Salutogenic versus Pathogenic metaphorical language usage in South Africa's National HIV/AIDS Education Policy

JM Heyns

iD orcid.org 0000-0002-5072-3376

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Supervisor: Prof C van Eeden

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Student number: 12692131

You should enjoy the little detours, to the fullest.
Because that's where you'll find the things
more important than what you want …

~ Ging Freecss (from the anime *Hunter X Hunter*) ~

REMARKS FOR THE READER

1) This mini-dissertation followed the referencing and editorial style as prescribed by the *Publication Manual* (6th edition) of the American Psychological Association (APA), as it is the prescribed referencing style for the degree *Magister Artium* in Applied Positive Psychology at the Vaal Triangle Campus (VTC) of the North-West University (NWU).

2) This mini-dissertation has been written using the article format, in line with the 2017 General Academic Rules (4.2.3.3, 4.3.1.3 and 4.4.1) of the NWU. It consists of an introductory chapter (Chapter 1), one research article containing the main findings of the study (Chapter 2), and a final chapter outlining the limitations of the study, directions for future research, and conclusions (Chapter 3).

3) Due to the structure of this mini-dissertation there will be some duplication of the literature overview from the introductory chapter (Chapter 1) in the research article (Chapter 2), as the literature overview forms the basic background of the study and is needed to interpret the findings. Furthermore, there will also be some duplication of the limitations of the study, directions for future research and conclusions from the research article (Chapter 2) in the final chapter (Chapter 3).

4) Readers who wish to read this mini-dissertation in electronic format should please note that some EndNote references are marked as hidden text (for document layout and structural purposes) and should not be read as part of the final document. The hidden text will not appear in a printout, or PDF format, and also should not appear in Microsoft

Word format as long as type assist (¶) is turned off (and the appropriate setting for this is set).

5)   For the purpose of this mini-dissertation, South Africa's national policy[1] on HIV/AIDS, as published in the South African Government Gazette No. 20372 – Vol. 410 of 10 August 1999, was analysed. At the time of this study (which was started in 2015), this was the policy available on the South African Department of Education's website; however this document was removed[2] some time in August 2017 and replaced with the Policy on HIV, Sexually Transmitted Infections (STIs) and Tuberculosis (TB).

6)   In this mini-dissertation HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) will be written as "HIV and AIDS" and not "HIV/AIDS", except when specifically referring to other research or the policy analysed in this mini-dissertation, where the format "HIV/AIDS" was used. The reasoning behind this decision is because the sign "/" between words is generally used in written English to indicate "or". The format "HIV/AIDS" may cause confusion and possibly create the thinking that HIV and AIDS are interchangeable terms, when they are in fact not. It is important that the two terms should be properly distinguished from each other, so that it remains clear that HIV is the virus which over time causes the condition AIDS.

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[1] South Africa's national policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions, in terms of section 3(4) of the National Education Policy Act (No. 27 of 1996)

[2] The document is archived on the Department of Education's website and can be accessed through this link: https://www.education.gov.za/Portals/0/Documents/Policies/SchoolEnrichment/hivAidspolicy.pdf?ver=2007-10-03-151117-000

PREFACE AND ACKNOWLEDGEMENTS

This Master's degree has served as witness to the longest journey of my life so far, which I have chosen to undertake, not for anyone else, but for myself. For me, this degree was never about the destination, but rather the journey. What should have been two short years became a four-year-long detour, which I would happily repeat – I would not exchange it for anything in the world. Although these four years were not without stressful or regrettable events, especially my nearly fateful encounter with a kudu four months before submission, I truly believe that the things I learned and experienced during this time were essential for my personal growth and life journey. I chose the scenic route for this journey and am convinced that it was the right choice. I would willingly choose it again if I ever had the choice. All glory and honour to the Father, the Son and the Holy Spirit, for watching over me during this time and keeping me save, for giving me strength and patience when I needed it, and helping me grow and see what I needed to see. Amen.

Without the support, patience and assistance of many individuals, it would not have been possible to write this mini-dissertation. I would like to extend my sincerest gratitude (in no particular order) to:

- **Professor Chrizanne van Eeden**. Thank you not only for your wonderful supervision and wisdom, but also for believing in me and trusting me to complete this study, despite having taken the time that it did. Thank you for giving me just the right amount of guidance and advice to overcome a particular obstacle and at times for even going as far as to help remove an obstacle, whether it was something regarding the study or something in my personal life. Thank you from the bottom of my heart.

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- **CABSA**. Lastly I want to thank CABSA (Christian AIDS Bureau for Southern Africa) for sponsoring me to attend the workshop on HIV and AIDS. The workshop allowed me to immerse myself in knowledge and understanding of HIV and AIDS.

Once more to one and all, thank you from the bottom of my heart.

"If you have much, give of your wealth;

if you have little, give of your heart."

~ Arab Proverb ~

SUMMARY

Title

Salutogenic versus pathogenic metaphorical language usage in South Africa's national HIV/AIDS education policy

Keywords

AIDS, conceptual metaphor, education, HIV, language, metaphor, pathogenic, policy, positive psychology, salutogenic, South Africa

This study explored the use of metaphorical language in South Africa's national HIV/AIDS education policy, and to what extent the metaphorical messages conveyed about HIV and AIDS in the policy are essentially health engendering (salutogenic) or illness oriented (pathogenic). To analyse the data the study followed a qualitative thematic discourse analysis approach. The MIPVU (Metaphor Identification Procedure Vrije Universiteit, Amsterdam) was used to identify conceptual metaphors directly related to HIV and/or AIDS, and thematic discourse analysis was used to group these metaphors into overarching themes. For methodological rigor and validation purposes, a co-coder and Cohen's kappa coefficient were used. The initial identification of the metaphors was done using ATLAS.ti (version 8.0) by labelling (or tagging) the metaphors, after which each metaphor was manually grouped into one of the themes for further analysis and discussion.

Data analysis resulted in the identification of 55 metaphors directly related to HIV and/or AIDS, which were grouped into 9 overarching themes. The results revealed that the most prevalent metaphor themes in the policy were process (the most prevalent), change (second most prevalent), and action (third most prevalent). These three themes made up 60%
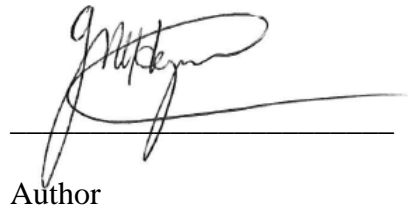
of the metaphors used in the policy. Furthermore, the results also revealed that the majority (~56.4%) of the metaphors in the policy can be perceived as positive, while ~29.1% can be perceived as negative, and ~14.5% can be perceived as neutral. The results revealed that the metaphorical messages conveyed about HIV and AIDS in the policy are essentially meant to be health engendering (salutogenic). Lastly, the results revealed that a possible narrative or perhaps even ideology about the policy could be to provide processes (devising methods) to initiate and aid (agency) actions to create positive change (transformation).

This mini-dissertation consists of three chapters, starting with an introductory chapter (Chapter 1), and followed by a research article, which contains the main findings of the study (Chapter 2). The mini-dissertation concludes with a chapter that outlines the limitations of the study, directions for future research, and conclusions (Chapter 3).

DECLARATION OF AUTHOR

I, Jacques McDermid Heyns, hereby declare that the dissertation entitled *Salutogenic versus Pathogenic Metaphorical Language Usage in South Africa's National HIV/AIDS Education Policy* is my own work and writing. Furthermore, I also declare that the views and opinions expressed herein are my own and based on the relevant literature references as shown in the lists of references.

Finally, I declare that the content of this study will only be submitted to the North-West University for the qualification given on the title page. The content of this study will not be submitted for any other qualification(s) at any other institution(s).

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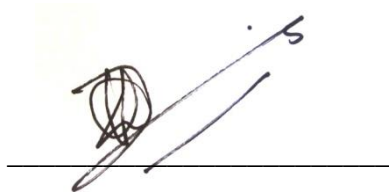
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DECLARATION OF LANGUAGE PRACTITIONER

To whom it may concern

I, Linton Davies, full member of the Professional Editors' Guild of South Africa, hereby declare that I have language edited the mini-dissertation submitted in partial fulfilment of the requirements for the degree *Magister Artium* in Applied Positive Psychology at the North-West University, Vaal Triangle Campus, of Jacques McDermid Heyns entitled: *Salutogenic versus Pathogenic Metaphorical Language Usage in South Africa's National HIV/AIDS Education Policy*.

The responsibility of implementing the recommended changes resulting from the language edit ultimately remains with the author of the dissertation.

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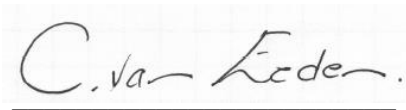
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PERMISSION OF SUPERVISOR

I, Professor Chrizanne van Eeden, hereby give permission to Jacques McDermid Heyns to submit this document as a mini-dissertation for the qualification MA in Positive Psychology.

Furthermore, I confirm that this mini-dissertation has been written in the article format that is in line with the 2017 General Academic Rules (4.2.3.3, 4.3.1.3 and 4.4.1) of the North-West University.

Supervisor

Professor Chrizanne van Eeden   31 October 2018

TABLE OF CONTENTS

CHAPTER 3

LIST OF TABLES

Table   **Page**

Chapter 2: Research Article

LIST OF FIGURES

Figure   **Page**

CHAPTER 1

Salutogenic versus Pathogenic Metaphorical Language Usage in South Africa's National

HIV/AIDS Education Policy: Introduction, Problem Statement, and Objectives

"New metaphors are capable of creating new understandings and, therefore, new realities."

Lakoff and Johnson (1980, p. 235)

This chapter provides an orientation for the study on which this mini-dissertation is based. The aim of the study was to qualitatively explore the use of metaphorical language used in South Africa's national HIV/AIDS education policy in terms of section 3(4) of the National Education Policy Act (No. 27 of 1996), and to study the extent to which the metaphorical messages conveyed about HIV and AIDS are essentially health engendering (salutogenic) or illness oriented (pathogenic). This chapter provides a general introduction and brief discussions regarding the conceptualisation of metaphors, and metaphors in psychology, and gives an overview of the existing literature on the topic. The research problem is discussed, as are metaphors in illness-prevention discourses. This serves as a prelude to the outline of the main research questions and objectives which guide this study. The remainder of the chapter discusses the research methodology and the relevant ethical considerations. The chapter concludes with a brief outline of the chapters of this mini-dissertation as well as a summary of this first chapter.

1.1 Introduction

The publication of Lakoff and Johnson's book, *Metaphors We Live By*, in 1980 quite likely acted as a starting point for renewed interest in the study of metaphors in various domains. Most people think of metaphors as something used in extraordinary language, such as poetic imagination and the rhetorical flourish, rather than something used in ordinary everyday language (Lakoff & Johnson, 1980). Furthermore, most people generally view metaphors as an aspect of language alone, that is, metaphors are something that deal with words rather than with thoughts or actions. According to Lakoff and Johnson (1980), for this reason most people think that they do not actually use metaphors all that often, because they do not use extraordinary language. However, Lakoff and Johnson found that metaphors are pervasive not just in language, but also in thoughts and actions, and therefore, according to

them, people's ordinary conceptual systems (how people think and act) are fundamentally metaphorical in nature.

1.2 Conceptualisation of Metaphors

An understanding of the workings of a conceptual metaphor is necessary before the fundamental metaphorical nature of people's ordinary conceptual systems can be discussed. Knowles and Moon (2006) stated that conceptual metaphors equate to two concept areas, the source domain and the target domain. The source domain is typically something concrete, and is the concept area from which the metaphor is drawn. The target domain is typically something abstract, and is the concept area to which the metaphor applies. Simply stated, this means that the source domain transfers its known attributes/characteristics to those of the target domain, which aids in understanding the target domain. Lakoff and Johnson (1980) introduced the terms *source domain* and *target domain* in their work *Metaphors We Live By*, as alternatives to the more traditional terms *vehicle* and *tenor* introduced by Richards (1936) in his classical work, *The Philosophy of Rhetoric*. Although roughly comparable, the traditional terms do not emphasise interaction as do the source and target domains. Brown (2002) explained this best,

> The terms "target domain" and "source domain" not only acknowledge a certain parity
> of import between the metaphor and its referent but also illustrate more precisely the
> *dynamic* that occurs when something is referenced metaphorically, namely, a
> superimposing or unilateral "mapping" of one domain on another (p. 6).

Figure 1.1 provides a visual representation of the source and target domains of a metaphor, and displays the interaction between the source and target domains.

+---+
| **SOMETHING**   **IS**   **SOMETHING ELSE** |
| |
| +-----------------------+   +-----------------------+ |
	Object 1		**Object 2**	
	(*target domain*)	**=**	(*source domain*)	
	Typically an abstract		Typically a concrete	
	concept		concept	
+-----------------------+   +-----------------------+
+-----------------------+
	Concrete concepts are	
	generally easily	
The *source domain* transfers its	understood by most	
attributes to the *target domain*,	people, through	
thus aiding in the understanding	easily understandable	
of the *target domain*, in terms	and identifiable	
of the *source domain*.	attributes.	
+-----------------------+
+---+

Figure 1.1. Internal analysis constructs of metaphors. Adapted with permission from "Metaphor", by T. Shameem, 2014.

