

# Space, Boundaries, and Identification: A Dramatistic Approach to HIV Counter-Narratives

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## Abstract

*This study examines how spatial metaphors work as narrative tools within and across stories told by three HIV-positive men.<sup>1</sup> A four-step methodology is employed through which stories are identified, analyzed, and checked for validity. Informed primarily by Kenneth Burke's theory of dramatism, analysis reveals recurring use of spatial referents used by participants to portray themselves as boundary crossers in both literal and metaphorical senses of the term. The study concludes that the full import of the spatial metaphor is not in the referent itself, but in the dramatic tension between participants' frustration with divisive barriers, on one hand, and the fact that the same divisions have empowered participants to become self-actualized advocates, on the other.*

**Key words:** HIV/AIDS, narrative, dramatism, boundary, storytelling, metaphor

## Narrative, Metaphor, and HIV/AIDS

Much has been written over the past two decades about the importance of narrative analysis in health communication (see, e.g., Frank [1995], Hyden [1997], Kleinman [1988], and Riessman [1993] for early work in the field and Mishra and Chatterjee [2013] and Wolverton [2014] for more recent overviews). Narratives (i.e., stories with a beginning, middle, and end) and their components (characters, actions, settings, etc.) frame health and illness for popular presentation and consumption, while they also help individuals describe, comprehend, and live with their own illness or illness of others with whom they work as caregivers or with whom they share their lives as friends, lovers, and family members (Clandinin & Connelly, 2000; Coulehan, 2003; Pellico and Chin, 2007). Through stories and their narrative structures, perceptions of events are represented, problems are identified, and beliefs are challenged or affirmed (Harter and Bochner, 2009).

Within the field of illness narrative scholarship, considerable attention has been given to stories specifically about HIV/AIDS told by patients, populations at higher risk, nonprofessional caregivers, and healthcare workers (see, e.g. Cherry and Smith, 1993; De Souza, 2010; Ezzy, 1998; and Grace, et al. 2015). Drawing on Bourdieu's (1990) notion of "habitus," for example, Mackenzie (2011) writes that HIV/AIDS stories

are informed by social inequities that are "embodied" (p. 492) through lived experience. Such stories can function as "counter-narratives" (p. 501)—offering alternative explanations to scientific and popular understandings of HIV/AIDS.

While counter-narratives are ways of organizing and expressing habitus, metaphors are means of condensing experience, coming to terms with illness, and expressing meaning via ontological leaps of association, "in which aspects of one thing have been 'carried over' to describe or explain something else" (Fletcher, 2013, p. 1552). In their ethnography of a residential facility for AIDS patients, Frey, et al. (1996) illustrate how metaphors, "enable residents to grasp and enact the meanings of health, illness and death essential to sustaining individual and collective life" (p. 394). Their use of the word "enact" is particularly significant, for, as Myers and Alexander (2010) explain, metaphors are a type of performance derived from association with the body:

"Metaphoric knowledge seeks to interpret and reinterpret the world through our bodily understandings. It is fundamentally about extending our own bodily experience and understanding to that which we do not know or wish to reinterpret." (p. 166)

Numerous authors have argued that metaphors used to describe HIV/AIDS from non-patient perspectives - e.g., news coverage - can foster misunderstanding, oversimplification, and stigma. By far,

Sontag's (1988) account of hegemonic metaphors has been the most influential of these arguments in health communication scholarship, and others have followed Sontag's lead in revealing the oppressive and misleading nature of many common HIV/AIDS metaphors (see, e.g., Brandt, 1988; Bharat, 2000; Brijnath, 2007; Gallego, 1988; Jensen & King, 2013; Norton, et al., 1990; Rohleder & Gibson, 2006; Ruiz, 2002; Weiss, 1997).

Fewer studies have focused exclusively on metaphors as rhetorical devices among people living with HIV/AIDS. One such instance is McGee's (2003) analysis of speeches by Mary Fisher, a well-known, HIV-positive public speaker. McGee demonstrates how the carefully crafted metaphor of the "pilgrim" challenged implications of stigmatizing metaphors described by Sontag and others: "By framing people with AIDS as pilgrims," McGee writes, "Fisher was able to present them as subjects rather than objects" (p. 208).

