

Promoting HIV Prevention and Awareness Through Personal Communication: A
Training Seminar For HIV Positive Speakers

A Senior Project Presented to
The Faculty of the Communication Studies Department
California Polytechnic State University, San Luis Obispo

In Partial Fulfillment
Of the Requirements for the Degree
Bachelor of Arts

By

Allyson Snyder

Bernard Duffy
Senior Project Advisor

Signature

Date

T.C Winebrenner
Department Chair

Signature

Date

Table of Contents

Introduction.....	1
Section I: Purpose	
Addressing a Local Need.....	1
Section II: Link to Communication	
Persuasion.....	4
Authenticity.....	6
Storytelling.....	7
Catharsis.....	9
Identification and Consubstantiality.....	10
Death and Dying.....	11
Section III: Method	
Process.....	12
Content.....	15
Section IV: Successes and Failues	
Successes and Failures.....	19
Section V: Conclusion	
Conclusion.....	21
Works Cited.....	23

Introduction

Last summer, I was afforded the incredible experience of volunteering in Tanzania, Africa. Through an organization called One Heart Source, I worked to spread HIV awareness and prevention in a small rural village. The impact that this experience had upon me inspired me to continue this HIV prevention campaign back in the United States. Many are aware of the AIDS epidemic in sub-Saharan Africa, but it is easy to forget the large extent to which HIV is still prevalent in such a well-developed country as the United States. My goal was to educate and prevent against HIV by reaching out to local groups in the middle school to college age range, when students seem to be the most vulnerable. From this goal stemmed my two-part senior project: provide a training seminar for HIV positive individuals to become effective classroom speakers, and place these speakers in schools throughout San Luis Obispo to tell their stories and spread prevention messages.

Section I: Purpose

Addressing a Local Need

Although the HIV/AIDS epidemic is recognized as a worldwide tragedy, most of the volunteer efforts seem to be focused in third world countries. The prevalence of the disease is often greater in poorer and less educated regions, but the existence of HIV should not be given any less attention at home in America. In American culture, AIDS victims are largely stigmatized due to the disease's association with drug use, sexual promiscuity, gay orientation, and death. This has caused it to become a "disease of denial" (Stall 959). Individuals who are at risk for the disease do not get tested because they do not want to believe something so serious could

affect them. If an individual tests positive for HIV, it is not uncommon for him or her to deny the presence of the disease and lash out by continuing his or her unhealthy behavior (Stall 959). The government ignores the seriousness of the epidemic by continuing to fund programs that give the impression of restoring traditional values, rather than supporting programs that are proven to promote prevention through tackling sticky topics, such as safe sex and recreational drug use (Stall 959). This causes the general public to view HIV/AIDS as a problem that has mostly been contained, and is not as relevant in the United States today as it once was.

The reality is much different. According to the Centers for Disease Control and Prevention, approximately 1.2 million Americans are living with HIV. Some may wonder if this number reflects individuals who were diagnosed a long time ago, and if it will go down as these individuals grow older and eventually die. In actuality, 50,000 new Americans are infected with HIV each year. Even more frightening, these numbers do not reflect the one in five infected people who do not know they have the disease (CDC). Clearly, HIV is still a growing epidemic in the United States. It does not only affect those in areas of lower income or with racially diverse populations, but is continuous across the country. The AIDS Support Network in San Luis Obispo currently has almost 200 clients that are HIV positive (ASN). This includes only individuals who are willing to reach out for help, meaning that there are most likely many more who are infected throughout the county, but silent. The issue of HIV/AIDS is much closer to home than many San Luis Obispo residents realize.

