically how people with dementia and the public more broadly respond to metaphorical (and other) representations are clearly essential and much-needed if we are to understand in empirical terms how such metaphors are received and the impacts they might have on how people perceive and indeed experience dementia.

Notwithstanding this gap in the present study, as a general guiding principle, I would suggest that British tabloids could endeavour to better incorporate into their coverage the perspectives of people with first-hand experience of dementia. A step towards this goal could involve media text producers – and producers of other types of public discourse around dementia, for that matter – working more closely with dementia charities and advocacy groups. Such groups frequently work with people with lived experience of dementia and, as such, have in place the infrastructure to involve people with dementia and their relatives in such activities in ways that are ethically responsible and empowering for those individuals. Presently, such voices are, as noted, largely absent from the corpus studied here. However, better representation on this front may allow media organisations and other communicators to be guided by the metaphors that such people find useful for capturing and communicating their lived experiences of this complex health issue.

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Appendix 1: Metaphorical collocates of *dementia* (5L > 5R), ranked by frequency of collocation.

Collocate	Collocation frequency	MI score
<i>living</i>	1198	5.04
<i>against</i>	529	4.63
<i>battle</i>	425	5.50
<i>live</i>	377	3.89
<i>fight</i>	370	5.22
<i>lead</i>	297	3.83
<i>slow</i>	278	4.24
<i>beat</i>	261	5.63
<i>key</i>	258	4.19
<i>leading</i>	242	4.18
<i>ward</i>	234	5.06
<i>stop</i>	208	3.74
<i>stricken</i>	176	5.94
<i>battling</i>	167	5.44
<i>hit</i>	162	3.96
<i>face</i>	152	3.28
<i>delay</i>	147	4.57
<i>victims</i>	143	4.51
<i>lost</i>	125	3.01
<i>victim</i>	115	3.39
<i>losing</i>	111	3.72
<i>killer</i>	108	4.38
<i>struck</i>	95	4.64
<i>bay</i>	85	5.33
<i>tackle</i>	84	4.23
<i>killed</i>	83	3.87
<i>cruel</i>	83	3.84
<i>hold</i>	79	3.54
<i>struggle</i>	75	3.90
<i>lose</i>	72	3.08
<i>struggling</i>	70	3.55
<i>epidemic</i>	66	5.13
<i>race</i>	58	4.54
<i>wards</i>	57	4.97
<i>leads</i>	56	4.00
<i>halt</i>	55	4.32
<i>hunt</i>	55	3.63
<i>kill</i>	54	3.92
<i>toll</i>	53	4.68
<i>beating</i>	52	4.91
<i>combat</i>	52	4.47
<i>fighting</i>	49	3.90
<i>leader</i>	49	3.66
<i>tackling</i>	48	4.42
<i>timebomb</i>	47	6.01

<i>reverse</i>	46	3.81
<i>killing</i>	45	3.68
<i>deadly</i>	44	4.85
<i>faces</i>	44	3.71
<i>war</i>	44	3.34
<i>strikes</i>	41	5.29
<i>journey</i>	35	3.56
<i>battles</i>	31	5.05
<i>dumped</i>	31	4.87
<i>delayed</i>	31	3.72
<i>defeat</i>	30	5.09
<i>lottery</i>	30	3.93
<i>speeds</i>	27	5.10
<i>stripped</i>	26	4.74
<i>delays</i>	26	4.52
<i>fight</i>	24	5.14
<i>stops</i>	23	3.78
<i>battled</i>	22	4.36
<i>bomb</i>	22	4.34
<i>postcode</i>	22	4.25
<i>kills</i>	22	4.18
<i>staving</i>	20	5.46
<i>overtaken</i>	19	5.60
<i>beaten</i>	19	4.47
<i>russian</i>	18	5.02
<i>robs</i>	18	4.78
<i>loses</i>	18	4.67
<i>accelerate</i>	18	4.27
<i>grip</i>	18	4.16
<i>rogue</i>	18	4.10
<i>hell</i>	18	3.99
<i>halting</i>	17	5.67
<i>delaying</i>	17	4.59
<i>heartless</i>	17	4.59
<i>roulette</i>	16	5.60
<i>beats</i>	16	4.99
<i>cruellest</i>	16	4.79
<i>clues</i>	16	4.01
<i>reversed</i>	16	3.51
<i>mission</i>	15	4.10
<i>succumbed</i>	14	5.66
<i>steals</i>	14	4.95
<i>slows</i>	14	3.78
<i>horror</i>	13	3.45
<i>robbing</i>	13	3.35
<i>descent</i>	12	5.30
<i>ravages</i>	12	4.50
<i>killers</i>	12	4.40

<i>warding</i>	11	5.01
<i>brutally</i>	11	4.72
<i>accelerated</i>	11	3.50
<i>quest</i>	11	3.34
<i>slowed</i>	11	3.28
<i>dagger</i>	10	6.46
<i>overtook</i>	10	5.93
<i>dump</i>	10	4.93
<i>succumbing</i>	10	4.93
<i>savage</i>	10	4.603
<i>ticking</i>	10	3.63
<i>nightmare</i>	10	3.31