Routledge
Taylor & Francis Group

Metaphor and Symbol

ISSN: 1092-6488 (Print) 1532-7868 (Online) Journal homepage: www.tandfonline.com/journals/hmet20

"Living with HIV" – Changes in HIV and AIDS Metaphors in South African Educational Policy

Johanita Kirsten & Jacques McDermid Heyns

To cite this article: Johanita Kirsten & Jacques McDermid Heyns (2024) "Living with HIV" – Changes in HIV and AIDS Metaphors in South African Educational Policy, Metaphor and Symbol, 39:3, 183-194, DOI: 10.1080/10926488.2024.2312389

To link to this article: https://doi.org/10.1080/10926488.2024.2312389

© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC.

Published online: 17 May 2024.

Submit your article to this journal

Article views: 858

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=hmet20

METAPHOR AND SYMBOL
2024, VOL. 39, NO. 3, 183–194
https://doi.org/10.1080/10926488.2024.2312389

Routledge
Taylor & Francis Group

OPEN ACCESS Check for updates

"Living with HIV" – Changes in HIV and AIDS Metaphors in South African Educational Policy

Johanita Kirsten and Jacques McDermid Heyns

North-West University

ABSTRACT

Health metaphors are commonly used in a variety of contexts. While war metaphors are common in medicine, there are also other conceptualizations and other metaphors employed in different contexts. In policies, metaphors can play an important role in framing thought and discourse, and have an important effect, and even more so in educational policy. In this article, we analyze the two South African policies regarding HIV and AIDS in the educational context – the first policy from 1999, and the one that replaced it in 2017. The focus is on identifying and categorizing the metaphors directly related to HIV and AIDS. We identified 29 such metaphors in policy 1, and 71 in policy 2, using the principles from the MIPVU, and thematic discourse analysis was used to categorize the metaphors into themes. The most prominent changes in the metaphors from policy 1 to policy 2 regard the focus of the imagery, as well as the conceptualization of HIV itself. These are then interpreted in the Southern African context.

Metaphors

Metaphors have a long history in both spoken and written language, and can be described as implied comparisons between two things or concepts. Lakoff and Johnson (1980) found that metaphors are pervasive not just in language, but also in thoughts and actions, and therefore people's ordinary conceptual systems are fundamentally metaphorical in nature.

To understand more complex or abstract parts of reality, conceptual metaphors can serve as analogies, which allows the understanding of one experience to be conceptualized in the terms of another, generally better known, experience (Lakoff & Johnson, 1980; Vosniadou & Ortony, 1989). The more abstract a concept is, the harder it becomes to conceptualize in non-metaphorical ways.

Health metaphors

Military metaphors have a long history in Western medicine, dating back to at least the 17th century, although it was not a dominant metaphor yet (Nie et al., 2016). In the 19th century, however, they became more prominent, and patients were the battlefields where physicians met their enemies (Nie et al., 2016). During the course of the 20th century, a series of "*wars*" were declared on a number of so-called diseases in the US: acute infectious diseases, tuberculosis, AIDS, diabetes, and obesity (Nie et al., 2016). Two other metaphors also became prominent in biomedical theory and practice in the West: *THE BODY IS A MACHINE*, and *MEDICINE IS A BUSINESS* (Segal, 1997).

CONTACT Johanita Kirsten Johanita.Kirsten@nwu.ac.za UPSET Research Focus Area, North-West University, Vanderbijlpark Campus, PO Box 1174, Vanderbijlpark 1900, South Africa

© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC.
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

War and enemy metaphors became the dominant metaphors in cancer language in the US since the signing of the USA National Cancer Act of 1971. It is interesting 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 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 popularized (Hanahan, 2014), as treatment was not yet established. Hanahan (2014) suggests 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 favor 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 behaviors that involve self-restraint and limitation than 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, 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.

Regarding HIV, military metaphors were prolific in research since the early days of the epidemic in America (Nie et al., 2016). Sontag (1990) discusses the use of military metaphors in relation to HIV and AIDS in the US at length, as well as some of the issues involved in this practice. More recently, HIV is a highly treatable chronic condition, so military metaphors of "*attack*" and "*defend*" are not particularly suitable for the context, and can even contribute to stigmatization, exclusion, and discrimination (Nie et al., 2016; Sontag, 1990). Although a focus on HIV prevention utilizes metaphors of "*control*" and "*containment*," HIV cure discourse is more susceptible to images of "*annihilation*" and "*eradication*," and the goal of "*victory*" over the virus (Nie et al., 2016).