Crossley (1999) and Beuthin, et al. (2014) argue that metaphors re-frame perceptions of illness and of self within the discourse of HIV-positive adults. "Our participants," Beuthin, et al. explain, "used metaphor as a device to help them 'language' their complex lives, and to 'language' or give voice to something can help make sense of it and understand it" (p. 18). Moreover, Beuthin, et al. found that metaphors about being HIV-positive, "help counter negative social attitudes while also generating a sense of seeing self as seen, as reconciling who they are" (p. 20). This latter point is also developed in later work by Crossley (2004) who demonstrates how metaphors express a habitus of resistance within the context of a history marked by repression and stigma.

Despite the assortment of studies on HIV/AIDS metaphors and narratives, scholarship has yet to closely examine how both of these forms of meaning making and meaning expression function together as mutually reinforcing forms of expression. The purpose of this analysis is to build upon previous scholarship by explaining how metaphors work within and across multiple narrative structures. Here, I want to distinguish "work" from "function." Whereas "function" suggests a fixed mechanical role, I use "work" to include both function and intent. For example, the function of my car is to get me from place to place. If my car breaks down, it no longer works, but its function stays the same, albeit unrealized until repair is made.

My questions for this analysis, therefore, are not about the presence and function of metaphors in HIV/AIDS stories—which I take as given based upon previous scholarship—but rather about how metaphor works in conjunction with other narrative elements. Here, I will limit my research questions to a recurring metaphor

pertaining to space as it is expressed in stories told by three HIV-positive men: What rhetorical intent is implied in spatial metaphor use, and how does that intent relate to its narrative context? Further, how does the spatial metaphor work not just within HIV/AIDS stories, but across multiple stories told by different people?

## Methodology

### *Data Collection*

Data were collected as part of a larger study wherein ten participants were asked why they contributed to an Internet campaign called "Facing AIDS" managed by the United States Department of Health and Human Services (Bareiss & Mercincavage, 2012). This second analysis is limited to semi-structured interviews of three men who were the only members of the initial sample describing themselves as being HIV positive on the Facing AIDS website. Stories present in the data were not elicited during the interview process, but rather, emerged spontaneously within the interviews. Each participant agreed to participate in this second analysis. Data collection was approved via IRB review.

### *Identification and Interpretation of stories*

I analyzed the data using a four-step process. First, using the well-known technique developed by Labov and Waletzky (1967), I identified stories based on narrative components: the abstract (summary), orientation (time, place, persons), complicating action (sequence of events), evaluation (significance of the action), result or resolution (what happened at the end), and coda (perspective returned to the present). Stories selected for analysis included at least four of Labov and Waletzky's six components; codas and/or abstracts were occasionally absent.

Once stories and their respective syntagmatic elements were revealed, I used Burke's dramatic pentad (1969a) to identify five key paradigmatic features and their respective interrelationships: act (what is taking place), scene (setting of the act), agent (person performing the act), agency (means or tools used to achieve the action), and purpose (goal or motivation of the agent).

Third, I attempted to interpret "deep structural" meanings (Titscher, et al., 2000, p. 125-135) within and across stories, with particular attention paid to the recurring spatial metaphor, again turning to Burke's (1969a) dramatism. For Burke the goal of rhetoric is to reach some level of identification—recognition of shared interests—between self and other. The opposite of identification, in Burke's (1969b) view, is "division"—separation between self and other—resulting from

biological divisions such as sex and social divisions such as economic class. Stories are means of asserting causes of guilt arising from division and also for assigning blame to others or to oneself (1968, 1970). Redemption via allocation of blame might call for new forms of the social order—what Burke calls “hierarchy”—or might reaffirm those hierarchies that already exist. Using this guilt-redemption framework, I looked for patterns in the ways that metaphor is used with respect to the rhetorical construction of hierarchies, demonstration of division, and assignation of blame.