The metaphorical concept[3] that is likely to explain this fundamental metaphorical nature of people's ordinary conceptual systems most comprehensively is what Lakoff and Johnson referred to as "orientational metaphors" (Lakoff & Johnson, 1980, p. 14). They described orientational metaphors as metaphors that organise a whole system of concepts with respect to one another and mostly deal with spatial orientations, such as up-down, in-out, front-back, and so forth. The spatial orientation of this particular metaphorical concept, according to Lakoff and Johnson (1980), has a basis in the physical constraints of the human body and how it functions the way it does within the physical environment in which it exists. Consider the concepts HAPPY and SAD, and the conceptual metaphors HAPPY IS UP and SAD IS DOWN. Examples[4] of these metaphors in ordinary language, with reference to HAPPY IS UP include: My spirits *rose*; You're in *high* spirits; Thinking about them always

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[3] Refer to Lakoff and Johnson (1980) for more metaphorical concepts.
[4] Refer to Lakoff and Johnson (1980, p. 15). Note that gender-specific pronouns were switched with gender-neutral pronouns.

gives me a *lift*. Examples with reference to SAD IS DOWN include: My spirits *sank*; I'm feeling *down*; They're really *low* these days. According to Lakoff and Johnson (1980), the physical basis for these metaphors is that a drooping posture is typically associated with a negative emotional state, while an erect posture is typically associated with a positive emotional state. To further elucidate, consider the concepts of HEALTH AND LIFE and SICKNESS AND DEATH, and the conceptual metaphors HEALTH AND LIFE ARE UP and SICKNESS AND DEATH ARE DOWN. Lakoff and Johnson (1980) suggested that the physical basis for these metaphors is that serious illness and death force people to lie down physically, whereas living, healthy people are normally capable of physically standing or sitting up. Examples[5] of these metaphors in ordinary language, with reference to HEALTH AND LIFE ARE UP, include: They are at the *peak* of health; They're in *top* shape; As to their health, they're way *up* there. Examples with reference to SICKNESS AND DEATH include: They *fell* ill; They came *down* with the flu; They *dropped* dead.

1.3 Metaphors in Psychology

Although metaphors are generally a classical theme of interest and research in linguistics, metaphors can also be of interest to psychology. Psychology, among a wide variety of its domains, frequently uses metaphors, specifically conceptual or cognitive metaphors (Kövecses, 2010). In order to acquire an understanding of more complex or abstract parts of reality, conceptual metaphors serve as analogies, allowing the understanding of one experience to be conceptualised in terms of another experience (Lakoff & Johnson, 1980; Vosniadou & Ortony, 1989). This is slightly different from the everyday understanding of metaphors as an extraordinary language occurrence. That is to say, conceptual metaphors are not simply unusual or ornamental ways of talking and thinking, but are a prevalent part of language and thought, especially when talking and thinking about the more abstract parts of

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[5] Refer to Lakoff and Johnson (1980, p. 15). Note that gender-specific pronouns were switched with gender-neutral pronouns.

reality (Lakoff & Johnson, 1980, 1999; Van Rooy & Drejerska, 2014). In other words, the more abstract a concept is the harder it becomes to conceptualise in non-metaphorical ways.

In 1985, the psychologist Kenneth Gergen emphasised the importance of language for shaping meaning and criticised the notion of objective knowledge operating within psychology. Gergen argued that people understand themselves and the world around them in terms of social artefacts, which he defined as "products of historically situated interchanges among people" (Gergen, 1985, p. 267). He therefore suggested that psychologists should not study the mental events or world which language might appear to present, but should rather study language as part of the "human meaning systems" (Gergen, 1985, p. 270).

People use language to vocalise their conceptualisations. The frontal lobes of the brain incorporate specific language centres connected directly to the motor cortex of the brain, which is responsible for making a person take action. According to Newberg and Waldman (2012), words (with specific reference to positive and negative language) can bring about changes in people's psycho-neurological functioning. In their book, *Words Can Change Your Brain*, they suggested that positive or optimistic language can help to stimulate activity in the frontal lobes of the brain and can stimulate the brain's cognitive functioning, propelling the motivational centres of the brain into action (Newberg & Waldman, 2012). In contrast, negative language can disrupt the production of neurochemicals that protect people from stress, or disrupt psycho-neuro-immunological functioning. Newberg and Waldman (2012) suggested that negative language increases activity in the amygdala, which is responsible for emotions, survival, instincts and memory. This increased activity results in the release of stress-producing hormones and neurotransmitters, which in turn interrupt brain functioning, specifically with regard to logic, reason, and language.

Using appropriate language (or specifically chosen words) to convey information can also influence how much people pay attention. Ottati, Rhoads, and Graesser (1999) explained

the influence of metaphors on communication processes, specifically regarding the process of

persuasion. They found that if people have a general interest in a particular topic (for

example, sports) and information is presented in terms of the topic of interest (for example,

talking in sports metaphors), people will pay more attention, regardless of the actual content

of the information.

While *Metaphors We Live By* (Lakoff & Johnson, 1980) may have brought about

renewed interest in metaphor studies in psychology, other works by Lakoff and Johnson

(Lakoff, 1987a, 1987b; Lakoff & Johnson, 1999) may have also further motivated metaphor

studies, especially in cognitive and clinical psychology. Cognitive psychology studies higher

mental (cognitive) processes, which include language usage and thoughts regarding language

usage (Gerrig, 2012), and therefore cognitive psychologists may be particularly interested in

studying metaphors and metaphorical language usage. However, there seems to be a strong

link between cognitive psychology and positive psychology (which is explained hereafter);

thus metaphor studies can also be useful in the latter scientific field (see Oishi, 2010;

Pawelski & Moores, 2013).

Cognitive psychology, specifically with reference to the cognitive behavioural therapy

(CBT) model, holds to the idea that there is a reciprocal interaction between different

thoughts and therefore also the vocalisation of thoughts through language, moods, behaviours

and biology. This enables a remarkable way of understanding people's healthy (salutogenic)

and pathological (pathogenic) actions and experiences (Greenberger, 2015). Such an

understanding of people's experiences allows the creation of possible cognitive interventions

or, in other words, allows the possibility of changing people's thoughts to bring about

changes in their experiences. Greenberger also suggests that cognitive psychology seems to

be consistent with positive psychology research on salutogenesis, that is, research related to

salutory thoughts, moods and behaviour, for example optimism, meaning, gratitude, positive emotion, altruism and so forth (Antonovsky, 1987, 1993).

In her book, *The How of Happiness,* Lyubomirsky (2008) described numerous happiness activities which include cultivating optimism and practicing acts of kindness. These, in cognitive psychology terms, refer to cognition (cultivating optimism) and behaviour (practicing acts of kindness). Furthermore, numerous research studies have demonstrated that optimism correlates with happiness or a sense of well-being (Ammirati, Lamis, Campos, & Farber, 2015; Carver, Scheier, & Segerstrom, 2010; Krok, 2015; Sherman & Cotter, 2013; Sulkers et al., 2013). When considering that cognitive psychology suggests that any change in cognition or behaviour will be followed by a change in mood (i.e. happiness), it seems that Lyubomirsky's description of happiness activities is consistent with that of cognitive psychology (Greenberger, 2015). A change in people's thinking, for example having hope (Snyder, 2000), optimism or an optimistic explanatory style (Peterson & Steen, 2005) affecting a change in their mood (i.e. happiness), is the nature of the reciprocal interaction that cognitive psychology holds to and is in a way shared with positive psychology through the link between these two fields of psychology (see Haidt, 2006).

There is a difference between the language of positive psychology and the language of more traditional psychology. The language of traditional psychology is the language of medicine and pathology (i.e. the language of the illness ideology), whereas the language of positive psychology (i.e. the language of the strengths or fortigenesis ideology) offers a new way of viewing people (Snyder & Lopez, 2009; Strümpher, 1995). Snyder and Lopez moreover suggested that the language of traditional psychology emphasises maladjustment over adjustment, sickness over health, abnormality over normality and so forth, while also situating the focus of the dichotomy it creates inside people. In the view of positive psychology, however, "ineffective patterns of behaviours, cognitions, and emotions are

problems in living, not disorders or diseases" (Snyder & Lopez, 2009, p. 62). In other words, the problems (as mentioned) that people experience in living are located in the interactions between people (and culture at large), rather than inside individuals.

When considering all of the aforementioned, it should become clear why studying the metaphorical language used in HIV and AIDS from a positive psychology perspective may offer insights into how people view and deal with HIV and AIDS. In his book, *The Happiness Hypothesis*, Jonathan Haidt wrote, "Human thinking depends on metaphor. We understand new or complex things in relation to the things we already know [...] but once you pick a metaphor it will guide your thinking" (Haidt, 2006, p. 2).

1.4 Problem Statement

Psychology's interest in metaphors around the time of Lakoff and Johnson's work on metaphors (Lakoff, 1987a, 1987b; Lakoff & Johnson, 1980, 1999) was concentrated on the cognitive and clinical psychology domains. Cognitive psychology at the time focused mostly on mental models (Johnson-Laird, Byrne, & Tabossi, 1989) with an interest in analogical reasoning and problem solving (Vosniadou & Ortony, 1989). As in the works of Lakoff and Johnson (Lakoff & Johnson, 1980, 1999), these research studies gave detailed explanations of how more abstract parts of reality can be understood through metaphors. During this time, clinical psychology's interest in metaphors focused mostly on the roles of metaphors in psychotherapy, particularly in the communication processes between therapists and clients (i.e. the therapist-client relationship). Research on how metaphors may serve as indicators or even predictors of the development and quality of therapist-client relationships coincided with the concept of understanding more abstract parts of reality through metaphors (von Kleist, Buchholz & Roderburg, as cited in Moser, 2000; Schmitt, 2005).

Even though both cognitive and clinical psychology have shown interest in and have researched metaphors, "both fields of psychology hardly took notice of their respective

studies in metaphor" (Moser, 2000, para. 2). However, although the metaphor studies of cognitive and clinical psychology can be linked to a better understanding of abstract parts of reality through metaphors, ultimately the main interest and aim of metaphor studies in cognitive and clinical psychology have been concerned with the study of basic human behaviour rather than the study of the actual metaphors and their possible effects. There is also growing interest in health psychology research in the United States of America (USA) and the United Kingdoms (U.K.), with regard to metaphors and figurative language relating to certain medical conditions, predominantly cancer.

Furthermore, studies that investigate and deal with metaphors often tend to focus more on linguistic, communication or community aspects rather than on clear psychological aspects (Demmen et al., 2015; Du Toit, Schutte, & de Wet, 2003; Henderson, 2013; Jansen, van Nistelrooij, Olislagers, van Sambeek, & de Stadler, 2010; Van Rooy & Drejerska, 2014). Studies that do regard metaphors from a psychological point of view, in particular how changes in metaphorical framing can influence people's understanding and thoughts, are scarce in the positive psychology orientation, are not necessarily from a South African perspective, or focus on illnesses other than HIV and AIDS, most often cancer (Demjén & Semino, 2016; Hanahan, 2014; Hauser & Schwarz, 2015; Jensen & King, 2013; Lanceley & Clark, 2013).

1.5 Metaphors in Illness Prevention Discourses

Since the USA National Cancer Act of 1971 was signed, war and enemy metaphors became the dominant metaphors in cancer language. It is interesting to note that even though the war on cancer was not described as a "war" in the act itself, the war and enemy metaphoric framing became dominant and is still used today. A particularly fitting example of both war and enemy metaphors in cancer is "I have not hunkered down in my trench to just merely defend myself against the demon but have picked up my sword and taken the fight to

the demon" (Demmen et al., 2015, p. 218). The idea of using war and enemy metaphors in

cancer health information is to motivate people to "battle" or "fight" cancer and in this way

influence how people think about, understand and respond to cancer. There are also different

viewpoints regarding the war and enemy metaphoric framings of cancer. Some research

supports adapting or refining the metaphoric framing to be more relevant to the current

knowledge regarding cancer research and medicine (Hanahan, 2014), while other research

supports doing away with the war and enemy metaphoric framing (Hauser & Schwarz, 2015).

     The declaration of war on cancer and the use of the war and enemy metaphor may have

been justifiable back when it was popularised, considering that it inspired efforts and progress

in understanding and treating cancer (Hanahan, 2014), although despite the efforts and

progress that have been made, the war on cancer has not yet been won. Instead of doing away

with the war and enemy metaphor framing however, Hanahan suggested that the metaphor of

the war on cancer should be refined to include more recent insights obtained from cancer

science and medicine studies and that refining the metaphor may prove useful in progressing

cancer treatment and designing more effective cancer therapies, allowing "more battles and

even certain wars to be won" (Hanahan, 2014, p. 563).

     On the other hand, there are also studies that support doing away with the war and

enemy metaphoric framing, particularly in cancer health information. Cancer prevention

benefits more from behaviours that involve self-restraint and limitation than from behaviours

that involve active engagement (Hauser & Schwarz, 2015). If this is true, then it is sensible

for cancer prevention intentions to focus on self-restraint and limitation. However, because

the usage of war and enemy metaphoric framing (the current dominant curative discourse)

most probably influences how people think about, understand and respond to cancer, it is

possible that the efficacy of prevention intentions that focus on self-restraint and limitation

may be reduced. Hauser and Schwarz (2015) suggested that this is indeed the case, which

means that the use of war and enemy metaphors in cancer health information may not be ideal due to the cognitive interference of such metaphors with the potentially beneficial changes brought about by metaphors with different metaphoric content and/or approaches.

Another theoretical construct to be considered in a study of illness metaphors, which may either pathogenically or salutogenically influence people's thoughts and resulting behaviour regarding an illness, is the illness perception approach, which describes people's beliefs and perceptions (mental representations) of illness experiences based on the Common Sense Model of Illness (Leventhal, Meyer, & Nerenz, 1980; Leventhal, Nerenz, & Steele, 1984). According to this model, people form beliefs (cognitive systems) about the characteristics, time course, possible causes, consequences, cure and controllability of an illness. Negative perceptions of an illness have defeating effects on subjective health views, more serious and long-lasting consequences, a prognosis of slower recovery and higher levels of disability (Broadbent, Ellis, Thomas, Gamble, & Petrie, 2009a, 2009b). Perceived controllability and curability of illness, however, are positively associated with illness management and adaptive functioning (Murphy, Dickens, Creed, & Bernstein, 1999). Karademas, Frokkai, Tsotra, and Papazachariou (2013) found evidence suggesting that optimism is related to more positive perceptions of illness (e.g. illness is less threatening and more controllable), which may result in improved subjective health views. Furthermore, they suggested that perceptions of illness may also influence the motivation and a sense of self-efficacy to adopt positive health behaviours. One wonders, therefore, which metaphors currently in use in HIV and AIDS may underpin either positive or negative perceptions of illness, or alternatively what the nature of metaphors would be that represent positive or salutogenic illness belief systems.

As far as the constructs of HIV and AIDS are concerned, the World Health Organisation (WHO, 2017), briefly explain both as follows: HIV (human immunodeficiency

virus) is a virus that destroys or impairs the human immune system by infecting the cells of

the immune system. Once the virus has deteriorated the immune system to the point where it

can no longer fight off infections and diseases, the immune system is considered deficient,

and opportunistic infections can then take advantage of the weakened immune system,

leading to AIDS (acquired immunodeficiency syndrome). AIDS is a term that is used to refer

to the most advanced stages of HIV and is defined by the occurrence of any opportunistic

infections or HIV-related cancers.