There are other perspectives on health metaphors, however. On the one hand, Western obsession with dominating nature shows in the use of military metaphors; on the other hand, there is the traditional African view of coexisting peacefully with nature, leading to very different kinds of health metaphors (Mabachi, 2005; Nie et al., 2016). Examples of metaphors from nature are widely reported in Africa, although these are not necessarily positive or neutral. Examples include *BIRD* metaphors, *INSECT* metaphors and *PLANT* metaphors from Zambia (Nkolola-Wakumelo, 2015), *INSECT* metaphors ("*termites*," "*ants*" and "*bees*") and "*crocodile*" as a metaphor for HIV and AIDS by Zimbabwean women writers (Kangira, Mashiri, & Gambahaya, 2007, p. 35), *ANIMAL* and *PLANT* metaphors, as well as *NATURAL DISASTER* metaphors from Kenya (Kobia, 2008), and "*dangerous lake*" and "*venomous snake*" for HIV and AIDS in Lesotho (Seepheephe, 2021, p. 105).

In educational texts about HIV and AIDS in South Africa, military metaphors were quite frequently used (Jansen, Van Nistelrooij, Olislagers, Van Sambeek, & De Stadler, 2010). However, HIV and AIDS counselors, consulted before setting up the experiment in Jansen, Van Nistelrooij, Olislagers, Van Sambeek, and De Stadler (2010), suggested rather using a *FIRE BRIGADE* metaphor to describe the immune system and its function. The *FIRE* metaphor is used in Zambia and many other African

societies (Nkolola-Wakumelo, 2015) such as Zimbabwe (Kangira, Mashiri, & Gambahaya, 2007) and Kenya (Kobia, 2008), but the specific metaphor of a *FIRE BRIGADE* has not been reported elsewhere.

In sub-Saharan Africa, the *JOURNEY* metaphor has become quite significant in describing specifically HIV and AIDS (Nie et al., 2016). Examples of these metaphors include "*he has a bus ticket*," "*he is at the bus stop*," "*he is waiting to board*," "*he has begun the journey*," "*he travels with the disease*," and that it is more important *to know where the disease was going than to wrangle about its origins* (Nie et al., 2016, p. 8). Kobia (2008) indicates that *JOURNEY* metaphors are used in Kenya, and Horne (2010, p. 25) reports the use of the slang phrase "*have a boarding pass*." These *JOURNEY* metaphors have also been used to describe the collective HIV illness experience, and not just individual experiences, and can be an important alternative to the more widely used military metaphor, especially in HIV cure research (Nie et al., 2016). However, any kind of metaphor can in principle be used negatively, as Seepheephe (2022) reports that, in the Sesotho press in Lesotho, *JOURNEY* metaphors are also used to stigmatize people living with HIV. The issue of stigmatization is reflected in other metaphors from African contexts as well, such as Zimbabwean women writers calling HIV and AIDS "*feaces*" and "*dirt*" (Kangira, Mashiri, & Gambahaya, 2007, p. 35).

Metaphors and policy

In this article, however, we are not focusing on HIV research, educational texts, or the language use of people in general. The focus is on HIV and AIDS policy, specifically in an educational context.

Policy documents do political work, as they provide a body of knowledge on a specific matter, designed to inform decisions and actions taken (Koller & Davidson, 2008). These documents are produced by government officials, for other government departments, and the public (Koller & Davidson, 2008). Policy can be seen as a course of action, or a guide to action, on the one hand, but on the other hand it can also be regarded as a public practice of deliberation, with various actors participating (Malone, 1999). Policy, then, is a social-political process, as well as the results of the process, and that is used to regulate or guide other processes or practices – in short, policy is both means and ends (Malone, 1999).

Since policies do political work, it is important to unpack the metaphors and worldviews related to the issues at hand (Vallis & Inayatullah, 2016). Metaphors can serve the following purposes in policy, among others:

- establishing the importance of a new matter (Barry, Brescoll, Brownell, & Schlesinger, 2009);
- framing thought and discourse, which affect decisions and behavior, and so construct reality (Vallis & Inayatullah, 2016);
- explaining complicated problems and confusing or elusive concepts (Barry, Brescoll, Brownell, & Schlesinger, 2009);
- persuading the public while not going too deeply into technical details (Barry, Brescoll, Brownell, & Schlesinger, 2009);
- attracting the attention of those not otherwise interested in public affairs (Barry, Brescoll, Brownell, & Schlesinger, 2009);
- affecting law, policy, and social change (Vallis & Inayatullah, 2016).

This shows that metaphors in policy can have concrete and far-reaching effects on important matters. Furthermore, education policy affects children and youth in particular, and has the potential to shape significant aspects of their lives. Finally, policy regarding HIV and AIDS can influence significant aspects of the lives of millions of people in South Africa. Taken together, all these factors motivate the investigation of HIV and AIDS related metaphors in education policy regarding HIV and AIDS.

There are two national policies included in this study, as the only national policies of this kind in South Africa. The first is 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* (about 6 800 words), from 1999, and the second is the new policy (replacing the previous one), the Department of

Basic Education's *National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector* (about 12 500 words) from 2017. This could also provide insights into how the thinking about core issues has changed from the old policy to the new. While policy 2 includes STIs and TB, we only included HIV and AIDS related metaphors for the purpose of this study, specifically for the sake of comparability between the metaphors in the policies.

Methodology

The selection of texts for analysis was explained in the previous section, along with some further information regarding the specific policy documents.