Rather than force my interpretation upon the data, in my fourth step, I presented draft copies of my analysis to the three participants for their responses to test the validity of my interpretation. Two of the participants were satisfied with my analysis, offering no suggestions for change. One participant asked for minor corrections in the transcriptions with which I complied.

### Participants

P1, from Canada, promotes HIV/AIDS awareness by participating in public events, media, conferences, seminars, and documentaries; he is the founder and operator of an HIV/AIDS information and resource website and serves as board member of an HIV/AIDS service organization. P2 is a Native American from the southwestern U.S. who advocates for HIV/AIDS education and awareness among reservations, local high schools, and other community settings. P3, originally from Western Europe, is an advocate living in the United States; he also manages an HIV/AIDS related website and has published a book about his life with HIV. The median age of all participants at the time of data collection was 47, ranging from 39 to 59.

### Narrative Form and Contingency

Nineteen stories were present in the data. Stories could be as brief as two sentences, whereas longer stories ranged up to thirteen sentences. In the following example, P1 provides a brief history of HIV/AIDS in Canada and tells why he participated in the Facing AIDS campaign. Labov and Waletzky's framework is noted in parentheses:

They didn't know what caused people to get sick and die (*abstract*). They believed that everybody died which was a misguided idea. Because even though they didn't know it, there were lots of people that were infected that were not dying. It *looked* as though everybody was dying, so that's what people thought (*orientation*). So that created fear. So the stigma was born out of fear. But then, through that fear, people treated people infected by HIV/AIDS badly through

discrimination. Now that we've moved from that, where we have the legal rights to not be discriminated against, you would think that would all disappear, but it hasn't (*complicating action*). So that's why I am creating HIV/AIDS awareness (*resolution*). In as much as I would not have thought I would live 28 years, I would have thought that, one, we would have eradicated HIV. And two, there wouldn't be any stigma and discrimination. And actually, both of those things have not come to fruition yet. And it really doesn't look like they ever will. As long as there is a lack of education and as long as there are going to be people that are going to discriminate against people that are HIV positive (*coda*).

The primary point that P1 addresses is how he became an activist to help combat stigma. The fact that neither HIV/AIDS nor its associated discrimination has been eradicated brings us to the present which is a continuation of the conditions to which he initially reacted.

Although Labov and Waletzky's framework is useful in identifying this story, it says little about meanings as they are constructed through the chain of events. Burke's guilt-redemption cycle provides a clearer understanding of the rhetorical process portrayed in the story. Guilt takes the form of misperception, and this misperception causes fear. Division transpires along hierarchical distinctions between those who are HIV-positive and those who are not, resulting in discrimination and stigma. P1 attempts to purge guilt from the social hierarchy through his efforts at public awareness and education, although the construction of a transcendent new hierarchy is far from complete.

Two scenes are evoked in the narrative, demonstrating the fight against HIV/AIDS and related stigma at national and personal levels. Events take place across Canada where issues of national health, policy, and public reaction occur, and a parallel scene occurs within the intimate setting of a bedroom. While not mentioned in the story, earlier in the interview, P1 revealed that this is the bedroom shared by himself and his partner, also serving as his office from which he organizes his website about his HIV/AIDS activism.

As the protagonist of the narrative, P1 wields the agency driving the story, in this case, via social media. His act is to use his website to promote knowledge about HIV/AIDS, whereas the public, fueled by ignorance, generates stigma. His motive is to confront and help end stigma and discrimination associated with HIV/AIDS by disseminating accurate information to the general public.

Recognizing and directly experiencing the result of ignorance and misunderstanding on the part of the public, P1 is faced with a choice of whether or not to follow through on his self-imposed responsibilities. The

fact that he had said earlier in the interview that he was too sick to maintain a full-time job suggests that seemingly simple tasks such as creating a web link and uploading a picture might require a good bit of effort. An imbalance is thus established between purpose and agency, i.e., P1's ability and/or willingness to conduct his responsibilities despite his health.