According to the World Health Organisation (WHO, 2017), HIV can be transmitted

through a number of ways. The most common form of transmission is through unprotected

sexual intercourse (both vaginal and anal), and through oral sex with an infected person.

Furthermore, transmission can also occur through transfusion of contaminated blood or

contaminated surgical equipment, and the sharing of contaminated needles, syringes or other

sharp instruments. Lastly, transmission is also possible from mother to child during

pregnancy, birth or breastfeeding.

Unfortunately there is no cure for HIV, and therefore it is necessary to focus on the

prevention of HIV transmission. Education on HIV and AIDS (such as understanding risky

behaviours, both sexual and otherwise related to HIV) and lifestyle changes (especially

changes in attitude towards risky sexual behaviour and the promotion of safer sexual

behaviours) are possible ways of increasing the chances of preventing the spread and

transmission of HIV (WHO, 2017). Research studies world-wide (Crepaz & Marks, 2002;

Ntozi & Kirunga, 1997; Zhang & Beck, 1999) agree that changing risky sexual attitudes and

behaviour is an extremely complex issue, but can at the same time be the most successful

way of preventing the spread and transmission of HIV. Changing risky attitudes and

behaviour is done mostly by thought management regarding the illness, self-regard (i.e. value

of self and personal health), relational value (i.e. value of one's partner's health), lifestyle,

future orientation, wellness, etc. Metaphor usage could play a salutory role in preventing the spread and transmission of HIV, and living well with HIV, as it can have a significant influence on the aforementioned thought management.

In an attempt to address this research gap, this study proposes (1) to identify the most prevalent metaphors currently used in South Africa's national HIV/AIDS education policy regarding HIV and AIDS, and their prevention and (2) to analyse the identified metaphors from a positive psychology point of view. This will be done to determine whether the metaphors used in South Africa's national HIV/AIDS education policy are beneficial or detrimental to the understanding of HIV and AIDS, and their prevention, or in other words, whether the metaphors create strength-related (positive) or deficiency-related (negative) understanding, thoughts or perceptions of HIV and AIDS, and their prevention.

Regarding the aforementioned research problem, the following main research question was formulated to serve as a basis for this study:

- Does the current metaphorical language being used in South Africa's national HIV/AIDS education policy create strength-related (positive) or deficiency-related (negative) understanding, thoughts or perceptions of HIV and AIDS, and their prevention?

From this main research question the following secondary research questions emerged:

- What are the main metaphors currently being used in South Africa's national HIV/AIDS education policy that relate directly to HIV and AIDS, and their prevention in South Africa?

- What metaphors directly related to HIV and AIDS, possibly create the most strength-related (positive) understanding of, and thoughts or perceptions, regarding HIV and AIDS, and their prevention in South Africa?

- What metaphors directly related to HIV and AIDS, possibly create the most deficiency-related (negative) understanding of, and thoughts or perceptions, regarding HIV and AIDS, and their prevention in South Africa?

1.6 Research Objectives

In light of the research questions as outlined in the previous section, the following general and specific research objectives were set for this study:

1.6.1 General research objective.

The general research objective of this study is to establish what metaphors (directly related to HIV and AIDS) are currently used in South Africa's national HIV/AIDS education policy and to what extent these metaphors may create strength or deficiency-related (i.e. wellness or illness) thoughts or perceptions regarding HIV and AIDS, and their prevention.

1.6.2 Specific research objectives.

The specific research objectives are: (1) to investigate and determine what metaphors are currently dominating South Africa's national HIV/AIDS education policy, (2) to investigate and determine which of the identified metaphors may create strength-related (wellness) thoughts or perceptions regarding HIV and AIDS and their prevention, and (3) to investigate and determine what metaphors may create deficiency-related (illness) thoughts or perceptions regarding HIV and AIDS, and their prevention.

1.7 Research Methodology

The research method followed in the study consisted of an initial literature review, which was then followed by an empirical study. This section provides an overview of these two research phases.

1.7.1 Literature review.

According to Ponterotto (2005), review of related scientific literature in a study is essential in order to develop a thorough conceptual understanding of the phenomenon to be

investigated and to propose significant questions, as well as to indicate evidence for the significance of the study in practice (Haverkamp & Young, 2007). A literature overview also identifies and declares the theoretical framework that forms the underlying structure of a study (Merriam & Tisdell, 2016).

For the purpose of this study a systematic search and review method (i.e. combination of critical review and systematic review processes) was used to identify appropriate literature for the literature review. Critical reviews aim to study extensively relevant and identified literature and critically evaluate conceptual contributions, while systematic reviews analyse what is known in a particular field to appraise and synthesise evidence in order to address broad research questions (Grant & Booth, 2009). Both the critical review and systematic search methods often include narrative synthesis, which is a textual approach that allows for conceptual analysis (Barnett-Page & Thomas, 2009). In this study, the literature review focused on academic literature related to metaphorical language usage, language usage in healthcare (of which most related to cancer, as it is the most prevalent) and positive psychology, communication of health-related information and positive psychology in healthcare.

For use in the literature review of this study, relevant articles and other scholarly work published between 1980 and 2016 were identified. These publications were identified by using databases such as *Google Scholar* and those that were available through the North-West University's library, such as *EBSCOhost*, *JSTOR*, *SABINET*, *SAePublications*, and so forth.

1.7.2 Empirical study.

This section provides an overview of the empirical phase of the study. The research design, data collection procedure and data analysis procedure will be briefly discussed.

1.7.2.1 Research design.

In light of the research objectives outlined in Section 1.6.2, this study presents a qualitative analysis of the metaphors used in South Africa's national HIV/AIDS education policy and follow a qualitative thematic discourse analysis approach. The study analyses South Africa's national HIV/AIDS education policy, identifies metaphors specifically relating to HIV and AIDS in the policy, and groups the identified metaphors into themes. The themes are then further described and discussed from a positive psychology point of view.

1.7.2.2 Data collection procedure.

For the purpose of this study there are no participants or participant data. All the data were generated by analysing South Africa's national HIV/AIDS education policy as described in the previous section. Possible themes that are explored in this study include (1) awareness of HIV and AIDS, (2) prevention of HIV and AIDS, (3) staying well despite HIV and AIDS, (4) how to cope with a positive HIV status and (5) other themes identified as relevant to this study. The analysis of the policy focuses on identifying the conceptual metaphors that are used in the literature and thematically categorises each of the identified metaphors.

1.7.2.3 Data analysis procedure.

To ensure methodological rigor a well-established procedure and method was used in this study to identify and group (according to themes) the metaphors in South Africa's national HIV/AIDS education policy. To identify the metaphors, the extended version of the metaphor identification procedure (MIP) was used. Thematic discourse analysis was used to group the metaphors into different themes. To ensure further methodological rigor, a co-coder and Cohen's kappa coefficient were used for validation purposes.

In order to identify metaphors using a proper procedure, the Metaphor Identification Procedure (MIP) by the Pragglejaz Group (2007) and its extension by Steen et al. (2010) at

the Vrije Universiteit in Amsterdam, The Netherlands (from here on referred to as the

MIPVU) was developed. The Pragglejaz Group (2007) proposed in the MIP that the focus of

metaphor identification should be on the identification of lexical units that are used in a non-

basic sense (i.e. words used in a metaphorical sense) in a text. However, the MIP is limited in

that it only identifies metaphorically used lexical elements, rather than conceptual metaphors,

which require more extensive interpretation. Therefore it is suggested that use be made of the

extension of the MIP, namely the MIPVU, by Steen et al. (2010).

It is possible that the MIPVU alone may be insufficient for the analysis of the

conceptual metaphors in this study. Therefore the study also uses thematic analysis by

grouping identified metaphors into particular semantic themes for further analysis. Thematic

analysis is a qualitative analytic method, which according to Braun and Clarke (2006, p. 79)

is used for "identifying, analysing, and reporting patterns (themes) within data", while it also

"minimally organises and describes your data set in (rich) detail". However, Boyatzis (as

cited in Braun & Clarke, 2006, p. 79) suggested that thematic analysis goes further and also

"interprets various aspects of the research topic".

Exploring themes on the semantic level, as opposed to the latent level, requires that

meanings are identified and organised, and patterns described at the surface level. The

importance of these are interpreted and, where possible, linked to existing literature and

theory. According to Clarke and Braun (2013), thematic analysis entails (1) immersion in

data in order to become familiar with the breadth of the information, (2) developing of codes,

(3) identifying of themes, (4) naming and defining themes and (5) writing the report.

For the purpose of this study, ATLAS.ti (version 8.0) was used to do the initial analysis

of the research data. ATLAS.ti was mainly used to identify, by labelling (or tagging), the

conceptual metaphors.

1.8 Ethical Considerations

Good research is ethical research and it is difficult to think of research that has no ethical implications. However, there are some classes of study that may be exempted from ethical review, and according to Terre Blanche, Durrheim, and Painter (2006), the clearest case for exemption would be research that does not involve human participants and is based on information that is already in the public domain, such as is the case in the current study.

Nonetheless, all researchers have an ethical responsibility to the discipline of science to be accurate in performing and honest in reporting their research (Babbie, 2013). Babbie emphasised that anyone involved in research should be aware of the general agreement about what is proper in scientific research and should avoid ethical lapses such as plagiarism, faking of data, inaccurate reporting of results and especially bias towards the researcher's hypothesis. According to De Vos, Strydom, Fouche, and Delport (2011), ethical guidelines serve as standards and the basis on which all researchers should evaluate their research conduct. To this Creswell (2014) added the ethical responsibility of research being beneficial to the population, which may be affected by the nature of the research and its outcomes, in other words the social responsibility that one's research will be meaningful to others besides oneself.

In this study, the researcher undertakes to adhere to the principles of ethical research indicated above and to do research that may prove beneficial to individuals whose lives are touched by HIV and/or AIDS. This study received ethical clearance from the Human Health Research Ethics Committee (ethics number NWU-HS-2017-0122) of the North-West University (Vaal Triangle Campus).

1.9 Chapter Division of the Mini-dissertation

Chapter 1: Introduction, problem statement, and objectives

Chapter 2 (Article): Metaphorical language usage in South Africa's HIV/AIDS

education policy: Salutogenic versus Pathogenic

Chapter 3: Conclusions, limitations, and recommendations

1.10 Chapter Summary

This chapter served to introduce this study by providing contextual background and a

review of existing literature relating to the central research aim of the study, which involves

an investigation of the salutogenic versus pathogenic metaphorical language usage in South

Africa's national HIV/AIDS education policy. In addition to outlining the research objectives

of the study, the research procedure of the study was also explained. The aim of this chapter

(Chapter 1) is to serve as background to the presentation and discussion of the findings that

were made during the course of the study. The second chapter (Chapter 2) presents the

findings of the study in the form of a research article (in accordance with the article format as

specified by the North-West University). The final chapter (Chapter 3) concludes the study –

the limitations are briefly discussed and recommendations are made for possible future

research relating to this study.

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CHAPTER 2

Research article – Metaphorical language usage in South Africa's HIV/AIDS education policy: Salutogenic versus Pathogenic

"In all aspects of life, [...] we define our reality in terms of metaphors and then proceed to act on the basis of the metaphors. We draw inferences, set goals, make commitments, and execute plans, all on the basis of how we in part structure our experience, consciously and unconsciously, by means of metaphor."

Lakoff and Johnson (1980, p. 158)

Abstract

This study explored the use of metaphorical language in South Africa's national HIV/AIDS education policy, and to what extent the metaphorical messages conveyed about HIV and AIDS in the policy are essentially health engendering (salutogenic) or illness oriented (pathogenic). A qualitative thematic discourse analysis approach was used. The MIPVU (Metaphor Identification Procedure Vrije Universiteit, Amsterdam) was used to identify 55 conceptual metaphors directly related to HIV and/or AIDS, and thematic discourse analysis was used to group these metaphors into 9 overarching themes. The results revealed the metaphor themes of process (the most prevalent), change (second most prevalent), and action (third most prevalent) as the most prevalent metaphor themes in the policy. Furthermore, the results also revealed that the majority (~56.4%) of the metaphors in the policy can be perceived as positive, and that the metaphorical messages conveyed about HIV and AIDS in the policy are essentially meant to be health engendering (salutogenic). Lastly, the results revealed that a possible narrative or perhaps even ideology about the policy could be to provide processes (devising methods) in order to initiate and aid (agency) actions to create positive change (transformation), which implies that a *hopeful* position is taken, and that *purpose and meaning* underpins the basic philosophy of the policy with features such as discernment (process), commitment (change), and action.

Keywords: AIDS, conceptual metaphor, education, HIV, language, metaphor, pathogenic, policy, positive psychology, salutogenic, South Africa

Metaphors have a long history in both spoken and written language, and can be described as implied comparisons between two things or concepts. The ancient Greek philosopher Aristotle believed that metaphors make it easy to understand new ideas, as stated in his work "Rhetoric" (Book III, Chapter 10):

> We will begin by remarking that we all naturally find it agreeable to get hold of new ideas easily: words express ideas, and therefore those words are the most agreeable that enable us to get hold of new ideas. Now strange words simply puzzle us; ordinary words convey only what we know already; it is from metaphor that we can best get hold of something fresh (Aristotle, trans. 1954).

2.1 Metaphors – The Basic Concept and Understanding Thereof

Although metaphors make it easy to understand new ideas, renewed interest in the study of metaphors in various domains, other than language, possibly only started in 1980 with the publication of Lakoff and Johnson's book, *Metaphors We Live By*, which acted as the starting point. For most people metaphors are only thought of as something used in extraordinary language, such as poetry and rhetoric, rather than something used in ordinary everyday language (Lakoff & Johnson, 1980). In fact, the word *metaphor* itself is in a sense extraordinary, as it was originally a metaphor, as can be seen from its etymology. The modern English usage of the word *metaphor* originated from the Greek word μεταφορά (metaphorá), meaning "transfer", which came from μεταφέρω (metapherō), meaning "to carry over" or "to transfer", which in turn came from the combination of μετά (meta), meaning "after", "with" or "across" plus φέρω (pherō), meaning "to bear" or "to carry" (Liddell & Scott, 1996). In modern Greek a *metaphor* refers to a trolley (i.e. a thing you put your shopping or bags into and push along). Lakoff and Johnson (1980) believed that most people generally view metaphors as an aspect of language alone. That is, most people view metaphors only as figures of speech, which deal with words rather than with thoughts or

actions, and for this reason most people think that they do not actually use metaphors much because they do not use extraordinary language. However, Lakoff and Johnson found that metaphors are pervasive not just in language, but also in thoughts and actions, and therefore people's ordinary conceptual systems (in terms of how they think and act) are fundamentally metaphorical in nature.