This study followed a qualitative thematic discourse analysis approach in order to present a qualitative analysis of the metaphors used in the two policies. The policies were analyzed by identifying metaphors in the policy (specifically relating to HIV and AIDS) and grouping these metaphors into different themes. Data for the study was collected in the form of linguistic metaphors used in the policies, and then ordered into thematic categories for further discussion. The criteria for the metaphors to be directly related to HIV and AIDS is that it must apply directly to HIV and/or AIDS, or to a concept that includes HIV and AIDS such as epidemic or pandemic, and diseases.

For the metaphor identification process in this study, the Metaphor Identification Procedure (MIP) developed by the Pragglejaz Group and Pragglejaz Group (2007), and specifically its extension by Steen et al. (2010) developed at the Vrije Universiteit in Amsterdam (from here on referred to as the MIPVU), was used. Based on the MIPVU procedure, the following steps were taken to identify metaphorically used words and expressions:

(1) Any word or expression potentially used metaphorically, where the metaphor is applicable to HIV and AIDS, or directly related to it, was marked for steps 2 to 4.
(2) The *contextual* meaning of this word or expression, exactly as it is used in the text (regarding for example part of speech etc.) or as close as possible in terms of the available entries, was identified in the OED (Oxford English Dictionary).
(3) The most *basic* meaning was identified in the OED. Basic meaning refers to the most concrete, specific, and human-focused meaning (Steen et al., 2010).
(4) a) If the contextual and basic meanings are different, it was marked as metaphorical.
b) If the contextual and basic meanings are the same, but the metaphor is already clear in this meaning (for example actions or intentions are being ascribed to inanimate objects), it was marked as metaphorical.
c) If the contextual and basic meanings are the same, without any implied metaphor in this meaning, it was not marked as metaphorical.

It is important to note that, like certain other metaphor studies (e.g., Charteris-Black, 2004; Dewandre & Gulyás, 2018), we were not focused on new or novel metaphors. Conventional or "naturalized" metaphors can provide important insights into the conceptualization and framing of certain factors, exactly because it is not necessarily obvious or visible as metaphors, but can still influence how speakers think about different matters.

The MIPVU procedure is useful in the identification of linguistic metaphors, but analyzing conceptual metaphors necessitates further steps. Therefore, the study also used thematic analysis to group identified metaphors into particular semantic themes for further analysis. These themes were deduced by the authors as they emerged from the metaphors that were identified, through studying the metaphors in depth and discussing the themes at length. Exploring themes on the semantic level required that meanings were identified and organized, and that patterns were described at the surface level. The importance of these themes will be interpreted, and where possible linked to existing literature and theory.

For the initial identification of the metaphors, ATLAS.ti (version 8.0) was used, mainly to label (or tag) the metaphors. These were then manually organized (or grouped) into different themes for further discussion and analysis.

In order to enhance the accuracy of the identification of the metaphors, two coders were involved. Each coder was responsible for one of the policies, with the other doing spot checks. All uncertainties and differences were discussed with reference to the identification procedure, and the relevant entries in the Oxford English Dictionary (online). While metaphor studies often use quantitative calculations to indicate the reliability of the procedure, it was regarded as a somewhat artificial measurement of a largely hermeneutic and qualitative process. The focus here was to come to an agreement regarding principles for including and excluding possible metaphorical uses, and checking one another for consistency and thoroughness.

The thematic analysis and groupings were done by one coder first, and confirmed by a co-coder. First the co-coder studied the themes and groupings, and then the themes and groupings were discussed until consensus was reached.

The data analysis results, as well as examples of the different metaphors, will be discussed in more detail in the results section.

Results

Metaphors in policy 1

Policy 1 has a total of 29 metaphors directly related to HIV and AIDS. These metaphors can be divided into six categories: *ACTION*, *AGENT*, *OBJECT*, *PERSON*, *RANK* and *SUBSTANCE*, although the first two each only has one metaphor representing the category.

RANK: The *RANK* category is the largest, with 11 metaphors of the 29 belonging to this group. All the metaphors in this category are the same – it refers to a person's or people's HIV or AIDS "status." The reason it is marked as metaphorical, is because the contextual meaning refers to someone's or something's state, condition, or current situation (OED); the basic meaning refers to rank, standing or importance, be it social or professional (OED). An example follows:

[1:14] . . .the known or unknown HIV **status** of individuals concerned. . .

While this is the largest category of metaphors in policy 1, it does not seem to be productive, since all the examples use the same phrasing to refer to the same phenomenon.

SUBSTANCE: The second category of metaphors is that of *SUBSTANCE*, with two sub-categories. The first is that of a moving substance, typically moving through a conduit, as illustrated here:

[1:11] HIV cannot be transmitted **through** day-to-day social contact.

Here, we have a dual metaphor – "day-to-day social contact" is the conduit, and "HIV" is the substance moving through the conduit. However, for our analysis only the metaphor depicting "HIV" is relevant. There are five metaphors in this sub-category.

The second sub-category is a substance being spread over a surface:

[1:1a] In South Africa, HIV is **spread** mainly through sexual contact between men and women.