The purpose of my senior project was to play a part in decreasing these numbers by implementing a more effective way to educate students on HIV prevention. Until a cure is found, it is unlikely that HIV will be completely wiped out, but education is the key to its reduction. Through open communication and destigmatization, it is possible to decrease HIV prevalence in San Luis Obispo and the United States as a whole. In San Luis Obispo, there appears to be a lack of personal education in relation to HIV/AIDS. The AIDS Support Network is the only organization in San Luis Obispo that provides HIV positive speakers for classrooms, and the program has not been in use for several years. In my experience, it seems that in a classroom setting the power of speaking has always far surpassed the power of the written word. A textbook rarely has the ability to captivate a student the way that an individual, passionately pouring out his or her knowledge and experience can. The stories and real life application of any subject tend to be what students remember- not statistics or facts from a book (Petraglia 177). In terms of a learning environment, a professor or teacher may have the textbook knowledge of a certain subject, but not the personal experience or the talent to communicate their knowledge effectively. This becomes especially true when relating to matters of health, specifically disease (Gray 259).

In order truly to get through to someone about the impact that HIV can have on a life, they need to hear a first hand account. Data and numbers are helpful in understanding the basics of the disease, but the emotional factor cannot justly be explained without expertise of someone who has had immediate experience. However, not everyone can tell a compelling story without a little help. This brings

in the necessity of a training seminar. With professional guidance, individuals with HIV can learn to tell their stories in a way that will have the most positive impact upon students. Although I consider myself somewhat knowledgeable public speaking and storytelling, I do not remotely hold the qualifications to lead a training seminar of this kind. Because of this I knew it would be necessary to facilitate the seminar through an established organization– the AIDS Support Network of San Luis Obispo.

Section II: Link to Communication

Persuasion

Before I begin to detail the process of my work with ASN, I feel it is necessary to explicitly justify my project's relationship to the Communication discipline. A substantial tie that my event and work hold to communication is through the skill of persuasion. The tactic of persuasion is one of the main components of the training seminar. Speakers must learn how to be persuasive to students or else their message will be lost, and in order to do this they must be credible. Raymond S. Ross defines credibility as “the receiver's or audience's acceptance of or disposition toward the source” (Ross 157). Heavily based upon Aristotle's concept of ethos, this definition implies that high credibility leads to a greater effectiveness of persuasion. One gains credibility through being perceived as righteously motivated, trustworthy, and competent (Ross 159). These perceptions can be achieved in a number of ways. First it can be achieved through ethics. Speakers should associate themselves and their message with what is moral, and attempt to remove any unfavorable impressions that may be connected to him or herself.

Next is through attitude similarity. An audience may be more likely to be persuaded by a speaker similar to them, but this does not necessarily mean demographically similar– age, race, sex etc. Instead, this similarity is more focused on the perceived attitude similarity between a speaker and an audience. This idea ties into the principle of social proof: “one important means that people use to decide what to believe or how to act in a situation is to look at what other people are believing or doing there” (Cialdini 138). Through the training seminar, the speakers are taught to connect to the students on their own level; the speakers talk about their lives when they were the student’s age and the perspectives and outlook on life that they had. The speaker creates an image of his or her life that is probably quite similar to the lives of many of the students in the audience, and tells how one mistake has the power to change everything. According to the theory of social proof, if the students feel connected enough in similarity to the speaker, they will look at the speaker’s beliefs and incorporate them into their own beliefs and decision-making processes (Cialdini 138). Through this, prevention is achieved.

A speaker may also gain credibility in persuasion through the way that they speak. Speeches with less organization and multiple nonfluencies are found to be less credible, and thus less persuasive (Ross 163). In this way, my senior project also ties into the communication discipline of public speaking. In the seminar, speakers learn effective use of verbal and physical language in order to convey their message. Messages are more successfully transmitted when they are organized in a specific and flowing order (Ross 200). Speakers learn how to tell their messages chronologically– starting with before diagnosis, the diagnosis, and life after

diagnosis. They are taught appropriate vocal mannerisms such as rhythmic pausing and phrasing, flexibility in tempo, proper inflection, and vocal variety. Physicality is also an important part of effective communication, and thus awareness of the body's activity, including gestures and facial expressions is discussed (March 324-28).