Before discussing the metaphorical nature of people's conceptual systems, it is first necessary to understand how a conceptual metaphor works. In order to understand this one needs to understand two terms, namely (1) source domain and (2) target domain. A conceptual metaphor equates two concept areas (i.e. the source and target domains), where the source domain (typically something concrete) is the concept area from which the metaphor is drawn, and the target domain (typically something abstract) is the concept area to which the metaphor applies (Knowles & Moon, 2006). Lakoff and Johnson (1980) introduced the terms *source domain* and *target domain* in their work *Metaphors We Live By*, as alternatives for the more traditional terms *vehicle* and *tenor*, which Richards (1936) introduced in his work *The Philosophy of Rhetoric*. Figure 2.1 provides a visual representation of the internal functioning and interaction between the source and target domains of conceptual metaphors.
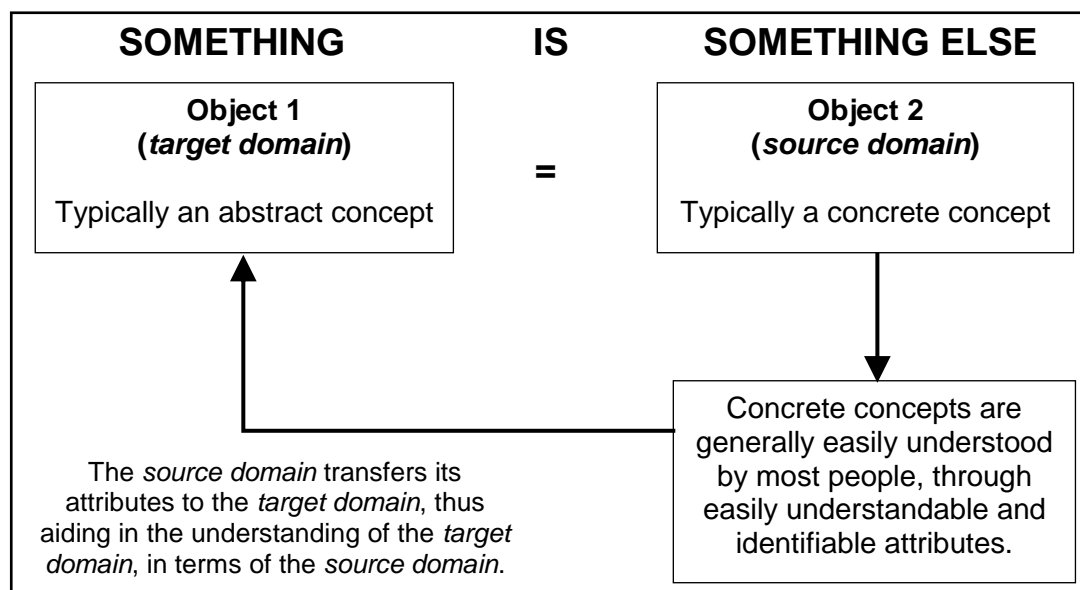
Figure 2.1. Internal analysis constructs of metaphors. Adapted with permission from "Metaphor", by T. Shameem, 2014.

The fundamental metaphorical nature of people's ordinary conceptual systems is possibly most comprehensively explained by the metaphorical concept[6] of what Lakoff and Johnson referred to as "orientational metaphors" (Lakoff & Johnson, 1980, p. 14). Furthermore, these will also serve as clear examples of how the source and target domains of conceptual metaphors function and interact. Orientational metaphors were described by Lakoff and Johnson (1980) as conceptual metaphors that organise a whole system of concepts with respect to one another and mostly deal with spatial orientations, such as up-down, in-out, front-back, and so forth. The spatial orientation of this particular metaphorical concept has, as explained by Lakoff and Johnson (1980), a basis in the physical constraints of the human body and how it functions the way it does, within the physical environment in which it exists. Consider the abstract concepts HAPPY and SAD, which are both emotions. Also consider the concrete concepts UP and DOWN, which are both directions. Now, consider the conceptual metaphors HAPPY IS UP and SAD IS DOWN. Figure 2.2 displays the conceptual

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[6] Refer to Lakoff and Johnson (1980) for more metaphorical concepts.

metaphor HAPPY IS UP, using Figure 2.1 as a template, and shows the inner workings of the source and target domains of this metaphor, as well as the interaction of the domains with each other.
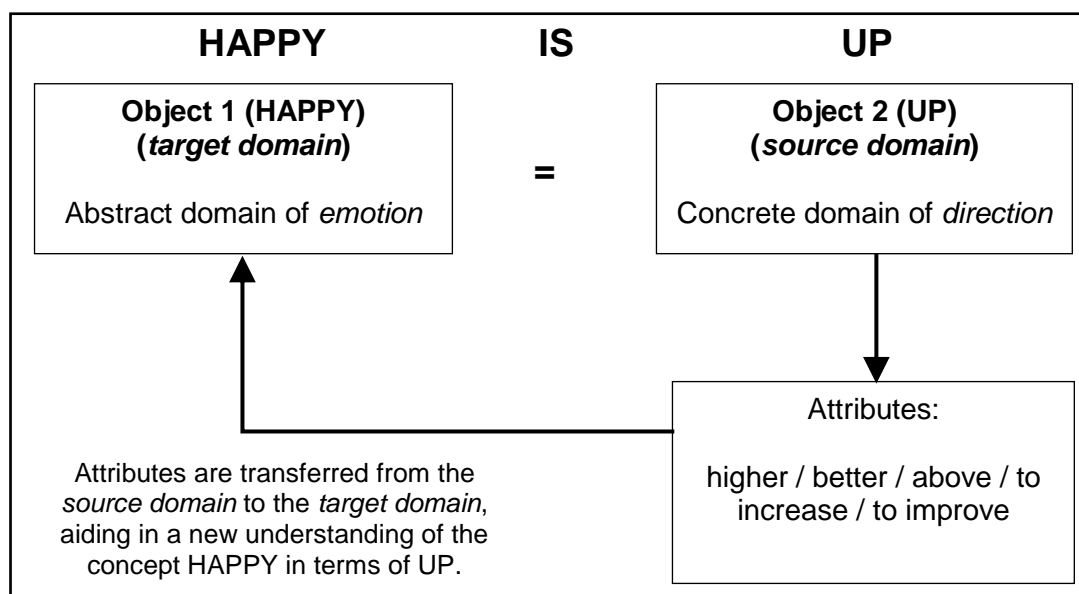
Figure 2.2. Internal analysis constructs of HAPPY IS UP. Adapted with permission from "Metaphor", by T. Shameem, 2014.

Examples[7] of the metaphor HAPPY IS UP in ordinary language include: (i) My spirits *rose*; (ii) You're in *high* spirits; (iii) Thinking about them always gives me a *lift*. Examples of SAD IS DOWN include: (i) My spirits *sank*; (ii) I'm feeling *down*; (iii) They're really *low* these days. According to Lakoff and Johnson (1980), the physical basis for these metaphors is that a drooping posture is typically associated with a negative emotional state, while an upright posture is typically associated with a positive emotional state. To further elucidate, consider the concepts of HEALTH AND LIFE and SICKNESS AND DEATH, and the conceptual metaphors HEALTH AND LIFE ARE UP and SICKNESS AND DEATH ARE DOWN. The physical basis for these metaphors most likely originates from the fact that serious illness and

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[7] Refer to Lakoff and Johnson (1980, p. 15) regarding both HAPPY IS UP and SAD IS DOWN. Note that gender-specific pronouns were switched with gender-neutral pronouns.

death force people to lie down physically, whereas healthy, living people are normally

capable of physically standing or sitting up (Lakoff & Johnson, 1980). Examples[8] in ordinary

language, with reference to HEALTH AND LIFE ARE UP include: (i) They are at the *peak*

of health; (ii) They're in *top* shape; (iii) As to their health, they're way *up* there; and

examples of SICKNESS AND DEATH ARE DOWN include: (i) They *fell* ill; (ii) They came

down with the flu; (iii) They *dropped* dead.

   With this basic understanding of the concept and internal analysis constructs of

metaphors, it should be easier to understand metaphors in psychology. The following section

provides a brief contextualisation of metaphors in psychology and positive psychology.

2.2 Metaphors in Psychology and Positive Psychology

   Although metaphors have generally been a classical theme of research and interest

mostly in linguistics, they can also be of interest to psychology. Metaphors, specifically

conceptual (also called cognitive) metaphors, are frequently used in psychology in a wide

variety of its different domains (Kövecses, 2010). To understand more complex or abstract

parts of reality, conceptual metaphors can serve as analogies, which allows the understanding

of one experience to be conceptualised in the terms of another, generally better known,

experience (Lakoff & Johnson, 1980; Vosniadou & Ortony, 1989). This is slightly different

from the everyday understanding of metaphors as an extraordinary language occurrence. That

is to say, conceptual metaphors are not simply unusual or ornamental ways of talking and

thinking, but form a prevalent part of language and thought, especially when talking and

thinking about the more abstract parts of reality (Lakoff & Johnson, 1980, 1999; Van Rooy &

Drejerska, 2014). In other words, the more abstract a concept is the harder it becomes to

conceptualise in non-metaphorical ways. A more in-depth understanding of the metaphorical

underpinnings of human language, thought and behaviour in context can potentially be of

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[8] Refer to Lakoff and Johnson (1980, p. 15) regarding both HEALTH AND LIFE ARE UP and SICKNESS AND DEATH ARE DOWN. Note that gender-specific pronouns were switched with gender-neutral pronouns.

great benefit to psychology, which studies the human mind and its functions in a given context.

In 1985, the psychologist Kenneth Gergen emphasised the importance of language, specifically with regard to shaping meaning. Gergen suggested that psychologists should not study the mental events or world which language might appear to present, but rather study language as part of the "human meaning systems" (Gergen, 1985, p. 270). People vocalise their conceptualisations through language. The frontal lobes of the human brain contain specific language centres connected directly to the motor cortex of the brain, which is responsible for making a person take action. Due to this connection, according to Newberg and Waldman (2012) words (specifically with reference to positive and negative language), can bring about changes in people's psycho-neurological functioning. In their book, *Words Can Change Your Brain*, they suggested that activity in the brain's frontal lobes can be stimulated by positive or optimistic language, which can help to stimulate the brain's cognitive functioning, and this in turn propels the motivational centres of the brain into action (Newberg & Waldman, 2012). Negative language, by contrast, can disrupt the production of neurochemicals that protect people from stress, or create disruptions in people's psycho-neuro-immunological functioning. Furthermore, it is also suggested that negative language can increase activity in the amygdala, which is responsible for emotions, survival, instincts, and memory (Newberg & Waldman, 2012). Stress-producing hormones and neurotransmitters are released due to the increased activity in the amygdala, which in turn interrupts the brain's functioning, specifically in the areas of logic, reason, and language.

When talking to people it is possible to influence how much people pay attention by using appropriate language (or specifically chosen words). A study by Ottati et al. (1999) focused specifically on the process of persuasion to explain the influence of metaphors on communication processes. According to the study, if information is presented in terms of

people's general interest in a particular topic, those people will pay more attention to the information, regardless of the actual content of the information. For example, people with a general interest in sport will pay more attention when spoken to in terms of sports metaphors. It is even possible that they may also be persuaded more easily.

Although renewed interest in metaphor studies was most likely prompted by the publication of *Metaphors We Live By* (Lakoff & Johnson, 1980), it is possible that Lakoff and Johnson's other works (Lakoff, 1987a, 1987b; Lakoff & Johnson, 1999) further motivated metaphor studies, especially in clinical and cognitive psychology. Greenberger (2015) stated that cognitive psychology, with specific reference to the cognitive behavioural therapy (CBT) model, maintains that there is a reciprocal interaction between different thoughts (including the vocalisation of thoughts through language), moods, behaviours and biology. This allows a remarkable way of understanding people's healthy (salutogenic) and pathological (pathogenic) experiences. Greenberger (2015) also suggested that cognitive psychology seemed to be consistent with positive psychology research regarding salutogenics, that is, research related to salutory thoughts, moods and behaviour (e.g. optimism, meaning, gratitude, positive emotion, altruism and so forth). The creation of cognitive interventions is made possible through understanding people's experiences. Or in other words, understanding people's experiences allows the possibility of changing people's thoughts to bring about changes in people's experiences, and in positive psychology specifically with a focus on people's salutogenic experiences.

The language of positive psychology and more traditional psychology are different, in the sense that traditional psychology uses the language of the illness ideology (i.e. medicine, pathology, etc.), whereas positive psychology uses the language of the fortigenesis ideology (i.e. strengths, resilience, wellness, fortology, etc.). According to Snyder and Lopez (2009), the language of positive psychology offers a new way of viewing people. They further

suggested that the language of traditional psychology emphasise sickness over health, abnormality over normality, maladjustment over adjustment and so forth. At the same time it situates the focus of this dichotomy which it creates inside people. From the view and language of positive psychology, however, "ineffective patterns of behaviours, cognitions, and emotions are problems in living, not disorders or diseases" (Snyder & Lopez, 2009, p. 62). In other words, in the view and language of positive psychology, the problems (as mentioned) which people experience in living are located in the interactions between people (and culture at large), rather than inside individuals.

When considering all of the aforementioned, it is possible that by studying the metaphorical language used in HIV and AIDS from a positive psychology perspective, understanding how people view and deal with HIV and AIDS may be elucidated. In his book *The Happiness Hypothesis*, Jonathan Haidt wrote, "Human thinking depends on metaphor. We understand new or complex things in relation to the things we already know [...] but once you pick a metaphor it will guide your thinking" (Haidt, 2006, p. 2).