The contextual meaning of *spread* refers to becoming more prevalent or widely existed, or to gradually reach more people (OED); the most basic meaning of *spread* is covering something with a thin layer of something (OED), such as jam on a slice of bread. Two metaphors fall into this sub-category – one refers to *HIV* being spread, the other to *HIV infection* being spread.

PERSON: The third largest category of metaphors is *PERSON*, with five occurrences in the category. In all five of these metaphors, the word "related" is used, implying that HIV and/or AIDS is a family member of someone.

[1:24] . . . cases of HIV/AIDS-**related** death.

OBJECT:The next category is that of *OBJECT*, with four metaphors, each representing a different kind of object. Two of the objects are HIV itself:

[1:5] . . .the **underlying** HIV infection cannot be cured. . .

[1:10] . . .children who **acquire** HIV prenatally. . .

In [1:5], the HIV infection is an object with a physical position, and in [1:10] HIV is a possession that can be *acquired*. The other two object in the object metaphors refer to the epidemic:

[1:7] . . .the HIV/AIDS epidemic in South Africa is among the most severe in the world and it continues to **increase** at an alarming pace. . .

[1:9] . . .the **course** of the epidemic. . .

In [1:7] the epidemic is an object with physical volume, represented by the metaphor of *increase* – the contextual meaning of *increase* is to become greater, grow or advance in some specified quality, and its basic meaning is to become enlarged or greater in size (OED). The metaphor in [1:9] portrays the epidemic as a moving object since it moves along a *course*.

ACTION: The second last remaining metaphor is *ACTION*:

[1:6] HIV/AIDS is one of the major **challenges** to all South Africans.

The basic meaning of *challenge* refers to an act of calling someone to account, while the contextual meaning is a difficult or demanding task (OED).

AGENT: The final metaphor from policy 1 is an *AGENT* metaphor, and specifically a *fighting agent*:

[1:4] . . .the virus gradually weakens the infected person's immune system, making it increasingly difficult to **fight off** other infections. . .

Since the immune system must *fight off* the virus, it indicates that the virus itself is a fighting agent. There are similarities between the categories of *PERSON* and that of *AGENT*, although they can be distinguished. The former focuses on a person who is passive, who does not actively perform an action, although actions might be aimed at this person. The latter is about an active agent, someone actively performing actions of some kind.

Discussion of metaphors in policy 1

The category with the most metaphors is *RANK*, using the phrase *HIV/AIDS status*. As already mentioned, this metaphor may be used frequently, but it is not productive and is only used with this specific phrasing.

Another similar case is that of *PERSON*, where all five the metaphors are about something being *HIV/AIDS-related*, depicting it as a family member; there are no other metaphors in the policy portraying HIV and AIDS as a person of some kind.

Related to the previous category is that of *AGENT*, with the one metaphor depicting HIV as a fighting agent. It seems, then, that while the *person* and *agent* categories are represented in policy 1, these are not particularly productive and not the most prominent conceptualization of HIV and AIDS in this policy.

A more prominent conceptualization of HIV and AIDS is represented by the metaphor categories *OBJECT* and *SUBSTANCE* – that it is something concrete and tangible. The *substance* category consists of two subtypes, one a substance moving through a conduit, and the other being spread. The *object* category includes possession, vehicle, and objects with volume or a physical position. While the number of occurrences in this group is not the largest, it is the most diverse, which is what gives it its prominence.

The last remaining metaphor is *ACTION*, referring to the *challenge* HIV and AIDS poses. This usage is shared with policy 2, to which we now proceed.

Metaphors in policy 2

In policy 2, there were 71 metaphors identified which are directly related to HIV and AIDS. In terms of the broad categories, there is significant overlap with policy 1: *ACTION*, *AGENT*, *OBJECT*, *PERSON*, *RANK* and *SUBSTANCE*. Additional categories are *NATURE*, *PLACE* and *RANGE*. The subcategories are also fairly different in a number of respects.

PERSON: The largest category in this policy is *PERSON*, with 26 metaphors in this category. There is one subcategory share with policy 1, and that is *family member* (used three times), illustrated here:

[**2**:7] . . .personal decisions **related**, for example, to HIV. . .

Another subcategory, which relates to the *WAR* or *MILITARY* metaphors discussed earlier, is that of *enemy* (used three times):

[2:24] . . .successfully **counter the threat** of HIV. . .

In its basic meaning, a threat is something that is aimed from one person (here HIV) at another, a hostile declaration (OED), typically aimed at an enemy, which is why this is classified as a metaphor of *PERSON* and more specifically *enemy*. In its depiction here, it does not show active agency or activity, however, which is why it is not classified as an *AGENT*, but rather a *PERSON*.

Then there is one instance of *opponent*:

[2:4a] It [the pandemic] therefore must be **tackled** within the context of the behavioral, economic, socio-cultural and structural factors driving the epidemic.