Authenticity

The overall goal of the training was to teach the speakers how to be persuasive enough that students would take the knowledge they gained and turn it into action. Through persuasion, an environment of “authenticity” can be created. As stated earlier, prevention messages are often lost in textbooks and lectures that are impersonal and not relatable to the student. *Global Health Communication* author Joseph Petraglia defines authenticity in education as the construction of a learning setting that concentrates on construing to students how certain knowledge can relate to them personally, and how it can be applicable to real life (Petraglia 176). An authentic environment is one in which the information given is relevant to the audience and allows them to “understand, emotionally as well as cognitively, how information can relate to their everyday existence” (Petraglia 176). The problem with health education is not that educators are giving the wrong information, or not enough information, but that their messages are inauthentic. Most educators have no personal experience with the health lesson they are teaching, and thus are not as passionate about it as someone who does have the experience would be. If a student does not feel that the information they are getting is relevant to their life, they have no reason to exemplify the knowledge they have learned (Petraglia 184). To create an environment of authenticity, effective communication must be observed.

Petraglia argues that through the persuasion and narration of an individual who has a personal connection to a message, authenticity can be achieved, thus leading to an audience that will be more willing to accept and embody an idea.

Storytelling

Along with authenticity, interpersonal communication ties largely into the theme of my senior project. The speaker must make a connection with audience members in order to achieve his or her purpose. Storytelling is a natural part of human relationships and can help to achieve an interpersonal bond between two people. According to health communication specialist Jennifer Gray, "Storytelling has been a way to communicate information, learn about life, transmit culture, make sense of experience, and express one's emotions since primitive forms of language emerged ages ago" (Gray 259). Through learning to tell an effective story, the HIV positive speakers I am working with can form interpersonal connections and effectively spread their message of prevention to the audience.

The Narrative Paradigm:

Walter Fisher proposes the acceptance of a narrative paradigm in relation to storytelling. Traditionally, scholars believed behavior was based on a rational paradigm- actions and decisions were guided by logic and observable evidence (Hanan 4). The rational paradigm is based upon five notions: First, human beings are fundamentally rational. Second, humans communicate and make decisions primarily through argument. Third, the way an argument is conducted depends upon the context in which the argument takes place. Fourth, humans judge what is rational based on the knowledge of the subject matter, how effective the argument

is, and how skillfully the argument can be applied to different fields. Lastly, the rational paradigm suggests that life itself is a set of logical puzzles that can be deciphered through logic and argument (Hanan 4).

Fisher directly rejects the notion that humans are solely rational beings, asserting instead that, “humans are... storytellers; the paradigmatic mode of human decision-making and communication is ‘good reasons’ which vary in form among communication situations, genres, and media” (Fisher 75). Consequentially, Fisher dubs mankind as “Homo Narrans” (Fisher 74). The good reasons of an individual differ for every person, and are based on that individual’s life experiences, background, culture, and value system (Fisher 75). These good reasons are the basis upon which human beings rationalize and make decisions.

As storytellers, humans determine narrative rationality based on two main criteria: probability and fidelity. Narrative probability determines the coherency of a story. Values and arguments should be consistent throughout a narrative– there should not be any paradoxes that would cause one to question the likelihood of truthfulness within it. If an argument cannot function within its own narrative framework (e.g a person who litters claiming to be an environmentalist) it cannot be coherent, and therefore will not be believed and accepted (Hanan 5). Narrative fidelity centers on the question of whether or not the stories one experiences are consistent with what he or she knows to be true in life (Fisher 75). An audience will be motivated to action or agreement if a story fits in with what they know about the world– if it does not, they will not accept it.

The criteria of probability and fidelity cause human beings to accept some

stories while rejecting others. This leads to Fisher's conclusion that life is a set of stories, rather than a set of logic puzzles (Fisher 75). Human beings will incorporate stories into their lives that are consistent with their unique narrative paradigm.