2.3 Metaphors within Health Sciences

Growing interest in health psychology is being shown in both the USA and the UK regarding metaphors and figurative language, and how they relate to certain medical conditions, predominantly cancer. War and enemy metaphors became the dominant metaphors in cancer language since the signing of the USA National Cancer Act of 1971. It is interesting to note that, although the war on cancer was not initially described as a "war" in the act itself, the metaphoric framing of cancer as a war and an enemy quickly became dominant and is still used today. A fitting example of both war and enemy cancer-related metaphors, used in a single sentence is "I have not hunkered down in my trench to just merely defend myself against the demon but have picked up my sword and taken the fight to the demon" (Demmen et al., 2015, p. 218). The idea behind using this particular metaphoric

framing (i.e. using war and enemy metaphors in cancer health information) is to motivate people to "battle" or "fight" cancer, and therefore influence how people think about, understand and respond to cancer. There are different viewpoints regarding this metaphoric framing of cancer. Some researchers wish to adapt or refine the metaphoric framing of cancer research and medicine (Hanahan, 2014), whereas others wish to do away entirely with war and enemy metaphors (Hauser & Schwarz, 2015). Some research suggests that metaphors can do both harm and good, and therefore attempts are being made to harness metaphors in healthcare (Demjén & Semino, 2016).

The use of war and enemy metaphors in an effort to understand and treat cancer may have been justifiable when this approach was first popularised (Hanahan, 2014). Hanahan (2014) suggested that the metaphoric framing of the war on cancer should be refined to include more recent insights from cancer science and medicine, instead of doing away with the metaphor entirely. Refining the metaphor may prove useful in designing more effective cancer treatment, and may even allow "more battles and even certain wars to be won" (Hanahan, 2014, p. 563).

Studies in favour of doing away with the war and enemy metaphoric framing are particularly those in the field of cancer health information. Hauser and Schwarz (2015) stated that cancer prevention benefits more from behaviours that involve self-restraint and limitation than from behaviours that involve active engagement. It would therefore be sensible for cancer prevention intentions and cancer health information to focus on self-restraint and limitation. As the current usage of war and enemy metaphoric framing focuses on active engagement, it is possible that the effectiveness of alternative prevention intentions (which focus on self-restraint and limitation) may be reduced. Hauser and Schwarz (2015) believed this to be the case, which means that war and enemy metaphors in cancer health information

may cause cognitive interference with the potentially beneficial changes that different

metaphoric framings may bring about.

In contrast to the above-mentioned philosophical language approach to cancer (i.e. the

war and enemy framing), the philosophical language of positive psychology that underpins its

approach to health (and also illness contexts) uses concepts such as hope, optimism,

strengths, resilience, self-regard and regulation, zest, and so forth. Research in this field has

also proved the association of cancer recovery, remission, and responses to treatment with

characteristics such as hope, perceived control, positive affect, and strength of character

(Aspinwall & MacNamara, 2005; Folkman & Greer, 2000; Sears, Stanton, & Danoff-Burg,

2003). Furthermore, post-surgery recovery is associated with character strengths, optimism,

hope and meaning (Boehm & Kubzansky, 2012; Rozanski, 2014). Slower HIV progression

and positive life style changes have been associated with optimism, hope, resilience and

positive affect (Low, Bower, Moskowitz, & Epel, 2011; Taylor & Sherman, 2004).

The illness perception approach, based on the Common Sense Model of Illness

(Leventhal, Meyer, & Nerenz, 1980; Leventhal, Nerenz, & Steele, 1984), is another

theoretical construct to be considered when discussing illness-related metaphors. The illness

perception approach describes people's beliefs and perceptions of illness experiences, which

may either pathogenically or salutogenically influence people's thoughts and resulting

behaviour regarding an illness. According to the Common Sense Model of Illness, people

form cognitive systems (i.e. beliefs) about an illness, such as its characteristics, time course,

possible causes, consequences and cures, and controllability. Negative perceptions of an

illness have, according to Broadbent, Ellis, Thomas, Gamble, and Petrie (2009a, 2009b),

defeating effects on subjective health views, including more serious and long-lasting

consequences, slower recovery prognosis and higher levels of disability. However, perceived

illness controllability and curability are positively associated with illness management and

adaptive functioning (Murphy, Dickens, Creed, & Bernstein, 1999). Karademas, Frokkai, Tsotra, and Papazachariou (2013) also found evidence that suggests that optimism is related to more positive perceptions of illness, for example that illness is less threatening and more controllable, which may improve people's subjective health views. Furthermore, they also suggest that people's motivation and self-efficacy to adopt positive health behaviours may also be influenced by their illness perceptions. This raises the question as to which metaphors used in HIV and AIDS underpin either positive or negative illness perceptions and the nature of metaphors that may represent positive or salutogenic illness belief systems.

Studies that deal with metaphors generally tend to focus more on linguistic, communication or community aspects instead of clear psychological aspects (Demmen et al., 2015; Du Toit, Schutte, & de Wet, 2003; Henderson, 2013; Jansen, van Nistelrooij, Olislagers, van Sambeek, & de Stadler, 2010; Van Rooy & Drejerska, 2014). Moreover, those studies that do regard metaphors from a psychological point of view, in particular how changes in metaphorical framing can influence people's understanding and thoughts, they do not necessarily reflect a South African perspective, or they tend to focus on illnesses (most often cancer) other than HIV and AIDS (Hanahan, 2014; Hauser & Schwarz, 2015; Jensen & King, 2013; Lanceley & Clark, 2013). Studies like this are also lacking in the positive psychology orientation.

In an attempt to address the aforementioned research gap, the aim of this study was to (1) identify the most prevalent metaphors currently found in South Africa's national HIV/AIDS education policy[9] regarding HIV and AIDS, and their prevention, and (2) to analyse the identified metaphors from a positive psychology point of view. The aim was to determine whether the metaphors used in South Africa's national HIV/AIDS education policy are beneficial or detrimental to understanding HIV and AIDS, and their prevention, or in

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[9] South Africa's national policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions, in terms of section 3(4) of the National Education Policy Act (No. 27 of 1996).

other words, whether the metaphors create strength-related (positive) or deficiency-related (negative) understanding, thoughts or perceptions of HIV and AIDS, and their prevention.

2.4 Methodology

The research method followed in the study consisted of an initial literature review, which was then followed by an empirical study. For the literature review of this study, a systematic search and review method (i.e. a combination of critical review and systematic review processes) was used to identify appropriate literature, which was discussed in previous sections (Sections 2.1 and 2.2). This section will mainly discuss the empirical study regarding the research design, data collection process, data analysis process, and lastly the ethical considerations. The results of the data analysis and the discussion of the results follow after this section.

2.4.1 Research design.

This study followed a qualitative thematic discourse analysis approach in order to present a qualitative analysis of the metaphors used in South Africa's national HIV/AIDS education policy. The policy was analysed by identifying metaphors in the policy (specifically relating to HIV and AIDS), and grouping these metaphors into different themes. The themes were then further described and discussed from a positive psychology point of view.

2.4.2 Data collection process.

For the purpose of this study, no human participants (or participant data) were needed. All data was generated by analysing South Africa's national HIV/AIDS education policy (as described in Section 2.4.1). Data for the study was collected in the form of conceptual metaphors used in the policy, and then ordered into thematic categories for further discussion. Themes that were explored during the study included (1) awareness of HIV and AIDS,

(2) prevention of HIV and AIDS, (3) staying well despite HIV and AIDS and (4) how to cope with a positive HIV status, among other themes identified as relevant to this study.

2.4.3 Data analysis process.

To ensure methodological rigor, this study used a well-established procedure and method to identify and group (into themes) the metaphors in South Africa's national HIV/AIDS education policy. Lastly, the possible perspective that each metaphor invokes was analysed and categorised as being either positive, negative or neutral within the context of the sentence in which the metaphor(s) appear(s).

For the identification of the metaphors, the Metaphor Identification Procedure (MIP) developed by the Pragglejaz Group (2007), and specifically its extension by Steen et al. (2010) developed at the Vrije Universiteit (from here on referred to as the MIPVU) in Amsterdam, The Netherlands, was used in this study. For the grouping of the metaphors into themes, thematic discourse analysis was used. Lastly, for categorising the metaphors as being either positive, negative or neutral, the author and co-coder read each metaphor in the context of the sentence in which it appeared. Each then categorised the metaphor as they saw fit and then discussed the categorisations they disagreed on until both were satisfied and agreed with the categorisation.

In the MIP the Pragglejaz Group (2007) proposes that the focus of the metaphor identification process should be on the identification of lexical units that are used in a non-basic sense (i.e. words used in a metaphorical sense) in a text. However, the MIP is limited in that it only identifies metaphorically used lexical elements rather than conceptual metaphors, which require more extensive interpretation. Therefore, for the purpose of this study, the extension of the MIP, that is the MIPVU (Steen et al., 2010), was used.

The MIPVU alone may not be sufficient for the analysis of the conceptual metaphors in this study, specifically with regard to thematic grouping of the metaphors. Therefore the

study also used thematic analysis to group identified metaphors into particular semantic

themes for further analysis. According to Braun and Clarke (2006, p. 79), thematic analysis is

a qualitative analytic method used for "identifying, analysing, and reporting patterns (themes)

within data", while it also "minimally organises and describes your data set in (rich) detail".

Boyatzis (as cited in Braun & Clarke, 2006, p. 79) furthermore suggests that thematic

analysis goes even further and also "interprets various aspects of the research topic".

Exploring themes on the semantic level (in contrast to the latent level) requires that meanings

are identified and organised, and that patterns are described at the surface level. The

importance of these themes will be interpreted, and where possible linked to existing

literature and theory. The thematic analysis in this study entailed (1) immersion in data in

order to become familiar with the breadth of the information, (2) developing of codes, (3)

identifying of themes, (4) naming and defining themes, and lastly, (5) writing the report, as

suggested by Clarke and Braun (2013).

     For the initial identification of the metaphors, ATLAS.ti (version 8.0) was used, mainly

to label (or tag) the conceptual metaphors. The metaphors were then manually organised (or

grouped) into different themes for further discussion and analysis.

     In order to ensure the validity of the identification of the metaphors, a co-coder and

Cohen's kappa coefficient were used to validate the identified metaphors. Regarding the

validity of the thematic discourse analysis, a co-coder and a three-step method were used to

validate the themes and the groupings of the metaphors into the different themes. The three

steps in the method described were as follows: (1) the different themes identified in the

discourse were thoroughly described and documented, (2) the author as well as the co-coder

used the descriptions of the different themes to group the metaphors into these themes, and

(3) the results of the theme groupings by the author and the co-coder were compared and

discussed in detail. In particular, where there was disagreement about which theme a

metaphor should be grouped in, the author and co-coder discussed this and resolved the

disagreement to the satisfaction of both. The data analysis results and the validations of the

results, as well as examples of the different metaphors, will be discussed in more detail in the

results section (Section 2.5).

2.4.4 Ethical considerations.

It is difficult to think of any research that has no ethical implications, as good research

is ethical research. However, there are types of study that may be exempted from ethical

review. According to Terre Blanche, Durrheim, and Painter (2006), the clearest case for

exemption would be research that does not involve human participants and is based on

information that is already in the public domain, such as is the case in the current study.

2.5 Results

In South Africa's national HIV/AIDS education policy 55 metaphors, which relate

directly to HIV and AIDS, were identified using the MIPVU. To confirm the reliability of the

process used to identify the metaphors, a co-coder identified metaphors from randomly

chosen pages of the policy, making up about 35% of the complete policy. Using the same

process that the author used to identify metaphors in sentences, the co-coder identified

metaphors (or the lack of metaphors) in 90 sentences. The coded results were then compared

with those of the author using Cohen's kappa coefficient. Regarding agreement, of the 90

sentences, the author and co-coder agreed on 85 of the sentences. Both the author and co-

coder identified 20 sentences that contained a metaphor or metaphors directly related to HIV

and/or AIDS, while 65 sentences were identified by both to contain no metaphor(s) directly

related to HIV and/or AIDS. Of the 5 sentences that were disagreed on, 2 sentences were

identified only by the author to contain a metaphor or metaphors, and 3 sentences were

identified only by the co-coder to contain a metaphor or metaphors. Using Cohen's kappa, the

results calculated to a $94.\overline{4}$% agreement, with a Cohen's kappa coefficient of 0.85. This is an

acceptable result, as according to Neuendorf (2002, p. 3) "reliability coefficients of .90 or greater would be acceptable to all, .80 or greater would be acceptable in most situations, and below that, there exists great disagreement". These results are presented in Table 2.1.

Table 2.1

Validation results of metaphor identification process (N* = 90)

Coder	Sentences with metaphors	Sentences without metaphors	Sentences disagreed on by coders
Author only	22	68	–
Co-coder only	23	67	–
Author and Co-coder	20	65	5

Note.   Percentage of agreement = $94.\overline{4}$. Cohen's kappa coefficient = 0.85

*In this table *N* refers to the number of sentences used in the validation process.

Thus the process of identifying the metaphors in South Africa's national HIV/AIDS education policy was validated. A few examples of the metaphors identified in the policy follow. For the sake of clarity, in these examples the actual metaphors are indicated by ALL CAPS, and the connection with HIV and/or AIDS of each are underlined.

(1)   **ID 1:1 –** "[…] HIV is spread mainly THROUGH sexual contact […]"

(2)   **ID 1:7 –** "[…] the virus[10] gradually weakens the infected person's immune system, making it increasingly difficult to FIGHT OFF other infections."

(3)   **ID 1:8 –** "[…] the UNDERLYING HIV infection cannot be cured."

(4)   **ID 1:20 –** "[…] the NATURE of HIV antibody testing […]"

(5)   **ID 1:22 –** "Learners and students with HIV/AIDS should lead as FULL a life […]"

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[10] "Virus" in this example refers to the human immunodeficiency virus, namely HIV.

(6) **ID 1:25(a) –** "<u>The risk of transmission of HIV</u> in the day-to-day school or institution environment in the context of physical injuries, can be effectively ELIMINATED […]"

(7) **ID 1:27 –** "Learners and students should be educated about their rights concerning their own bodies, to PROTECT <u>themselves against</u> […] and <u>contracting HIV</u>."

(8) **ID 1:28 –** "[…] student or educator <u>poses a medically recognised significant health risk to others</u>[11], appropriate MEASURES should be taken."