The verb *tackle* refers to a physical encounter or attack in its basic meaning, also an action performed during sport (such as rugby). This action is typically aimed at another person, and specifically an opponent of some kind.

The subcategory that occurs most frequently by far is that of *companion*:

[2:22] . . .people **living with** HIV. . .

This exact phrasing is repeated twice more, and similar phrasings, for example *those living with HIV* or *a person living with HIV*, occur 16 times (so 19 occurrences altogether). The basic definition of *living with* refers to cohabiting with a spouse or partner, so metaphorically it portrays HIV as a companion to one's life. The significance of this metaphor will be explored later on, since it is the metaphor with the highest number of occurrences in policy 2, and in both policies taken together.

OBJECT: The next category we report on is *OBJECT*. It occurs 19 times in total, with six subcategories. Two of these are shared with policy 1: *moving object* (with HIV as the target) and *object with physical position* (also with HIV as the target).

The first subcategory we describe is *link*, where HIV or something related is conceptualized as a link in a chain:

[2:53] . . .support **linked** to HIV. . .

While the contextual meaning regards having to do with one another, the basic meaning refers to being linked physically, such as in a chain (OED).

The next object subcategory is *composite object*, with one occurrence:

[2:20] TB and HIV also **constitute** as major management challenge. . .

When an object is "constituted," it is composed of different materials or elements. HIV, then, is portrayed as a composite object, or possibly part of the composite object together with TB.

The epidemic is also portrayed as a *vehicle* that is driven:

[2:36] . . .the **drivers** of the epidemic. . .

Finally, the *object* subcategory with the most occurrences (11) is that of *striking body*:

[2:67] . . .the **impact** of HIV. . .

The contextual meaning of *impact* as it is used here is well known and widely used – how something or someone affects another. However, the basic meaning of *impact* refers to a collision (for example between vehicles) or one body striking against another (for example a bullet striking something, as indicated by a specific example sentence in the OED entry) (OED). Whether an impact is intentional or not, it has an implication of physical violence, which can be significant in the portrayal of HIV and AIDS.

AGENT: The third largest category of metaphors in policy 2 is *AGENT* with 10 occurrences – a striking difference with the single occurrence in policy 1. There are six types of *agents* in policy 2: *agent of change* [2:1], *aggressor* [2:28], *consumer* [2:30], *mover of objects* [2:32], *physical agent* [2:34], and *traveler* [2:19]:

[2:1] The dual pandemics of Human Immunodeficiency Virus (HIV) and Tuberculosis(TB) **have fundamentally changed** the burden of disease in South Africa. . .

[2:28] . . .their [the diseases'] potential to **threaten** the systematic functioning ofEducation is profound. . .

[2:30] . . .by temporarily or permanently **depleting** its human capital. . . [the diseases]

[2:32] . . .**diverting** its resources away from its core mandate [the diseases]

[2:34] No-one is **untouched**. . . [by the diseases]

[2:19] . . .chronic diseases that have **reached** epidemic proportions in South Africa. . .

In each of these metaphors, the pandemics or the diseases (including HIV) perform of have performed an action that indicates what type of agent it is depicted as: changing something, threatening something or someone, depleting resources, diverting resources, touching people, reaching a destination.

The next three categories coincide with those of policy 1 and will not be repeated since not only the metaphors are similar, but also the word choices depicting the metaphors: *ACTION*, *RANK* and *SUBSTANCE*, including only the *spread* subcategory for the latter.

NATURE: A metaphor category that links with some of the metaphors from Africa, as reported on earlier, is that of *NATURE*. It consists of two subcategories: *force of nature* [2:33] and *species* [2:35]:

[2:33] In addition to **eroding** the Basic Education Sector's capacity, HIV. . .

[2:35] . . .the **evolution** of the HIV epidemic over the decades. . .

HIV is portrayed as a *force of nature*, since erosion is typically caused by forces of nature such as water and wind. The epidemic is depicted as a *species*, since the concept of evolution is typically applied to species of some kind.

PLACE: The second last category from policy 2 is *PLACE*, with two occurrences of the same metaphor:

[2:17] . . .an HIV-**free** generation. . .

While *free* in its contextual meaning here refers to not being affected by something negative or problematic, its basic meaning pertains to not being kept in custody or some type of confinement (OED). If a person or people is *free* from HIV, then, it implies that HIV is a prison in which you can be kept.

RANGE: Finally, HIV is portrayed as part of a *RANGE*, and more specifically a color range:

[2:16] . . .the **spectrum** of STIs also includes: HIV. . .

A *spectrum* in its basic meaning refers to the color band shown when light is diffracted (OED), and if HIV is included in this spectrum, it means that it is part of its color range.

Discussion of metaphors in policy 2

In policy 2, there are three categories of metaphor that each occur only once or twice – *RANGE* (1), *PLACE* (2), and *ACTION* (2). Another fairly small category is *NATURE*, but it is important since it links with what other studies of HIV and AIDS metaphors in Africa have found. In these metaphors, diseases are portrayed as forces of nature causing erosion, and the HIV and AIDS epidemic is depicted as a biological species which evolves.