Fisher's Narrative Paradigm has a natural relationship with my senior project. The speakers attending the training seminar will essentially be telling their life stories to audience members. The training seminar will teach them to do so in a way that will be consistent with the narrative paradigms of the students listening. If the students accept a speaker's message into their paradigm, they will be more willing to integrate the values of that message into their actions and beliefs.

Catharsis

Aristotle's concept of catharsis has long been recognized as having a healing power through the therapeutic method of narration. Originally defined in the context of drama, catharsis is the process of releasing emotional tension through watching tragedy or reliving tragic experiences. This release, which Aristotle identified as "purgation" brings an individual's levels of pity and fear back into balance (Kearny 51). Catharsis applies to those who have experienced tragedy, as well as those who have not. For those who have not, catharsis provides a necessary liberation of built up fear and pity, and reminds them that compared to whatever they have just seen, their own life is less tragic. For those who have experienced some sort of tragedy, the retelling of their story through narrative can provide a healthy outlet for their feelings and help to heal their "psychic wounds" (Kearny 54).

In the context of my senior project, catharsis relates to the speakers themselves. Why would these individuals volunteer their time to be trained and to

present in various settings? Certainly one reason is that they wish to spread the prevention of HIV so that others are not negatively affected in the way that they are. But surely, their participation must be for a reason deeper than this, even if they are unaware. By being able to retell the tragic experiences that they have gone through, the speakers are able to deal with repressed emotions and feelings that they have not sufficiently dealt with before. It allows them to see a purpose in the tragic hand they have been dealt, and experience relief from tensions that they had previously ignored or been unaware of (Kearny 63). Through catharsis, the Speakers Program has a positive effect not only on the students who hear presentations, but also on the speakers themselves.

Identification and Consubstantiality

Aristotle's idea of catharsis ties in closely with Kenneth Burke's concept of identification. Catharsis is a means of purging emotions and bringing the psyche back into balance. It is a necessary process to maintain a healthy unconscious. Burke theorizes that it is the nature of the unconscious to define "self as a process of becoming through identification within" (Ambrester 206). In essence, humans are on a journey for identity and base their actions upon finding and becoming that identity. Burkean expert and professor Roy Ambrester explains that identification is "a means of justifying whatever courses of action he [man] chooses in his drama of human experience" (Ambrester 206). The self is constantly in a state of conflict, which is rhetorically forced onto the individual by society (Ambrester 207). It is a conflict between consubstantiality, and individuality. Consobstantiality represents man's desire to identify with others, and find commonality even when there is a lack

of anything substantial. However, no matter how much an individual wishes to identify with another, he will always be separate and unique (Blakesley 15). This push and pull between consubstantiality and individuality leads to the formation of identity. Burke determines that one way of reaching the goal of identity is through language. Rhetoric has the potential to build community and consubstantiality, and thus becomes a strategic means through which man “develops his personality, creates a self image, and seeks the ‘good life’” (Ambrester 207).

Storytelling is a powerful form of language, especially when it is one’s own story that they are relaying. It provides a release of built up emotion and a validation of the storyteller’s life as worthy. The unconscious search for identity explains why the speakers participating in the training session are willing to speak in the first place. They are looking for a way to justify their past actions and turn them into something greater. Using the cathartic power of language, these speakers can add to the development of their personality and self-image, and be one step further towards achieving the “good life.”