(9) **ID 1:34 –** "Universal precautions are in essence BARRIERS to <u>prevent contact with blood or body fluids</u>."[12]

(10) **ID 1:47 –** "[…] a school or institution PLAN OF IMPLEMENTATION <u>on HIV/AIDS</u> […]"

An ID number for each metaphor used as an example in this study corresponds to an ID number in the complete list for simple reference purposes. For a complete list of all 55 metaphors, refer to the Appendix. Alternatively, an online document (saved as a Microsoft Excel file, i.e. *.xlsx)[13] is available for viewing and/or downloading.

From the 55 metaphors identified in South Africa's national HIV/AIDS education policy, it was possible to identify 9 overarching themes. Each metaphor was grouped into one of these themes. In alphabetical order, the themes (and their number of occurrences) are: ACTION (7), CHANGE (10), CONFLICT (4), MOVEMENT (5), POSITION (4), POTENTIAL (4), PROCESS (16), QUALITY (3) and TIME (2). The three most dominant themes were PROCESS (16), CHANGE (10) and ACTION (7). These three themes together make up 60% of the metaphors used in South Africa's HIV/AIDS education policy. Figure 2.3 gives the 9 themes and their number of occurrences in the policy.

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[11] "Health risk" in this example refers to possible opportunistic illnesses (especially highly contagious ones) contracted due to the person's compromised immune system because of HIV.

[12] HIV can be contracted through contact with blood and/or certain other body fluids, such as semen or vaginal fluids; thus the connection with HIV.

[13] The document is available for viewing or downloading at the following link: https://drive.google.com/open?id=1l3_U4w2FqDZFRH19Lm_qUj1go6e6Zx-V
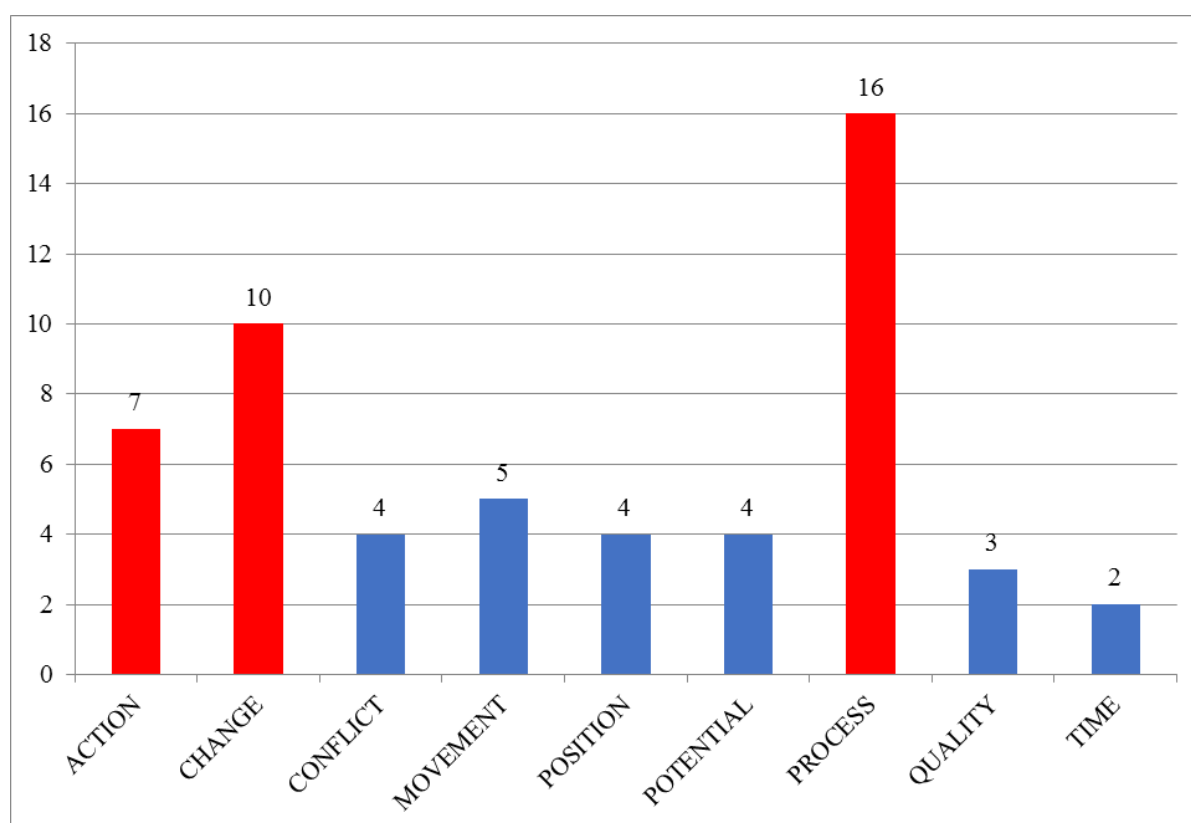
Figure 2.3. Thematic metaphor analysis. This figure gives a graphic representation of the 9 themes identified in South Africa's national HIV/AIDS education policy.

To ensure the validity of the grouping of the metaphors into the different themes, each theme was thoroughly thought through and described. Herewith a description of each theme, including examples from the policy:

(1)   *Action*[14]: A metaphor will be grouped into the *action* theme if the metaphor deals with an agent that performs an action, in other words, a metaphor that involves something or someone doing something, or performing some kind of action. Examples of *action* metaphors:

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[14] An important difference between the *action* theme and the *conflict* theme is that there is no baseline of violence and/or harm, etc. involved in the *action* theme, as there is in the *conflict* theme.

ID 1:6 – "[…] they can PASS their infection ON to other people without realising that they are HIV infected.[15]"

ID 1:29 – "[…] in order that they may adopt and maintain behaviour that will PROTECT them from HIV infection."

(2) *Change*: A metaphor will be grouped into the *change* theme if the metaphor deals with an unintentional change of state which takes place without the involvement of any specific agent. Examples of *change* metaphors:

ID 1:3 – "The risk of transmission of the virus from mother to baby is REDUCED by antiretroviral drugs."

ID 1:36 – "Certain contact sports may represent an INCREASED risk of HIV transmission."

(3) *Conflict*: A metaphor will be grouped into the *conflict* theme if the metaphor explicitly deals with war, fighting, weapons or any baseline of violence and/or harm. Examples of *conflict* metaphors:

ID 1:7 – "[…] the virus gradually weakens the infected person's immune system, making it increasingly difficult to FIGHT OFF other infections."

ID 1:16 – "[…] standard infection control procedures or precautionary measures AIMED at the prevention of HIV transmission from one person to another […]"

(4) *Movement*: A metaphor will be grouped into the *movement* theme if there is some form of movement from one point to another (i.e. point A to point B). Examples of *movement* metaphors:

ID 1:2 – "[…] babies born to HIV-infected women will be infected at birth or THROUGH breast-feeding."

ID 1:18 – "HIV cannot be transmitted THROUGH day-to-day social contact."

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[15] Metaphor = "pass on" (one phrase consisting of two words that can be separated by other words in between, as per the example)

(5)   *Position*: A metaphor will be grouped into the *position* theme if the metaphor deals

with a static (i.e. no movement and/or change involved, or in other words non-dynamic)

point in space. Examples of *position* metaphors:

ID 1:5 – "[…] the chances of infection from transfusion are extremely LOW."

ID 1:8 – "[…] the UNDERLYING HIV infection cannot be cured."

(6)   *Potential*: A metaphor will be grouped into the *potential* theme if the metaphor deals

with the possibility of change, but with no actual change taking place (as distinguished

from the *change* theme). Examples of *potential* metaphors:

ID 1:34 – "Universal precautions are in essence BARRIERS to prevent contact with

blood or body fluids."[16]

ID 1:39 – "emphasising the ROLE of […] sexually transmitted diseases (STDs) in the

transmission of HIV […]"

(7)   *Process*: A metaphor will be grouped into the *process* theme if the metaphor deals with

a combination of action and change, specifically with reference to a formal and

purposeful step-by-step plan that is not necessarily dynamic but has intention.

Examples of *process* metaphors:

ID 1:21 – "[…] conducts tests among women attending antenatal clinics in public

health facilities in South Africa as a MECHANISM of monitoring the progression of the

HIV epidemic in South Africa […]"

ID 1:31 – "Any special MEASURES in respect of a learner, student or educator with

HIV should be fair and justifiable […]"

(8)   *Quality*: A metaphor will be grouped into the *quality* theme if the metaphor deals with

some distinctive characteristics or attribute of someone or something. Examples of

quality metaphors:

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[16] For the sake of clarity, barriers do not create actual change, but rather the possibility of change (i.e. barriers create the possibility of protecting against or preventing something).

ID 1:20 – "Because, of the NATURE of HIV antibody testing […] it is impossible to know with absolute certainty who has HIV/AIDS and who does not."

ID 1:23 – "Likewise, educators with HIV/AIDS should lead as FULL a professional life as possible […]"

(9)   *Time*: A metaphor will be grouped into the *time* theme if the metaphor explicitly deals with the concept of time. Examples of *time* metaphors:

ID 1:15 – "[…] that is the final PHASE of HIV infection"

ID 1:17 – "[…] 'WINDOW PERIOD' means the period of up to three months before HIV antibodies appear in the […]"

In order to validate the grouping of the metaphors into these themes, the author and co-coder used these descriptions to group the metaphors in these themes. The author and co-coder initially agreed on 43 (78.2%) of the thematic groupings and disagreed on 12 (21.8%) of the thematic groupings. The 12 disagreements were then discussed in detail, until both the author and co-coder were satisfied about which theme the metaphor should be grouped in. This resulted in the groupings as discussed before and as indicated in Figure 2.3.

The last data analysis in the study was performed to suggest the possible perspective that the different metaphors may invoke (i.e. positive, negative or neutral) within the context of the sentences in which they appear. To ensure validity, this analysis was done by the author and co-coder at the same time. They worked together categorising each metaphor, each time comparing their categorisation and only discussing the categorisation choice if there was any disagreement. There was very little disagreement between the author and co-coder, and only 5 metaphors out of the 55 (less than 10%) needed to be discussed. Of the 55 metaphors, it was decided to categorise 31 (~56.4%) as positive, 16 (~29.1%) as negative, and 8 (~14.5%) as neutral. These results are shown in Table 2.2.

Table 2.2

Positive, negative or neutral categorisation of metaphors (N* = 55)

Metaphor theme	Positive perspective	Negative perspective	Neutral perspective
Action	6	1	–
Change	1	7	2
Conflict	3	1	–
Movement	1	4	–
Position	2	2	–
Potential	2	1	1
Process	14	–	2
Quality	2	–	1
Time	–	–	2
TOTALS:	**31** **~56.4%**	**16** **~29.1%**	**8** **~14.5%**

*In this table *N* refers to the number of metaphors in the data.

In order to categorise each metaphor, it was important to look at the overall theme of each sentence as well as the theme of the metaphor in the sentence. Then it had to be considered how the metaphor influences the theme, for example does the metaphor make things better or worse, or does the metaphor have no influence at all? Examples and explanations of each perspective are given next in conjunction with the three most prevalent metaphor themes (i.e. process, change, and action):

(1) Positive perspective (metaphor theme = process)

    ID 1:25b – "The risk of transmission of HIV […] can be effectively eliminated by

    following standard infection-control procedures or precautionary MEASURES […]"

Explanation: The theme of this sentence relates to the "spreading of HIV". If some form of a process was to work against the spreading of HIV, or in other words reduce the spread of HIV, one would in general perceive it as being positive. Therefore in this example the metaphor is likely to be positive.

(2)   Negative perspective (metaphor theme = process)

None of the metaphors in this theme were categorised as negative. This in itself is significant and will be discussed in Section 2.6.

(3)   Neutral perspective (metaphor theme = process)

ID 1:24 – "Infection control MEASURES […] applied and carried out regardless of the known or unknown HIV status […]"

Explanation: The theme of this sentence relates to the "prevention of HIV transmission/spreading" and "HIV status". If some form of a process was in place to prevent the transmission of HIV, and the process was carried out regardless of a person's HIV status (as is the case in this example), the process does not single a person out one way or another (neither positive nor negative intent). Therefore in this example the metaphor is likely to be neutral.

(4)   Positive perspective (metaphor theme = change)

ID 1:3 – "The risk of transmission […] is REDUCED by antiretroviral drugs."

Explanation: The theme of this sentence relates to the "spreading of HIV". If some form of change were to work against the spreading of HIV, or in other words reduce the spread of HIV (as is very clear in this particular example), one would generally perceive it as being positive. Therefore in this example the metaphor is likely to be positive.

(5) Negative perspective (metaphor theme = change)

ID 1:11 – "[…] prevalence of HIV/AIDS among pregnant women under the age of 20 years has RISEN by a frightening 65.4% […]"

Explanation: The theme of this sentence relates to the "increase of HIV" prevalence. If some form of change were to increase HIV prevalence even more, one would generally perceive it as being negative. In this case it is even more so, as the increase or "rise" is "frightening". Therefore in this example the metaphor is likely to be negative.

(6) Neutral perspective (metaphor theme = change)

ID 1:10 – "The rate of INCREASE is estimated at 33.8%."

Explanation: The theme of this sentence relates to the rate of "increase of HIV" infection. Although one would generally perceive an increase in the rate of HIV infection as being negative, there is no clear indication of whether this is a high or low rate of infection. There is also no indication that this is a higher or lower rate than a previous rate, or if it will continue to increase, or perhaps decrease. Therefore in this example the metaphor is likely to be neutral.

(7) Positive perspective (metaphor theme = action)

ID 1:27 – "Education should ensure that learners and students acquire age and context appropriate knowledge and skills […] that will PROTECT them from HIV infection."

Explanation: The theme of this sentence relates to "education regarding HIV prevention" (this also includes general education regarding HIV). If some form of action would prevent or stop HIV infection from spreading, or in this case protect one against HIV infection, one would generally perceive it as a positive action. Therefore in this example the metaphor is likely to be positive.

(8)   Negative perspective (metaphor theme = action)

> **ID 1:6 –** "[…] they can PASS their infection ON to other people […]"

> **Explanation:** The theme of this sentence relates to the "spreading of HIV". If some form of action would increase the spreading of HIV infection in some form or way, as in the case of the HIV infection being passed on, one would generally perceive it as a negative action. Therefore in this example the metaphor is likely to be negative.