Similarly to policy 1, the *RANK* category consists of the repetition of the same metaphor. The *SUBSTANCE* category, however, refers only to the *spread* of the virus, and has no variation like in policy 1.

The *OBJECT* category of metaphors is quite large and varied in policy 2. There are six subtypes: *link*, *moving object*, *composite object*, *object with physical position*, *vehicle*, and the subcategory with the most occurrences is *striking body*. The *striking body* metaphor is conveyed with the term *impact*, which is a commonly used term to indicate "effect," and so a fairly entrenched and conventionalized. However, it was chosen in this policy instead of "effect," and it can still conjure the image of an accident, projectile, bullet from a firearm, etc., and so can at least loosely be tied to war or military metaphors, which remains a significant metaphor internationally and especially in the west or global south.

The two remaining categories are quite significant, especially considering that they share the personification of something inanimate – *AGENT* and *PERSON*. Regarding *AGENT*, it portrays HIV, diseases and occasionally the HIV pandemic as active agents performing actions – bringing about change, traveling, moving object, etc. In the *PERSON* category, HIV is depicted as a family member, similarly to what occurs in policy 1, but then also as an enemy and opponent (the pandemic), linking again to war and military metaphors. However, the most frequently occurring metaphor in this category is that of *companion*, where HIV is portrayed as a companion with whom a person lives out their days. This is the single most frequently used metaphor in policy 2, so its implication could be important for how HIV and AIDS are framed not only in the policy, but in contexts where the policy is applied.

Comparison of metaphors in the two policies

The two policies analyzed in this study were published almost two decades apart. Comparing the metaphors used in these policies can provide insights into conceptualizations of HIV and AIDS from the side of the government in its public and official documents, how it has changed since the late 1990s, and what remains the same. A summary of how the metaphors in the policies compare is provided in Table 1, on which the following discussion is based.

The first obvious difference between policy 1 and 2 is the number of metaphors of HIV and AIDS in each – 29 for policy 1 and 71 for policy 2 (more than double that of the former). However, the word count of policy 2 is almost double that of 1, which means the density of metaphors do not differ as much. The focus of the comparison will then rather be on the metaphors themselves.

Two categories of metaphors from policy 2 directly correspond to the same categories in policy 1 – *ACTION* and *RANK*. The only difference is that the target in policy 1 is *HIV/AIDS* and in policy 2 it is only *HIV*. Both of these categories are stable and have a very specific application. These concepts thus remain fairly stable.

Then there are three metaphor categories in policy 2 that did not feature in policy 1. A particularly noticeable one is *NATURE*, since it is reported as a frequently used category in Africa by a number of studies (e.g., Kangira, Mashiri, & Gambahaya, 2007; Kobia, 2008; Nkolola-Wakumelo, 2015; Seepheephe, 2021). There are other metaphors linking to what has been reported in Africa too – the *moving object* in both policies, and especially the *traveler* and *vehicle* in policy 2 tie into the *JOURNEY* metaphor frequently referenced in African contexts (Horne, 2010; Seepheephe, 2021).

Although it is said to have originated in the West or global North, metaphors related to *war* or *battle* do feature in the policies. In policy 1, there is reference to *fighting off* an infection. In policy 2, there are more examples, such as the *enemy* and *aggressor* cases. While it is still not a frequently used kind of metaphor, it suggests that these metaphors are part of how illness and medicine are framed, also in government policies. Seepheephe (2021) indicates that war metaphors are also used in Sesotho, as previously mentioned, confirming that these concepts are entrenched in the southern African region, at least to an extent.

Another category where the two policies differ significantly is that of *PERSON*. Only the *family member* metaphor is used in policy 1, and only a few times. This usage occurs in policy 2 as well, along with others, of which the *companion* metaphor is the most frequently used.

In policy 1, when referring to a person or people who are HIV positive or who have AIDS, it is most often phrased as a person or people "with HIV/AIDS" (29 times), and "HIV-infected" (9 times), "HIV positive" (4 times) and "have HIV/AIDS" (3 times) are also used. In contrast, in policy 2 the only phrasing is a person or people "living with HIV," portraying HIV as a companion.

The phrase "people living with HIV [or] AIDS" was already in use in South Africa by the time policy 1 was published in 1999; in fact, the National Association of People Living with AIDS (NAPWA) was formed in 1994, and was government-sponsored (Nunn, Dickman, Nattrass, Cornwall, & Gruskin, 2012). Unfortunately, though, the relationship between the government and

Table 1. Comparative table of metaphors.