Death and Dying

The concept of being an educational speaker not only leads HIV positive individuals to find their identity, it also aids them in accepting the process of dying. Elisabeth Kübler-Ross has done extensive research on the process of dying and the finality of death. Her work has led her to identify five stages of grief: denial, anger, bargaining, depression and acceptance. The stage of acceptance occurs when an individual realizes there is nothing he or she can do to stop death from coming on, and comes to terms with his or her own mortality (Kübler-Ross 99). Individuals

participating in the training seminar are most likely in this stage of grief. The stage can be any period of time, and can occur at various lengths after diagnosis for different people. According to Kübler-Ross, "if denial is no longer possible, we can attempt to master death by challenging it (Kübler-Ross 13). The speaking program provides one way of challenging death. Although the speakers cannot reverse the effect that HIV will have on them, they can prevent it from reaching others. The program also turns the process of dying into something that is not feared, and may even be worthwhile. Kübler-Ross states, "dying nowadays is more gruesome in many ways, namely, more lonely, mechanical, and dehumanized" (Kübler-Ross 7). The speaker's program is a resource of companionship- it allows participants to connect to others who are going through the same troubles as them, as well as form connections with individuals whom they may be able to help.

Section III: Method

Process

Following the discussion of the justifiable link between my senior project and the discipline of communication, it is necessary to go into the content of the training, and how it was put into action. After deciding that I wanted to focus my senior project on HIV prevention, I started researching organizations in San Luis Obispo that I could work with. Right away I realized that I did not have many options- the county has few resources for HIV/AIDS positive individuals. The AIDS Support Network seemed to be the best option for me to work with- they regularly put on events and work with students and outside organizations to spread knowledge and prevention. I contacted the volunteer coordinator, and set up an interview to

determine if they would be willing to partner with me on a project, and if I was someone who they would be interested in working with. After determining that it would be a good fit, the volunteer coordinator expressed the most interest in having me help re-establish the *My Face, My Voice* program at the AIDS Support Network, which trains HIV/AIDS positive speakers and places them in schools across the county.

Luckily, I had the chance to be involved in watching a seminar put on by the AIDS Support Network in November 2011. This seminar was for people who had never gone through a workshop before, and were learning to tell their stories for the first time. After attending the training session, I decided my event should focus on connecting to speakers who had previously gone through a workshop at one point, but had not been updated on educational requirements, and whose stories may be a little rusty and unfocused. In essence, a refresher course. I liked the format of the workshop I attended, so I decided to reach out to the man who led it and see if he could rework the content into something more updated and in-depth. He agreed, as long as I would contact his partner in education, Tracy, and make sure he was free. Tracy is a veteran HIV positive speaker and having him there is a necessity, because he knows from firsthand experience how difficult it can be to open up and share what it is like to live with HIV. With Tracy on board, we set the date for Saturday March 3, 2012.

Now that I had trainers who were committed to the training, I needed to find clients to attend. The volunteer coordinator and I went through a list of ASN's clients who had previously attended a seminar, and could benefit from further training and

feedback. We decided on a group of ten people to contact. The training sessions work best when there is a smaller, more intimate group of members. For whatever reason, these clients turned out to be relatively hard to get a hold of. After leaving messages and calling multiple times, I got in touch with all of them and found that all were interested in coming, at least this far in advance. At the same time that I was doing this, I was also contacting schools throughout San Luis Obispo to see if they would be interested in having a speaker who had recently gone through training come and speak in one of their classrooms. I contacted 45 organizations across the county through email or phone, including high schools, middle schools, community schools, Cal Poly departments, Cuesta College, support groups, and hospitals. I also sent them official letters from the AIDS Support Network detailing the Speaker's Program and how it could be beneficial to their group.

The next step for the training session was to find a venue. The AIDS Support Network generally uses the facilities of nonprofit organizations for events that they hold, since these organizations are usually willing to wave any usage fees. After contacting multiple venues, I found that the First Baptist Church of San Luis Obispo has a large meeting room, with a kitchen right next to it. They were willing to wave any fees, as long as we could put down a security deposit. After sending the office manager detailed information about my event, filling out an application, sending a copy of ASN's insurance, and writing a security deposit, my request was approved. I also needed to find an organization to cater the event- since it would be going from 8:30am to 4:30pm, it would be necessary to provide breakfast and lunch. After contacting multiple restaurants and receiving price quotes, I chose to work with

Porter's Truck, a food truck that serves fresh food in various locations across San Luis Obispo.