(9)   Neutral perspective (metaphor theme = action)

> None of the metaphors in this theme could be classified as neutral. An action with an ambiguous result or effect could possibly have been categorised as neutral. However, all the metaphors that dealt with the theme of action were either clearly positive (i.e. had results or effects that one would generally perceive as positive) or clearly negative (i.e. had results or effects that one would generally perceive as negative).

Figure 2.4 indicates the number of positive, negative and neutral metaphors in each of the 9 identified metaphor themes. Regarding the results, it is interesting to note that the three most prevalent metaphor themes (i.e. process, change, and action) also have the most significant results regarding the positive and negative perspectives. The process theme has the most positive metaphors, 14 out of 16 (87.5%), followed by the action theme with 6 out of 7 (85.7%) metaphors being positive, while the change theme has the most negative metaphors, 7 out of 10 (70%). It is important to remember that these results were obtained from the analysis of a policy. With this in mind, the results will be discussed in the next section.
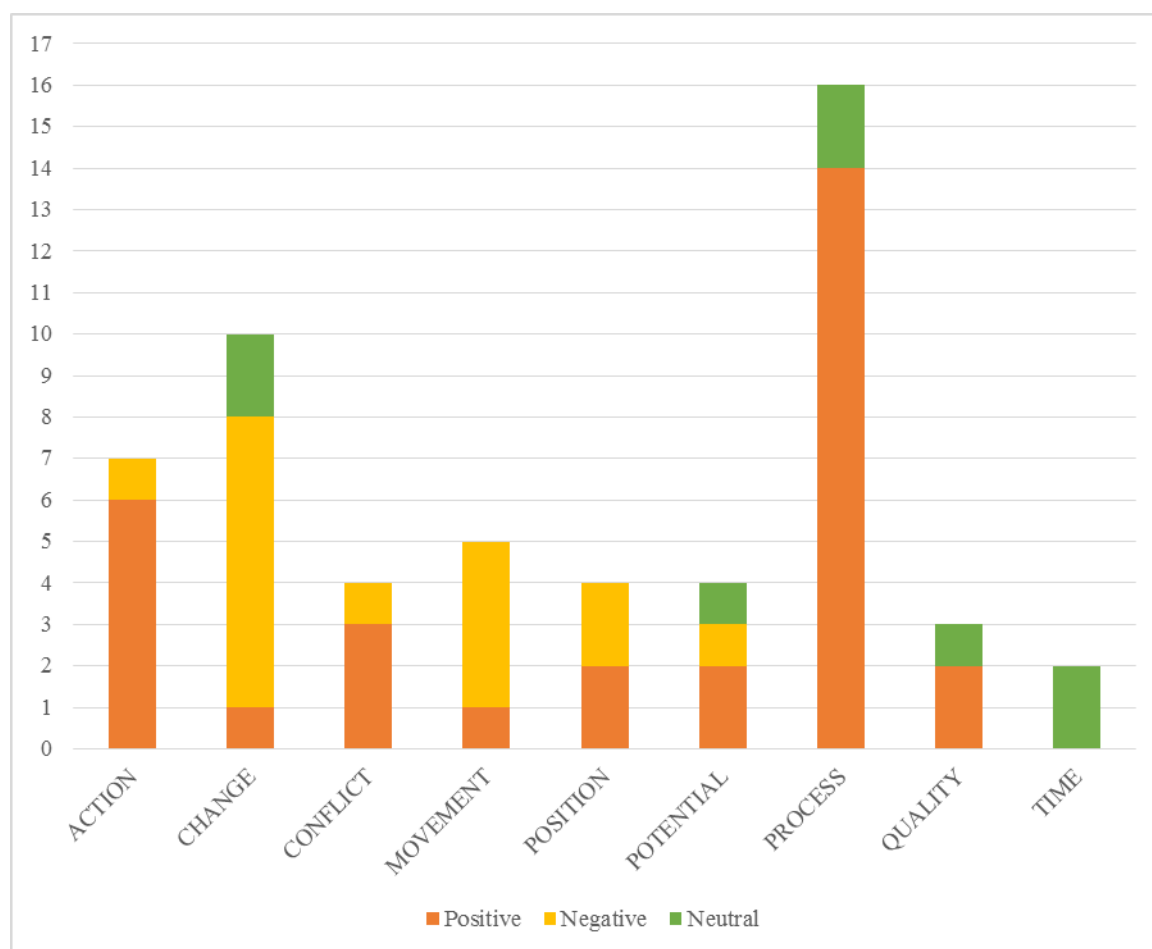
Figure 2.4. Possible metaphor perspectives. This figure shows a graph of the perspectives of

the metaphors identified in South Africa's national HIV/AIDS education policy.

2.6 Discussion of the Results

The aim of this study was two-fold. It aimed firstly to identify the most prevalent

metaphors in South Africa's national HIV/AIDS education policy, and secondly to analyse

these metaphors from a positive psychology point of view.

While cancer discourse is mostly dominated by enemy and/or war metaphors (Demjén

& Semino, 2016; Demmen et al., 2015; Hanahan, 2014; Hauser & Schwarz, 2015), from the

results of this study it seems that the most prevalent metaphors in the case of South Africa's

HIV/AIDS education policy are not enemy or war metaphors (conflict metaphors, as referred

to in this study), although they are not completely absent. The most prevalent metaphors in

the policy seem to be process (the most prevalent), change (second most prevalent), and action (third most prevalent) metaphors. These metaphors together make up 60% of the metaphors analysed in the policy, whereas only about 7.3% of the metaphors could be considered conflict[17] metaphors (refer to Figure 2. and Section 2.5 for more details).

Furthermore, the conflict metaphors in this study do not focus on HIV and/or AIDS directly, but specifically on the prevention of the transmission or spread of HIV, or the opportunistic infections that become problematic as a result of HIV infection. The reason for the few occurrences of conflict metaphors is probably because there is no cure for HIV. It would seem that strategically, instead of focusing on fighting a battle that cannot be won, the focus should rather be on devising plans (i.e. processes) to prevent having to fight the battle in the first place. Or in other words, it would be more sensible to focus on preventing (or reducing) the transmission or spreading of HIV rather than trying to combat HIV, which cannot be cured (i.e. defeated) with current medical knowledge. Therefore, the probable reason why process-related metaphors are the most prevalent in South Africa's national HIV/AIDS policy is because the purpose and focus of a policy is to devise plans. The prevalence of change metaphors may be due to the fact that the policy contains a lot of reporting on change, specifically change relating to the increase of HIV infections and the increase in the spreading or transmission of HIV. Lastly, the prevalence of action metaphors could be due to the prevalence of process metaphors, as processes tend to initiate action. The narrative of the policy thus seems to be that plans need to be devised to create the agency with which action steps and interventions, to manage HIV and AIDS in the youth (and educators) of South Africa, can be implemented. In positive psychology terms, such a narrative would imply that a *hopeful* position is taken with goals, pathways and agency (Snyder, 2002) and that *purpose and meaning* underpins the basic philosophy of the policy,

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[17] Distinguished from action metaphors, in that conflict metaphors explicitly deal with war, fighting, weapons, or any baseline of violence and/or harm, as explained in Section 2.5.

with features such as discernment (process), commitment (change) and action, or making it happen (Steger, 2011; Wong, 2010, 2011).

The purpose of identifying of the most prevalent metaphors in South Africa's national HIV/AIDS policy was to determine whether the metaphors used may be beneficial or detrimental to understanding HIV and AIDS and their prevention. However, it is important to note that metaphors are not necessarily inherently positive (beneficial) or negative (detrimental). Whether a metaphor is positive or negative depends on a person's perspective of, or intent behind, the usage of a particular metaphor, as suggested by the opinion of Demjén and Semino (2016) on the usage of metaphors in healthcare. When discussing the possible positive or negative perspectives[18] of the metaphors identified and analysed in this study, there are a few findings worthy of discussion. Regarding the overall possible perspectives of the metaphors in this study, the results (refer to Figure 2.4 for the complete results) indicated that the majority (~56.4%) of the metaphors in this study could be perceived as positive, whereas less than a third (~29.1%) of the metaphors could possibly be perceived as negative, while the rest (~14.5%) of the metaphors could possibly be perceived as neutral (i.e. neither distinctly positive nor negative).

In the most prevalent metaphor theme (i.e. the process metaphors), about 87.5% of the metaphors were perceived as positive, while none were perceived as negative, and about 12.5% were perceived as neutral. A possible reason that none of the process metaphors were perceived as negative is because it is highly unlikely that a policy (especially one such as an HIV and AIDS education policy) would be designed not to be beneficial to the people the policy is aimed at. For example, most of the processes, measures or plans suggested (i.e. the things connected to process metaphors) in South Africa's national HIV/AIDS education policy pertain to preventing the spreading or transmission of HIV and AIDS, or to educating

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[18] For the purpose of this study, neutral perspectives will be ignored in the discussion, as they have no significant bearing on this study one way or the other.

people (in particular learners and educators) about HIV and AIDS. Therefore the process metaphors should in general be perceived as being positive. However, if process metaphors were (for example) related to putting learners or educators more at risk of contracting HIV, the process metaphors would most probably be perceived as being negative; however, this is very unlikely to be the aim or purpose of any such policy. The results of the third most prevalent metaphor theme (action metaphors) also indicated a majority positive perspective of about 85.7% (with about 14.3% negative perspective and 0% neutral perspective). A possible reason for this could be that since processes initiate actions and the majority of the process metaphors are perceived as positive, the action metaphors connected to the processes will also probably be perceived as being positive.

By contrast, the results of the second most prevalent metaphor theme (change metaphors) indicated a majority negative perspective of about 70% (with about 10% positive perspective and 20% neutral perspective). As mentioned before, the policy contains a lot of reporting on change, specifically with reference to change that is likely to be perceived as negative, such as the increase in HIV infections, or the increase in the spreading or transmission of HIV, and so forth. This is most likely the main reason why most of the change metaphors in the policy are perceived as being negative. It is also possible that the many negative changes that the policy reports on is done on purpose to justify the policy establishing processes to initiate action which, it is hoped, will lead to positive change. The negativity of the change metaphors could thus act as the impetus or motivation to transform (change) the status of HIV and AIDS in youth (and educators).

Lastly, it is worth briefly discussing the perceptions of the conflict metaphors in this study. For conflict metaphors to be mostly perceived as positive supports the suggestion of Demjén and Semino (2016) that metaphors are not inherently positive or negative, but that it depends on how the metaphors are perceived or used. When thinking of conflict outside of a

specific context (or scenario), one would generally perceive conflict as being negative. Although conflict metaphors mostly have a baseline of intention to do harm, most of the conflict metaphors in the policy deal with (i.e. are AIMED at) reducing (i.e. ELIMINATING) the spread or transmission of HIV. The intent here is clearly meant to be beneficial, and therefore the metaphors are perceived as being positive or beneficial.

2.7 Implications of the Study

The findings of this study are significant in that they add to the understanding of the knowledge of metaphorical language usage, particular in South Africa's national HIV/AIDS policy. This knowledge not only adds to understanding from a linguistic perspective, but also from a positive psychology perspective. From a linguistic perspective the metaphor usage helps with the understanding of the policy's more abstract concepts (specifically those directly related to HIV and AIDS) through the usage of more concrete concepts, which is the purpose of metaphors. Furthermore, from a positive psychology perspective, the metaphor usage in the policy seems to reflect a hopeful stance and is based on a philosophy of meaning and purpose. The policy also seems more beneficial than detrimental in aiding the understanding of HIV and AIDS, and their prevention. This may all have been the intent of the policy, but the question is, how do people perceive HIV and AIDS, and do the metaphors used in the policy reflect similar metaphors used by people? The next section will briefly discuss the limitations of the study as well as the direction for future research.

2.8 Limitations of the Study and Directions for Future Research

The study is not without limitations. Firstly, only one HIV and AIDS policy was analysed, whereas if more HIV and AIDS policies had been analysed more occurrences of the different metaphor themes could have been identified, which could have further supported the findings (or have resulted in different findings). Furthermore, if more policies had been analysed, the different policies could also have been compared with each other. Secondly, the

particular policy that was used in this study has been replaced with a new policy. The old

policy was removed sometime in August 2017 and replaced with the Policy on HIV, Sexually

Transmitted Infections (STIs) and Tuberculosis (TB). By the time the author realised this,

most of the data analysis and validation from the old policy had been completed and it was

decided not to redo the analysis on the new policy. Although the old policy no longer appears

on the policy web page of the South African Department of Education's website, it has been

archived and is still accessible at the time of completion of this study[19]. A third and more

practical limitation of this study is that the results are not necessarily representative of the

metaphorical language usage of people who are directly affected by HIV and AIDS, namely

people living with HIV and AIDS. This also applies to people who are indirectly affected by

HIV and AIDS, such as family members of people living with HIV and AIDS, or people such

as counsellors, carers, nurses, doctors, and so forth who interact with people living with HIV

and AIDS.

Fortunately, from these limitations directions for future research are possible. Such

research may include analysing various HIV and AIDS policies and comparing the results

with those of this study, or comparing the different policies with each other. South Africa's

new policy on HIV, STIs and TB can be compared with the old policy (used in this study) in

terms of metaphorical language usage and whether the metaphors used are beneficial or

detrimental in better understanding HIV, STIs and TB and their prevention. On a more

practical level, considering that these are the South African Department of Education's

policies, the HIV and AIDS (or most likely by then HIV, STIs and TB) policies of different

schools (public, private, all female, all male, mixed, etc.) can be compared not only to the

policy available on the South African Department of Education's website, but also with each

other, in order to determine whether the metaphorical language usage is similar or different in

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[19] An archived copy of the policy is available on the Department of Education's website at the following link: https://www.education.gov.za/Portals/0/Documents/Policies/SchoolEnrichment/hivAidspolicy.pdf?ver=2007-10-03-151117-000

the different schools. Lastly, and something which is likely to be a very important direction for future research, would be to determine the actual influence of the metaphors identified in this study on people. This includes people who are directly affected by HIV and AIDS (i.e. people living with HIV and AIDS), and people who are indirectly affected by HIV and AIDS (i.e. family members, carers, counsellors, nurses, doctors and others who interact with people with HIV and AIDS). It is possible that completely different metaphors are used with regard to HIV and AIDS by such people. If that is the case, the metaphors should be identified and analysed in order to add to the understanding of how people cope with HIV and AIDS (either directly or indirectly as previously explained). This research in particular would correspond to the research of Demjén and Semino (2016), which deals with metaphor usage in cancer healthcare, and would add to the knowledge of metaphor usage in positive psychology as well. This in turn could aid in the understanding of concepts such as hope, coping, resilience, meaning, and so forth with regard to HIV and AIDS, and how it compares with that of cancer. It could even lead to better interventions for HIV and AIDS, and other illnesses.