Type	Details	Target	Policy 1	Policy 2
action	calling to account	HIV/AIDS	1	
		HIV		2
agent	agent of change	pandemic		1
		HIV		1
		diseases		1
	aggressor	diseases		1
	consumer	pandemic		1
		diseases		1
	mover of objects	pandemic		1
		diseases		1
	physical agent	diseases		1
	traveller	diseases		1
	fighting agent	HIV	1	
nature	force	diseases		2
	species	epidemic		1
object	link	HIV		2
	moving object	epidemic	1	
		HIV		1
	composite object	HIV		1
	w. physical position	HIV	1	2
	striking body	HIV		11
	vehicle	epidemic		2
	object w. volume	epidemic	1	
	possession	HIV	1	
person	opponent	pandemic		1
	companion	HIV		19
	enemy	HIV		3
	family member	AIDS	1	
		HIV/AIDS	4	
		HIV		3
place	prison	AIDS		1
		HIV		1
range	colour range	HIV		1
rank	status	HIV/AIDS	11	
		HIV		4
substance	spread	HIV	2	4
	moving substance	HIV	5	

Yellow: only in policy 1

Blue: only in policy 2

Green: in both policies

civil society regarding HIV and AIDS, and especially treatment and government support, was complex with a lot of conflict during the 1990s:

> South Africa's AIDS policy making terrain has been characterized by protracted conflict and deepening suspicion between government and civil society, with government increasingly seen in opposition to popular social movements addressing the epidemic (Leclerc-Madlala, 2005, p. 846).

These issues included demands for government funding and initiatives to provide anti-retrovirals to especially pregnant people living with HIV in 1998, with the government being resistant and dragging their feet even with treatments that were available. All of this suggests that the government as institution, who also write and publish policies, were not receptive to the needs or insights from civil society at the time. More recently, however, this changed, with treatment being much more widely available and affordable for people all over the country.

Together with life expectancy of people living with HIV being increased because of treatment, the South African government also became more responsive and receptive to insights from civil society regarding HIV and AIDS. It seems that the way HIV and AIDS is framed and portrayed with metaphors in policy 2 is much more in line with the lived realities of people in society, including the acceptance of it as a lifelong condition, and rather than simply referring to it as something people have or "are with," it is framed as a companion that a person lives with. This conceptualization also happens to be more aligned to general African approaches to illness as part of life, however difficult and unfortunate, and not necessarily an enemy to be fought and conquered in the first place.

Conclusion

The way in which HIV and AIDS are framed and portrayed in metaphors shows significant developments from policy 1 to policy 2. The direction of these changes is generally away from the Western idea of dominating nature, and toward a more traditional African view of illness as a part of life with which people must simply live. While the metaphors in policy 1 do not necessarily add to stigmatization or negative perceptions of HIV and AIDS, it is important to note that some of the metaphors in policy 2 (for example HIV as a companion, and as part of nature) are more positive and by implication it counters the stigmatization of people living with HIV. Since policies can naturalize certain worldviews and add to the creation of certain realities (Dewandre & Gulyás, 2018; Vallis & Inayatullah, 2016), this shift to a more positive portrayal of HIV and AIDS is a welcome one.

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

Barry, C. L., Brescoll, V. L., Brownell, K. D., & Schlesinger, M. (2009). Obesity metaphors: How beliefs about the causes of obesity affect support for public policy. *The Milbank Quarterly*, *87*(1), 7–47. doi:10.1111/j.1468-0009.2009.00546.x

Charteris-Black, J. (2004). *Corpus approaches to critical metaphor analysis*. Basingstoke: Palgrave MacMillan.

Demjén, Z., & Semino, E. (2016). Using metaphor in healthcare: Physical health. In E. Semino & Z. Demjén (Eds.), *The Routledge handbook of metaphor and language* (pp. 385–399). London & New York: Routledge.

Demmen, J., Semino, E., Demjén, Z., Koller, V., Hardie, A., Rayson, P., & Payne, S. (2015). A computer-assisted study of the use of violence metaphors for cancer and end of life by patients, family carers and health professionals. *International Journal of Corpus Linguistics*, *20*(2), 205–231. doi:10.1075/ijcl.20.2.03dem

Dewandre, N., & Gulyás, O. (2018). Sensitive economic personae and functional human beings. A critical metaphor analysis of EU policy documents. *Journal of Language and Politics*, *17*(6), 831–857. doi:10.1075/jlp.17068.dew

Group, P., & Pragglejaz Group. (2007). MIP: A method for identifying metaphorically used words in discourse. *Metaphor and Symbol*, *22*(1), 1–39. doi:10.1080/10926480709336752

Hanahan, D. (2014). Rethinking the war on cancer. *The Lancet*, *383*(9916), 558–563. doi:10.1016/S0140-6736(13)62226-6

Hauser, D. J., & Schwarz, N. (2015). The war on prevention: Bellicose cancer metaphors hurt (some) prevention intentions. *Personality & Social Psychology Bulletin*, *41*(1), 66–77. doi:10.1177/0146167214557006

Horne, F. (2010). Slanguage and AIDS in Africa. *Language Matters*, *41*(1), 25–40. doi:10.1080/10228191003602036

Jansen, C., Van Nistelrooij, M., Olislagers, K., Van Sambeek, M., & De Stadler, L. (2010). A fire station in your body: Metaphors in educational texts on HIV/AIDS. *Southern African Linguistics and Applied Language Studies*, *28*(2), 133–139. doi:10.2989/16073614.2010.519102

Kangira, J., Mashiri, P., & Gambahaya, Z. (2007, June). Women writers' use of metaphor as gender rhetoric in discourse on HIV/AIDS and sex-related issues: The case of Totanga Patsva (we start afresh) by Zimbabwe women writers. *NAWA Journal of Language & Communication*, *1*(1) , 31–45.