The word "so" has an important purpose in the story, marking contingency within the narrative structure: Act A occurs so Act B occurs. An agent performs an act, so another agent performs a responding act. Acts don't just happen in time, but rather, in relation and reaction to one another, ending, in this case, in resolution/rebalance as P1 explains that he redefined himself as an online activist.

The **so** function suggests that we be careful not to downplay the significance of agency with regard to secondary characters in dramatic analysis. A second example illustrates this point as P2 describes an incident at a hospital:

What I've learned over the years is that sometimes, the most educated people are the most ignorant people. That includes healthcare workers. My older brother died in 2006 here in the hospital in [City]. When me and my sister went to visit him, the nurse asked us if we were sick. We both said, "No," but I said, "I have HIV." She said, "You're going to have to leave the hospital now, because I don't want you getting our patients any sicker. So I didn't get to see my brother before he passed away. I expected to get a lot of ignorant comments or behaviors toward me, but I was really shocked when it came from a health professional."

On first reading, the dominant agent/agency ratio is the nurse who uses her authority to remove P2 from the hospital. However, if we examine the story's temporal chain, multiple pentads emerge:

*Act 1: P2 and sister (agents) visit (act) the entry point of a hospital (scene) to see their brother for what might be last time (purpose). (Agency here is their will to see their brother and to reaffirm their identification with him.)*

*So Act 2: Nurse (agent) asks (act) verbally (agency) if they are sick, she says, to protect patients (purpose) at the hospital (scene). The nurse's agency is her position of authority as a healthcare professional within the hospital setting.*

*So Act 3: P2 (agent) reveals his diagnosis (act) to her. His purpose is to inform her. Again, his agency is his determination to see his brother.*

*So Act 4: Nurse (agent) wields her professional authority (agency), telling P2 to leave (act). (Her*

*purpose is ostensibly for patient care, but motivated by ignorance.)*

The story's abstract ("What I've learned over the years is that sometimes the most educated people are the most ignorant people. That includes healthcare workers.") suggests that P2 failed to cross the hospital's administrative and physical boundaries due not only to the nurse's ignorance, but also to his own. He had not yet learned about some healthcare workers' lack of knowledge and empathy.

Note that there are two competing motivations in this story. On one side, P2 freely shares information about his diagnosis to cross the physical boundary of the hospital. At the opposite position, the nurse blocks his passage into the building, motivated by a surprising degree of ignorance. The cost of sharing information was high, for had P2 remained silent or lied, he likely would have been able to see his brother. The story, therefore, emphasizes the uncertain relationship between knowledge, ignorance, and authority/power—each of which works both as agency and purpose. In other words, knowing and not knowing are at once means for achieving competing goals of division or identification and goals in themselves to affect either change or stasis.

A remarkably similar story was related by P3:

*And this happened, I want to say, a year and a half ago. Get on a plane with a manuscript of my book. And the lady next to me asked what the book was about. And I tell her. And she asked to be re-seated. If that still happens, then our work's not done yet. 'Cause last time I checked, you cannot get it from a paper cup.*

As with the previous example, this story begins as a journey across physical space. Although journeys in both stories are intended to bring people together, both stories end not with identification and reduction of spatial distance, but instead with increased alienation and physical distance between people and frustration on the parts of the storytellers. In this story, the secondary agent deliberately moves away in both a physical sense (by changing seats) and cognitively by maintaining her fear and misunderstanding about HIV/AIDS. By sharing the same flight, both passengers share the same journey in a physical sense, but are worlds apart in terms of mutual identification.

As before, we see the unstable and unpredictable tension between information and ignorance implied among the narrative elements. The imbalanced ratio is not within a single pentad in these stories, but rather, across two pentads in the same

story. Two agents operate according to incompatible purposes—one to share information, the other to block it.