2.9 Conclusion

Everything considered, the overall results of this study suggest some important points worth mentioning in conclusion. Firstly, it is clear from the results that the metaphors predominantly used in the HIV and AIDS policy are different from the metaphors predominantly used in cancer. Unlike the war and enemy metaphors used in cancer, it seems that metaphors relating to process, change and action are more predominantly used in HIV and AIDS, although this possibly only applies in the case of policies regarding HIV and AIDS (due to the way policies work, and how policies are structured and worded), and they may be different from the actual metaphors people use when referring to HIV and AIDS. Nonetheless, this provides insight into and a better understanding of such a policy and how such a policy can be worded to be as beneficial as possible.

Secondly, the results suggest that in general the metaphorical messages conveyed about HIV and AIDS in a policy are meant to be essentially health engendering (salutogenic), as the majority of the metaphors identified by the author and co-coder are likely to be regarded as positive (considering the whole context in which the metaphors appeared). One also gets the impression that the policy departs from a pathogenic (illness saturated) position and moves to a salutogenic (preventing of and living with) intention by means of stating process, change, and action features. In other words, the metaphorical messages conveyed about HIV and AIDS in the policy are beneficial (salutory) towards the understanding of HIV and AIDS perceptions, and managing living with HIV and AIDS.

Lastly, when regarding the three most dominant metaphor themes in the policy, namely process, change, and action, one might be able to perceive and construct a possible narrative from the policy, which could be the overall purpose of the policy. It should be considered that the metaphor themes, process and action were generally perceived as positive, while the metaphor theme change was generally perceived as negative (as it mostly referred to the negative perception of the increased spreading and transmission of HIV). From this one might possibly formulate the following narrative or perhaps even ideology about the policy: *The purpose of the policy is to provide processes (devising methods) in order to initiate and aid (agency) actions to create positive change (transformation).*

From a positive psychology point of view, it is possible that understanding metaphor usage in illnesses such as HIV and AIDS could help to better understand people's resilience, hopefulness, and/or coping (or any other similar positive psychology constructs) regarding the particular illness. Although this study was ultimately exploratory in nature, the findings provide further insight not only into the linguistic, but also the psychological value of metaphors. The findings also have practical implications for people living directly or indirectly with HIV and AIDS. In a very real and important sense the findings of this study,

that preventing and managing HIV and AIDS in youth (and educators) can be done through

process, change and action, reflect the words of Lakoff and Johnson (1980),

> In all aspects of life, [...] we define our reality in terms of metaphors and then proceed
>
> to act on the basis of the metaphors. We draw inferences, set goals, make commitments,
>
> and execute plans, all on the basis of how we in part structure our experience,
>
> consciously and unconsciously, by means of metaphor (p. 158).

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CHAPTER 3

Conclusions, limitations, and recommendations

"We live our lives on the basis of inferences we derive via metaphor."

Lakoff and Johnson (1980, p. 273)

The purpose of this chapter is to provide a final overview of the conclusions, recommendations, and limitations of the study. The study is briefly summarised, followed by a brief discussion of the most significant conclusions drawn from the findings. The limitations of the findings of the study are outlined. Finally, with regard to these conclusions and limitations, future research recommendations are suggested.

3.1 Conclusions

The study had two related main aims. Firstly, it aimed to identify the most prevalent metaphors found in South Africa's national HIV/AIDS education policy, with regard to HIV and AIDS, and their prevention. Secondly, the study aimed to analyse the identified metaphors from a positive psychology point of view. The overall aim of the study was to determine whether the HIV and AIDS related metaphors used in South Africa's national HIV/AIDS education policy are beneficial or detrimental to understanding HIV and AIDS, and their prevention. In other words, whether the metaphors used in the policy create strength-related (positive) or deficiency-related (negative) understanding, thoughts or perceptions of HIV and AIDS, and their prevention.

Around the time of the renewed interest in metaphors, cognitive psychology focused mostly on mental models (Johnson-Laird, Byrne, & Tabossi, 1989) and was also interested in analogical reasoning and problem solving (Vosniadou & Ortony, 1989). These research interests generally offered detailed explanations of how metaphors enable better understanding of the more abstract parts of reality, similar to Lakoff and Johnson's work on metaphors (Lakoff, 1987a, 1987b; Lakoff & Johnson, 1980, 1999). During this time, clinical psychology's interest was mostly in the communication process and roles of metaphors in the therapist-client relationship in psychotherapy (von Kleist, Buchholz & Roderburg, as cited in Moser, 2000; Schmitt, 2005). These research interests were generally aimed at how

metaphors could serve as indicators or predictors of the quality and development of therapist-client relationships.

Although cognitive and clinical psychology's research involving metaphors can be linked to a better understanding of abstract parts of reality through metaphors, ultimately these studies are concerned with basic human behaviour rather than actual metaphors and the possible beneficial or detrimental effects of metaphors. Even though both cognitive and clinical psychology have researched and shown interest in metaphors, according to Moser (2000, para. 2) "both fields of psychology hardly took notice of their respective studies in metaphor". There has, however, been growing interest in health psychology research in metaphors and figurative language. However, this research interest mostly originated from the USA and UK and focused predominantly on cancer.

Research on metaphors also seems to separate linguistics and psychology. Metaphor studies often tend to focus more on linguistic, communication or community aspects, rather than on clear psychological aspects (Demmen et al., 2015; Du Toit, Schutte, & de Wet, 2003; Henderson, 2013; Jansen, van Nistelrooij, Olislagers, van Sambeek, & de Stadler, 2010; Van Rooy & Drejerska, 2014). Conversely, studies that do consider metaphors from a psychological point of view, in particular how changes in metaphorical framing can influence people's understanding and thoughts, are rare, and more so in the positive psychology orientation (Demjén & Semino, 2016; Hanahan, 2014; Hauser & Schwarz, 2015; Jensen & King, 2013; Lanceley & Clark, 2013). Such work mostly focuses on illnesses other than HIV and AIDS (most often cancer) or is seldom from a South African perspective. What prompted the present study was the separation between linguistics and psychology with regard to metaphor research and the lack of similar metaphor-related research in HIV and AIDS (compared to the aforementioned cancer metaphor research).

The overall results of this study suggest a few important points. Firstly, that the predominant metaphors in HIV and AIDS (in particular in the policy) are different from the predominant metaphors used in cancer. In HIV and AIDS it seems that the predominant metaphors are process, change, and action, whereas in cancer the metaphors relate to war and enemy. Due to the way that policies work and are structured and worded, it is possible that process, change, and action metaphors may only predominate in policies regarding HIV and AIDS; these may be different from the actual metaphors people use with regard to HIV and AIDS in everyday life. Apart from HIV and AIDS per se, it is possible that the results of this study could provide more insight into HIV and AIDS policies (and what they try to accomplish), as well as how such a policy could be worded to be as beneficial as possible.

Secondly, as the majority of the metaphors identified in the policy are likely to be viewed as being positive (considering the whole context in which the metaphors appeared each time), the study suggests that in general the metaphorical messages conveyed about HIV and AIDS in a policy are meant to be essentially health engendering (salutogenic). It is likely that the metaphorical messages conveyed about HIV and AIDS in the policy benefit the understanding of HIV and AIDS perceptions, as well as the understanding of the prevention of HIV and AIDS.

Lastly, the metaphors in the policy (specifically the three dominant metaphor themes, i.e. process, change, and action) allow one to perceive and construct a certain narrative that fits the overall purpose of the policy. When considering the main metaphor themes, one should keep in mind that the metaphor themes of process and action were generally perceived as positive, while the metaphor theme of change was generally perceived as negative. Change was most likely generally perceived as negative, as it was mostly connected to the negative perception of the increased spreading and transmission of HIV. Bearing this in mind, a possible narrative or even an ideology about the policy can be formulated as follows: *The*

purpose of the policy is to provide processes (devising methods) in order to initiate and aid

(agency) actions to create positive change (transformation).

When considering all of the aforementioned from a positive psychology point of view,

it is possible to understand how metaphor usage in illness discourse could be meaningful. It

could help with better understanding of people's resilience, hopefulness, and/or coping (or

any other similar positive psychology constructs) regarding different illnesses. Ultimately,

although this study was exploratory in nature, the findings provide some additional insight

into the linguistic and psychological value of metaphors. The study also adds to the

understanding of how an HIV and AIDS policy could be designed to best serve its purpose.

And finally, the findings also have some practical implications for people living directly or

indirectly with HIV and AIDS with regard to how metaphoric language may help them. The

findings of this study reflect, in a very real and important way, in the words of Lakoff and

Johnson (1980, p. 158), that in all aspects of life "we define our reality in terms of metaphors

and then proceed to act on the basis of the metaphors".

3.2 Limitations of the Study

This study, as is the case with all scholarly research, is not without its limitations.

Although the aim of the study was to analyse only one particular HIV and AIDS policy, it

does limit the potential of the study. Analysing more policies could have allowed more

examples of the different metaphor themes and possibly have made the data for each

metaphor theme that much richer. Furthermore, different policies could also have been

compared with each other, adding another dimension to the study. Another limitation (which

at the time was unforeseeable and uncontrollable) is that the particular policy analysed in the

study was replaced with a new policy sometime in August 2017. The policy was not simply

updated, but completely replaced with the new policy, which also deals with sexually

transmitted infections (STIs) and tuberculosis (TB). By the time this came to the attention of

the author, there was no longer time to redo the analysis on the new policy. However, the old

policy has been archived and can still be accessed on the South African Department of

Education's website[20]. On a more practical level, one more limitation of this study should be

mentioned, and that is that the results of this study are not necessarily representative of the

metaphorical language used by people who are affected by HIV and AIDS. This includes

people directly affected by HIV and AIDS (i.e. people living with HIV and AIDS), as well as

people who are indirectly affected by HIV and AIDS. People indirectly affected by HIV and

AIDS include family members of people living with HIV and AIDS, or people such as

counsellors, carers, nurses, doctors, and others who interact with people living with HIV and

AIDS. To address this limitation a much more practical, in-depth study would have to be

conducted.

3.3 Recommendations

Fortunately, the limitations mentioned above offer directions for future research. This

study focused mainly on the analysis of metaphors in a document and did not include any

direct contact with people actually affected by HIV and AIDS (directly or indirectly). This

study therefore has implications for future research both similar to this study (i.e. with the

focus on HIV and AIDS-related metaphors in texts) and future research with the focus more

on people's actual usage of HIV and AIDS related metaphors, and whether these metaphors

are similar or different to the metaphors used in texts. This study also has some implications

for practical applications. This aspect is briefly discussed in the following two sections.

3.3.1 Recommendations for future research.

Based on the limitations of this study, future research may include a further focus on

the analysis of more HIV and AIDS policies, or sections of policies that deal with HIV and

AIDS. Results from these analyses can be compared with this study's results, and the

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[20] An archived copy of the policy is available on the Department of Education's website at the following link: https://www.education.gov.za/Portals/0/Documents/Policies/SchoolEnrichment/hivAidspolicy.pdf?ver=2007-10-03-151117-000

different policies (or policy sections) can be compared with each other. South Africa's new policy on HIV, STIs and TB can be compared with the old policy to determine whether the metaphor themes are similar or different, and whether the metaphors used in the new policy are beneficial or detrimental for better understanding of HIV, STIs and TB and their prevention. It may also be necessary to analyse metaphor usage in texts other than policies and determine how the metaphor usage in these texts compares with the usage in policies.

Considering that South African schools are supposed to adhere to the South African Department of Education's policies, future research could involve comparing the HIV and AIDS (or rather HIV, STIs and TB) policies of different schools (public, private, all-female, all-male, mixed, etc.) with the Department of Education's policy. The different schools' policies should not only be compared with the policy on the South African Department of Education's website, but also with each other's policies. The aim of this would be to determine whether the metaphorical language usage is similar or different from that of the Department of Education's policy, or whether the different schools' policies are different from each other. If there are differences future research could also possibly determine why this is so. A reason why the metaphor usage may be different could be the possible inherent differences between the schools' students. For example, it stands to reason that certain metaphorical language may be better suited to an all-female school than to an all-male school.

Another important direction for future research would be to determine the actual influence on people of the metaphors (or similar metaphors) identified in this study. It is also necessary to determine what kinds of HIV and AIDS metaphors are used in people's everyday conversations on HIV and AIDS. This should include people who are directly living with HIV and AIDS as well as people who interact with people living with HIV and AIDS, such as family members, carers, counsellors, nurses, doctors, and so forth.

3.3.1 Recommendation for practice.

The findings of this study have practical implications that can serve as a basis for recommendations regarding policies in particular. Considering that the results indicated that the metaphor usage in the policy is beneficial for understanding HIV and AIDS, and their prevention, it is possible that the metaphor themes identified in the policy could aid with future policy designs, in particular with the HIV and AIDS policy designs of individual schools. Knowledge of the metaphors in the policy could also be of use to anyone who has to interpret or understand the influence that the policy and all the suggested implementations in the policy may have.

The study's limitations, in particular the limitation with regard to what metaphors people actually use when talking about HIV and AIDS, also have a practical implication that could serve as a basis for possible future interventions. Considering the research on the metaphors people use in cancer healthcare (Demjén & Semino, 2016), similar research in HIV and AIDS has the potential not only to add to the understanding and knowledge of how HIV and AIDS related metaphors can be beneficially used, but also how these metaphors can be used practically in counselling and therapy related to HIV and AIDS. Furthermore, this could aid in understanding concepts such as people's hope, coping, resilience, and so forth regarding HIV and AIDS, and how they compare with those of cancer. This in turn could lead to further improving interventions regarding HIV and AIDS.

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