Kobia, J. M. (2008). Metaphors on HIV/AIDS discourse among oluluyia speakers of Western Kenya. *Critical Approaches to Discourse Analysis Across Disciplines*, *2*(2), 48–66.

Koller, V., & Davidson, P. (2008). Social exclusion as conceptual and grammatical metaphor: A cross-genre study of British policy-making. *Discourse & Society*, *19*(3), 307–331. doi:10.1177/0957926508088963

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.

Leclerc-Madlala, S. (2005). Popular responses to HIV/AIDS and policy. *Journal of Southern African Studies*, *31*(4), 845–856. doi:10.1080/03057070500370761

Mabachi, N. (2005). Talking about HIV/AIDS: Language and discourse on HIV/AIDS in Africa. *Communication: Questioning the Dialogue*, New York City, NY, USA, 26-30 May 2005 (pp. 1–33).

Malone, R. E. (1999). Policy as product: Morality and metaphor in health policy discourse. *The Hastings Center Report*, *29*(3), 16–22. doi:10.2307/3528188

Nie, J., Gilbertson, A., De Roubaix, M., Staunton, C., Van Niekerk, A., Tucker, J. D., & Rennie, S. (2016). Healing without waging war: Beyond military metaphors in medicine and HIV cure research. *The American Journal of Bioethics*, *16* (10), 3–11. doi:10.1080/15265161.2016.1214305

Nkolola-Wakumelo, M. (2015). Nyanja speech community of Zambia: An insight into the lay people's multiple perceptions about the pandemic? *Journal for Studies in Humanities and Social Sciences*, *4*(1–2), 193–204. http://hdl.handle.net/11070/1564

Nunn, A., Dickman, S., Nattrass, N., Cornwall, A., & Gruskin, S. (2012). The impacts of AIDS movements on the policy responses to HIV/AIDS in Brazil and South Africa: A comparative analysis. *Global Public Health*, *7*(10), 1031–1044. doi:10.1080/17441692.2012.736681

Oxford English Dictionary Online. (2022, October26). Challenge, n. *OED Online*. Retrieved from www.oed.com/view/Entry/30298

Oxford English Dictionary Online. (2022, October 31). Free, adj., n., and adv. *OED Online*. Retrieved from. www.oed.com/view/Entry/74375

Oxford English Dictionary Online. (2022, October 31). Impact, n. *OED Online*. Retrieved from. www.oed.com/view/Entry/92036

Oxford English Dictionary Online. (2022, October 26). Increase, v. *OED Online*. Retrieved from. www.oed.com/view/Entry/94031

Oxford English Dictionary Online. (2022, October 31). Linked, adj. *OED Online*. Retrieved from. www.oed.com/view/Entry/108736

Oxford English Dictionary Online. (2022, October 31). Spectrum, n. *OED Online*. Retrieved from. www.oed.com/view/Entry/186105

Oxford English Dictionary Online. (2022, October 26). Spread, v. *OED Online*. Retrieved from. www.oed.com/view/Entry/187648

Oxford English Dictionary Online. (2022, October 26). Status, n. and adj. *OED Online*. Retrieved from. www.oed.com/view/Entry/189355.

Oxford English Dictionary Online. (2022, October 31). Threat, n. *OED Online*. Retrieved from. www.oed.com/view/Entry/201152

Seepheephe, N. (2021). Metaphor frequency and distribution in three sesotho newspapers' coverage of HIV and AIDS. *Language Matters*, *52*(3), 94–113. doi:10.1080/10228195.2021.1963812

Seepheephe, N. (2022). Stigmatisation through metaphors borrowed from religious discourse in the early coverage of HIV and AIDS by the sesotho press. *Southern African Linguistics and Applied Language Studies*, *40*(3), 325–336. doi:10.2989/16073614.2022.2064315

Segal, J. Z. (1997). Public discourse and public policy: Some ways that metaphor constrains health (care). *Journal of Medical Humanities*, *18*(4), 217–231. doi:10.1023/A:1025645904106

Sontag, S. (1990). *Illness as metaphor and AIDS and its metaphors*. New York: Doubleday.

Steen, G. J., Dorst, A. G., Herrmann, J. B., Kaal, A. A., Krennmayr, T., & Pasma, T. (2010). *A method for linguistic metaphor identification*. John Benjamins: Amsterdam.

Vallis, R., & Inayatullah, S. (2016). Policy metaphors: From the tuberculosis crusade to the obesity apocalypse. *Futures*, *84*, 133–144. doi:10.1016/j.futures.2016.04.005

Vosniadou, S., & Ortony, A. (1989). *Similarity and analogical reasoning*. Cambridge: Cambridge University Press.