In the week before the training occurred, I sent confirmation letters to each speaker, including directions and a map to the venue. I also telephoned them to ensure that they had received the letter and were still planning on attending. Although the event would be catered, there were still various materials that I needed to purchase for the event. Through ASN, I purchased drinks, snacks, dessert, utensils and tableware, nametags, welcome signs, pens, and paper. For the training, I printed a sign in sheet and evaluation forms for the speakers to fill out afterwards.

Unfortunately, two days before the event, the speaking trainer called to cancel- there had been a tragedy in his family. Although these were completely understandable and uncontrollable circumstances, it meant that I would not be able to have my event before the end of the quarter. Luckily I was given an extension and was able to reschedule the event for March 31. I contacted the speakers, venue, and catering to cancel. I then re-contacted all of them to reschedule for the new date. Porter's Truck was no longer available so I booked with Splash Café instead. A few of the speakers were not able to make this new date, but there was no other date that would work for everyone. Although it was frustrating to have to postpone and re-plan the training session, the outcome was worth the work.

Content

The substance of the workshop is based off the Positively Speaking program developed for the Los Angeles Unified School District in 1992, which placed trained

speakers throughout classrooms to spread important HIV prevention messages. These speakers were trained to help students understand the biology of the disease, as well as the societal views surrounding it based on California Education Codes 51930-51939. Trainer John Elfers played a significant role in the start-up of this program, and brought his expertise to San Luis Obispo when he took a job at the county Office of Education. John is currently the main speaking trainer for the program that operates out of the AIDS Support Network, now titled *My Face, My Voice*.

The training sessions that John teaches start off with a team building activity. Participants partner with one other person and take turns reading to each other from a handout. The handout lists what speakers can hope to expect from the day, and what they will learn. Some of these messages include: “Relax. You will find this training to be informative, enjoyable, and well worth your time” and “You will learn to share your personal story in a way that touches the hearts of your audience.” This activity provides a way for speakers to ease into the training session– it alleviates some of their nerves while also allowing them to bond with other participants.

After this team building activity, John launches into a necessary explanation of what is included in the State Mandated AIDS Prevention Instruction (CA Education Code 51201.5). Participants receive a handout of this information to keep for their records and incorporate into their stories. The main points of the code are that AIDS Prevention Instruction should include discussion of the effects and transmission of HIV, how to reduce your risk, public health issues and societal views associated with HIV, and information on local resources. This instruction must be

given in an unbiased manner that does not reflect any behavior preferences and must use the latest statistics. A discussion of this state mandate gives speakers an idea of how they should frame their stories, in a way that will be most beneficial to the education of the students they are presenting for.

The speakers are next given basic public speaking tips. Although the speakers in this training session have had prior training experience, it is important to review this component since many never fully perfect it. Some of these points include: good eye contact, positive body language/movement, appropriate speaking pace and volume, effective pauses, and concrete language. John goes over each of these qualities, and demonstrates good and bad examples of each. He also stresses how these components can make or break a presentation– if students are distracted by fidgeting or cannot keep up with the pace of the speech, the message may be lost.

Before the speakers go into forming the content of their presentation, John facilitates a team building activity. The participants have already been informed, through a confirmation letter, that they needed to bring an item that holds personal significance for them to share with the group. This item could be anything from a photograph, to a book, to a piece of jewelry. Each individual then shares why his or her item is so important, and how it has been a part of their life. This activity allows everyone to gain more personal insight into each other's lives, and to form a feeling of intimacy before the speakers begin to share their stories with the group.