Obstacles to the flow of information are featured in several stories. Ignorance is the motivating factor, while lack of shared perception is the result. In the next example, P1 explains why in years past he would not visit the United States. Note once again the peril resulting from both giving information and not having information:

*I decided that I would not cross that [US/Canadian] border until everyone who was HIV positive could. Because what it meant was, it meant hiding the medications if you were on medications so that nobody could find them. But if they were found, then you were banned from the United States for the rest of your life. And so being caught was not something anybody wanted to do. And the other thing was that I was out about being HIV positive. I was not going to lie to an American customs guard [laugh] when they said, "Are you HIV positive?" Because they can ask the question. And so, I'm really happy the ban was lifted. But that really undermined.... That and the fact that no one in the United States government would say the word "HIV" or "AIDS" for almost six years. Ronald Reagan would not spit that word out of his mouth until he absolutely had to. And so, the United States really was not pro-active when it came to HIV/AIDS.*

As with the two previous stories, distance is physical and cognitive. The narrative constructs a contest of purpose and agency between two primary agents—P1 and Ronald Reagan—each occupying opposite sides of boundaries that are geographical and ideological, boundaries between nations and between perceptions of HIV/AIDS.

### Space and Boundaries as Recurring Referents

So far, I have used dramatic analysis to reveal a pattern within multiple narratives wherein information—and thus, knowledge—about HIV/AIDS is prohibited from crossing into the space and minds of unknowing people. This is the guilt factor created by the clash of competing purposes and resulting costs paid by respective agents occupying different positions in the social hierarchy.

References to space and boundaries in the stories are both literal and figurative. Hospital corridors, national territories, and seating rows on airplanes are physical spaces through which bodies move; movement

within those spaces, in turn, is hindered by barriers enforced by policies, treaties, and social norms. As metaphors, physical distance and normative barriers are equated with ignorance, misunderstanding, fear, and resulting stigma.

Crossing boundaries and closing space requires movement of bodies with respect to one another and also means transferring knowledge from known, lived experience of being HIV-positive to the minds and perception of the as-yet-unknowing. Building identification is thus a transformational process brought about by shifting knowledge across physical and perceptual divides, despite the risk of further alienation.

Transformation of self and other is evoked when P2 describes how he managed to push through barriers of fear and stigma on his reservation:

*This past March, I brought 18 agencies here from [City] to the reservation to have little [indiscernible] tables and I brought in the software center for HIV. They brought in their, what's called their "Pizza and the Basics," which is HIV 101. I gave them the microphone after I shared my story. I had tribal council members get up and talk, and I had a whole standing room only in the conference room. It was nothing but tribal members. It was real good, and that's the kind of change that I was trying to tell you about a while ago. There was a time when nobody wanted to hear my story. There was a time when even our tribal leader, she didn't even want me back on the reservation. That's how change has taken place, because the more I kept pushing and the more I kept putting myself out there in the paper and doing anything I can, just by doing that, and keep pushing and it worked.*

P2 dramatizes how agency shifted from his tribal leader to himself and from himself to others. Following the ratio of actors and agency through the story, we can see that the emotional effect is evoked via reverse chronology. It is only at the end of the story, when P2 provides a fragmentary flashback about his tribal leader, that we can understand the significance of the beginning.

Reconstructing the story in chronological order, the acts play out as:

*Act 1: P2 is prevented from re-entering the reservation from his self-imposed exile in the city. So Act 2: P2 relentlessly tells his story in the media and other venues.*



*So Act 3: He breaks down the tribal leader's resistance and organizes a colloquium on the reservation.(He leaves this chapter to be inferred.)*

*So Act 4: He tells his story at the colloquium, and then hands the microphone—significantly, the immediate means of agency within the story—to other presenters at the conference, including tribal members.*

Through P2, a man of both the city and the reservation, tribal members previously reluctant to deal with HIV/AIDS bridge the communicative and spatial gap via health specialists from outside the reservation. His body, mind, history, and actions—i.e., his habitus—become the conduits through which identification is achieved.