Now that a warmer atmosphere has been created, John goes into the format the speakers should use to tell their story, which will lead into them actually

practicing their stories for everyone. The format is relatively simple and follows a chronological pattern. First, speakers should talk about their life before their HIV diagnosis. This means things relevant to whom that speaker is now as a person, including childhood, siblings, family, friends, traumatic events, etc. A prevention message should be included here. Second, the speaker talks about their life at the time of the diagnosis, and perhaps the diagnosis itself. He or she may talk about risky behaviors, self esteem issues, how it felt to be diagnosed, telling their loved ones, emotions (fear/denial) that they felt, and whatever else they feel is important and may have the most impact on their audience. A prevention message should also be incorporated somewhere into this section. Lastly, the speaker talks about their life now- how HIV has affected their life, and what it is like now. Common talking points are about illnesses, romance, losing friends, medicines, expenses, debilitation, and the prospect of death. Speakers end by emphasizing their important points and reinforcing the prevention message.

The speakers tell their stories one part at a time. First, they are able to view a demonstration by a veteran speaker. Tracy Tablin, an HIV prevention speaker with years of experience, almost always accompanies John to the training sessions. Tracy tells the “life before diagnosis” section of his presentation, and then every individual tells his or her own “before diagnosis” story. The “life at diagnosis” and “life after diagnosis” portions follow the same format. Speakers are also provided with a packet of sample prevention messages to structure their story around- some of these messages include: “It only takes one time, one risky behavior to become infected” and “HIV is preventable. We have the knowledge and power to protect

ourselves from becoming infected.” Speakers do not necessarily have to use the prevention messages provided, but most of the examples are relevant to many of their stories.

When presenters tell their story in a classroom setting, they should always leave time for questions at the end. Students can sometimes ask questions that are challenging to answer- such as questions about a speaker’s values and personal behavior, or heckler questions. The training session provides a handout detailing different types of challenging questions, and the most effective ways to answer them. Students may not always be the most sensitive when asking questions about such as serious of a topic as HIV, but this way speakers can prepare beforehand and anticipate questions they may have to deal with.

Learning to answer challenging questions is the last skill that speakers learn in the training session. Afterwards, John reviews everything that he has gone over for the day, and reinforces the most important parts. Before participants leave, they are asked to fill out an evaluation form. This form evaluates how effective the speakers thought the training was, and how prepared they feel to go into a classroom and give a presentation. This feedback is very important in structuring future sessions.

Section IV: Successes and Failures

Although my event had to be postponed and re-planned, it still ended up being relatively successful. The training session was planned to be on the smaller side, but not as small as it turned out to be. There were three speakers who

attended. More were scheduled to attend, but did not show up nor give an explanation as to their absence. For many individuals that are HIV positive, it is hard to re-live the events that led up to their infection, and to remember what their life was like before they contracted the disease. This is probably the reason that a few speakers decided not to attend at the last minute. For the speakers that did attend, I believe the session was beneficial. They were able to tell their stories in a comfortable setting and hear feedback on how they could improve. Based upon the evaluative comments that the speakers gave, they felt that the feedback revitalized their story, and allowed them to see it in a new light. After having told their story so many times, they were surprised to find that certain parts they normally briefly talked about actually had the most impact. The training session was also therapeutic for the participants. Not only did they get to work through their own history, they were able to hear the stories of others who are HIV positive and were reminded that they are not alone in their struggle.

I feel that the biggest downfall of my event was the level of attendance. However, this was something that was out of my control for the most part. Many speakers were committed to attending the session on the original date that it was planned, and either could actually not attend the second date or saw the change as an excuse to no longer attend. For whatever reason, it was unfortunate that they did not view the session as a priority. For a future training session, I would recommend contacting as many speakers as possible from the beginning, since it is likely that several will not be able to attend, or will fail to show up. The event went exactly like I had hoped it would, but it did not reach as many people as I had aimed for.