P3 also tells a story that conflates spatial and perceptual boundaries; however, he is less sanguine about reaching the point of identification:

*P3: We [he and his partner] moved to Texas. And, as a gay man having been living in California for twenty.... To move to Texas is quite a culture shock. We are the only gay couple in our neighborhood. And I was talking to one of my neighbors on one of those really bad days when HIV, you know, does really suck. And she asked what was wrong. And I said, "Well, I don't know if you really want to know." And she asked why. And I said, "Well, you know, I'm sick." So I think the audience is people like that who don't really know anybody with HIV who have this idea of what AIDS looks like in their head, which may still be related to what they saw, you know, with Rock Hudson, and just to educate.*

*[Author]: Did you have anyone in mind that you wanted to see your picture when you put it on Flickr [Facing Aids website]? Not a particular person, but a type of person in mind?*

*P3: Probably people like my neighbor. Just, you know, the people you pass in the street, the people who make these little snotty comments that say, "I don't understand what the big deal is. It's just a handful of pills."*

Here, the neighbor twice seeks information, but the operative phrase in the story is the first response from P3: "I don't know if you really want to know." Given his experience with a passenger on a plane (described above, but told much later in the interview), his hesitancy is understandable.

This story represents a struggle among agents, agency, and purpose. The neighbor's purpose is to gain information; however, given his life experience, P3 predicts a possible hostile bias on the part of the woman and is therefore reluctant to answer the question. Indeed, it is unclear from the story whether he tells her that he is HIV positive at all. For the neighbor, information is part of her purpose, the thing she seeks. To P3, however, information is agency; withholding it could protect him, but sharing it could educate his neighbor. The resolution of the story is vague because of P3's ambivalence and uncertainty about whether or not to share his agency with his neighbor. Once shared, gaining information would no longer be his neighbor's purpose, but instead, information would become her agency, leading to unknown future purposes on her part which could be troublesome to P3, given his physical proximity in a Texas neighborhood.

Like the first two participants, P3 is a boundary crosser, albeit a cautious one. The orientation in his story is crucial to the story's meaning in that he and his partner moved from a state whose culture is relatively accepting toward LGBTQ people to a state considered to be far less welcoming. This is a return to a point he made earlier in the interview wherein he struggled to express a deeply held conviction that could potentially put him at odds with other gay men:

*I firmly believe that unless you live, this is going to sound so weird. Unless you live amongst the straight people in a regular community, you're never going to change people's minds. Of course, I love going to San Francisco, or West Hollywood, or New York. We sort of do, and I can only speak for the gay culture. You're doing yourself such a disservice by staying in a ghetto. You're never going to educate people.*

P3 transgresses borders, knowing the dangers he faces from multiple directions, but feeling a heavy weight of responsibility to share information and to educate people on the other side of the gay/straight divide—a division that echoes through his story about moving from California to Texas and talking with his neighbor on the other side of the property/perceptual line.

This is not to say that the ignorance/knowledge gap directly hinges on one's sexuality among the stories in the sample. To the contrary, P1 avers that the gay community is becoming too lax in its self-protection due to misinformation and misperception:

*In Canada, we practically had HIV infections down to zero in the first ten years. But in 1996, when the first antiviral drugs, triple combination, came on the scene, since that time, it's gone the other way. Now, a lot of people believe that there is a cure, they don't have to worry, or there is a pill that they can take if they get infected. And they don't see the seriousness of HIV infections. And even the gay community has gone the other way. When originally, they were first hit by it and devastated by the thousands of deaths that occurred, and practiced safe sex. Condom use was promoted and used. And we had hardly any infections. And then it just turned the other way where now, even the gay community isn't practicing safe sex. And the youths of today, they weren't here to see the horrors of HIV and what people went through.*

This story is an important chapter in the metanarrative of division, knowledge, and potential identification, signifying that the primary disruptive force among the stories is not a simple gay/straight division. Rather, blame is assigned to the more fundamental division between ignorance and knowledge among all kinds of social groups.

### **The Body as Both Site and Agency**

Thus far, we have seen how each participant frames his stories with recurring references to space and barriers that work both as literal descriptions of places through which bodies move and as figurative reference to ignorance and stigma. Participants' bodies act as scene and agency, and this duality thematically unifies their stories. As carriers of HIV, the bodies of the participants are sites of devastating invasion and struggle, yet the resulting firsthand experience also permits them to use their bodies as vehicles for change as they move from place to place, audience to audience. Their bodies are carriers of both HIV and of truthful information; the physical presence of HIV within their bodies fuels the determination to share knowledge outside of themselves.