Section V: Conclusion

Conclusion

I would very much classify this event as a learning experience. Having to re-plan the event due to uncontrollable circumstances gave me great insight into what it may really be like to work in a Communications career. I feel that I was able to use information I have gained in my four years as a Communication Studies major to plan and make this event a success– the process and final product were a culmination of my knowledge. I was able to use my knowledge of persuasion to get speakers to commit to training, and to convince schools to let these speakers into their classrooms. Persuasion played a large role in the content of the training, since the goal of the speakers was to persuade students to make educated and informed decisions regarding risky behaviors. Interpersonal communication also played a large role in the content of the training session. The speakers learned to connect to their audience through the power of storytelling and authenticity and form a connection that would inspire students to listen to their advice and incorporate it into their future actions. Storytelling is a large part of Walter Fischer's narrative paradigm. In order for students to incorporate a speaker's message into their beliefs and actions, it must be consistent with their narrative paradigm. This is why the speakers learned multiple ways to connect to students of different backgrounds.

My event also relates to communication concepts that are applicable to the speakers themselves. Through catharsis, the speaking program and training session provided an emotional outlet for the speakers to express themselves and heal.

According to Burke, the speakers are able to justify their actions and find identity

through common ground with others (consubstantiality). This event allowed me to apply what I have learned as a student in the last four years, and it also gave me the chance to positively affect numerous individuals.

Though there were only three speakers who were present at the training session, these three have the potential to have an impact on hundreds of people. If each speaker went into only one classroom of thirty-five, over one hundred students would hear their stories and information. This number can grow exponentially. Though at first I was disappointed with the turn out of the training, I realize now that it is more beneficial to have fewer well-trained speakers than numerous speakers who are not well-trained nor impactful.

I was able to place speakers for a presentation at Pacific Beach High School, in a Personal Health/Multicultural Perspectives class at Cal Poly and four sections of a Microbiology course at Cuesta. I received emails from all three schools expressing appreciation and positive feedback about the program. I feel that this is quantifiable evidence of the success the program can have, and it inspires me to continue placing speakers across the county to reach as many students as possible. Luckily, the program will have a chance to continue through a new intern at the AIDS Support Network. I have passed on all my work to her, and I am thankful that the program will continue to grow beyond my efforts and positively affect students throughout San Luis Obispo.

Works Cited

- Ambrester, Roy. "Identification Within: Kenneth Burke's View Of The Unconscious." *Philosophy & Rhetoric* 7.4 (1974): 205-16.
- Blakesley, David. *The Elements of Dramatism*. New York: Longman, 2002.
- Fisher, Walter R. "The Narrative Paradigm: In the Beginning." *Journal of Communication* 34.1 (1985): 74-89.
- Gray, Jennifer B. "The Power Of Storytelling: Using Narrative In The Healthcare Context." *Journal Of Communication In Healthcare* 2.3 (2009): 258-73.
- Hanan, Josh. "The Continued Importance Of Walter Fisher's Narrative Paradigm: An Analysis Of Fisher's Extant Work." Conference Papers– National Communication Association (2008): 1.
- "HIV in the United States: At a Glance." *Centers for Disease Control and Prevention*. 14 Mar. 2012. <<http://www.cdc.gov/hiv/resources/factsheets/us.htm>>
- Kearney, Richard. "Narrating Pain: The Power Of Catharsis." *Edinburgh University Journal* 30.1 (2007): 51-66.
- Marsh, Patrick O. *Persuasive Speaking: Theory, Models, Practice*. New York: Harper & Row, 1967.
- Minnick, Wayne C. *The Art of Persuasion*. 2nd ed. Boston: Houghton Mifflin, 1968.
- Petraglia, Joseph. "The Importance of Being Authentic: Persuasion, Narration, And Dialogue In Health Communication And Education." *Health Communication* 24.2 (2009): 176-85.

"Positively Speaking." *Los Angeles HIV/AIDS Prevention Unit: Positively Speaking.*

LAUSD. <http://www.aidspreventionlausd.net/positively_speaking.html>

Ross, Raymond S. *Persuasion: Communication and Interpersonal Relations.*

Englewood Cliffs, NJ: Prentice-Hall, 1974.

Stall, Ron, and Thomas C. Mills. "A Quarter Century of AIDS." *American Journal of*

Public Health (June 2006): 959.