The aftermath of his initial positive diagnosis, for example, provides a means for P2 to combine both roles of his body as scene and as agency:

*I tested positive in 2002, which was two months after my dad died. I tested positive on May 2, 2002, and right after that, I had to come to [City]. I had no place to live down here, so I had to live in shelters. I had to hide my diagnosis for a while, for*

*a couple of years, because I couldn't accept it. And finally, in 2004, I called a local TV station down here, and I told them my story. And right away, interviewed me, because they nagged me. And I knew I was the first one here in [State] and from the Native community that had gone public like this. And that's how my whole world started changing.*

This story begins by conflating the positive diagnosis of P1 with his father's death. Both events frame bodies as sites marked by vulnerability, separation, and loss. However, whereas the death of his father marked an end, his diagnosis is a beginning, driven, eventually, by strength of will and purpose.

His father's passing is mirrored by his loss of spatial and cultural community as P2 leaves the reservation for the anonymity offered by urban life. A liminal phase is marked by living in shelters and hiding his diagnosis. His body is hidden in a physical parallel to his secrecy about his positive status. The narrative role of the body shifts from scene to agency when P2 uses his voice and experience to tell his story of being HIV positive. By gradually determining his purpose and coming out at the station, the body of P2 becomes the agency through which divisions are bridged among those who have HIV and those who don't, between Native and non-Native, and between the city and the reservation.

A story by P1 is similarly about secrecy and restoration of purpose as his body is transformed from scene to agency:

*I didn't think that I would ever, ever live this long. But I remember saying, "Oh, if I could live ten years and over the [indiscernible] time when there's medications, then maybe I'll live, and I did. At the same time, with the stigma, I hid the fact that I lived with HIV for almost a decade. And then when I actually came out about being HIV positive, one of the things that I wanted to do was to try to prevent anyone from going through what I have gone through. I've been working the last sixteen years trying to do that.*

Both stories present the same shift from agent as keeper of secrets and shame to provider of information and identification, transforming bodies from private scenes of illness to public forces of healing. Coming out is more than publicly declaring one's positive status; it is a point of renewal from the carrier of disease to the carrier of hope, from the space of the

body to the public sphere, from individual paralysis to attempted social transformation.

## Discussion

Applying Burke's dramatistic theory, this study has analyzed relationships among scene, act, agents, agencies, and motivations within and across HIV counter-narratives with respect to recurring references to space and boundaries. Stories represented here are performances about the past used to explain current motivations among the participants. Recognition of guilt embedded in prior hierarchies gives purpose to participants as activists: to bridge divides, to share information (with an emphasis on the verb, "inform"), to reduce literal and figurative distance and thereby to establish some degree of identification. Space and boundaries dramatize ongoing processes of struggle met sometimes head on, sometimes with a trace of ambivalence.

"Counter-narratives," Mackenzie (2011) writes, "do not merely reflect the pre-existing identities of their speakers, but also provide a means through which understandings and realities are framed and negotiated--on the part of both the communities and the public they are addressing." In the stories analyzed here, we have seen how repeated use of spatial referents serves both sides of this equation. Use of similar spatial metaphors among the participants suggests some degree of collective perspective reflecting shared experience and commonly used narrative motifs among the HIV-positive community. In addition, spatial referents are means of negotiating perspective, of meeting halfway, with a potentially hostile audience.

My use of the term "perspective" brings us back to Burke for whom that term is synonymous with "metaphor."

"For *metaphor*, we could substitute *perspective*... Metaphor is a device for seeing something *in terms* of something else. It brings out the thisness of a that, or the thatness of this. If we employ the word "character" as a general term for whatever can be thought of as distinct (any thing, pattern, situation, structure, nature, person, object, act, role, process, event, and so forth) then we could say that metaphor tells us something about one character as considered from the point of view of another character. And to consider A from the point of view of B is, of course, to use B as a *perspective* on A." (p. 422)

Perspective is a lens through which a person shares insight into something else, through which the connected nature of things and people takes place. Turnage (2013) summarizes Burke's point concisely: "By

analyzing a rhetor's use of metaphor, a critic works toward an understanding of that person's perspective, including the ideological values that motivate him or her" (p. 522). By repeatedly constructing references to boundaries, boundary crossing, and space within their stories, each participant provides perspective through which their audience is invited to relate to their identity and purpose as advocates. Significantly, the boundary-crossing part in the rhetorical meta-drama is contingent upon other characters, administrations, and nations in the stories being boundary *builders* in response to their own fears caused by ignorance.

Irony is thus integral to the way the stories work because participants reach a higher level of purpose and achievement *in response* to the forces that oppose them. Because the participants are stigmatized for being HIV-positive, they find purpose which transcends both who they had been before diagnosis and the unjust cultural hierarchies which continue to stigmatize them. "The character," Burke (1969[a], p. 516) writes, "is 'adjectival,' as embodying of the qualifications necessary to the total definition, but is 'substantial' as embodying the conclusion of the development as a whole." Each participant's body carries the HIV virus, but each also uses that body to move forward, to overcome stigma suffered by themselves and many others.

Divisive boundaries establish and affirm participants' purpose to carry on despite—or more accurately because of—HIV and resulting social stigma. The full import of the spatial metaphor, therefore, is not in the referent itself, but in the dramatic tension between participants' frustration with divisive barriers, on one hand, and the fact that the same divisions have empowered them to become self-actualized advocates, on the other.

## Conclusion

### *Space as Literal Metaphor*

Participants in this study personify what Bardhan (2001) calls the "postmodern obfuscation" of HIV/AIDS, blurring boundaries between agent and agency, individual and social, local and global, past and present:

AIDS-HIV is simultaneously global and local in nature. It has no definite beginning or end, and it obstinately challenges the modern notion of biomedical authority. AIDS disrupts comfortable boundaries of gender, race, sexuality, and nationality.... It questions the parameters of homosexuality and heterosexuality, and it renders permeable the superficially concocted dichotomy between the "healthy us" and the "diseased other".... (p. 284)



Embodying HIV invests participants in this study with firsthand knowledge, leveraging them into positions of transformative/trans-boundary agents which they establish in what Ruiz (2002) describes as “narratives of borderlessness” (p. 39).

Hanson’s (2007) description of the body as a “literal metaphor” in her discussion of drag kinging is useful in understanding the dual role of spatial terminology in the stories presented here: “That *literal metaphor* reads as oxymoronic is intentional, for it is meant to highlight and promote this persistent inseparability and indeterminacy between the materiality and meaning(s) of the body, and how matter and meaning...are mutually evocative” (p. 83). Lives of participants in this study are lived in and through bodies conditioned by effects of HIV—effects that are physical and ideological. Through their experience of illness and resulting stigma, they embody the literal metaphoric nature of HIV wherein materiality and meaning are inseparable and indeterminate. Indeed, it is their daily experience of inseparability and indeterminacy within the field of ignorance and stigma through which they, as actors in their life dramas gain agency and purpose.

All three participants use a common metaphor to rhetorically construct themselves as mediators among places and people, dramatizing themselves as channels through which they hope to achieve identification with an

often unfriendly audience. There is a challenge in affirming one’s borderlessness, particularly involving illness associated with stigma. This challenge calls on the storyteller to break through the rhetorical distinctions of us and them, risking possible retaliation through further discrimination, physical threat, and other forms of potential backlash.

### Limitations of the study

Although this study was able to delve deeply into the stories offered by the participants, the sample is small because of the nature of the original study from which it is drawn. Future research could use the method described in here to explore a wider demographic range of people living with HIV/AIDS. Also, as I have suggested above, stigma associated with HIV/AIDS provides the ironic foundation upon which counter-narratives are constructed; further research could examine whether other health conditions associated with stigma provide similar bases for counter-narratives and literal metaphors described here. Finally, to fully determine *how* metaphors work, scholarship should also examine *if* they work: To what extent do illness related metaphors succeed in building identification between storytellers and their audience?

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