LANGUAGE AND HEALTHCARE: Argumentation and Paralinguistic Strategies in HIV/AIDS Counselling

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Abstract:
This work identifies the discourses that promote adherence to HIV treatment and also indicates the discursive strategies that are used by the nurse counsellors, social workers, and even the HIV-positive persons. This research is based on a study carried out at the Bamenda Regional Hospital, in the North West Region of Cameroon in 2020. Since the early years of the human immunodeficiency virus (HIV) epidemic, adherence to treatment has remained one of the major challenges to successful HIV prevention, care, and treatment. The paper thus seeks to clarify the relationship between epidemic and adherence, and also determine how best to discursively promote safety consciousness among the HIV-positive persons. This work is undertaken within the framework of Critical Discourse Analysis (CDA), drawing especially on Ruth Wodak's Discourse Historical Approach (DHA) and Teun van Dijk's Socio-Cognitive Approach (SCA) which, according to Van Dijk, (2003) which states that properties of language which can vary as a function of social power should be taken into consideration when analysing language. The data for this work was obtained from the Bamenda Regional Hospital in 2020 consisting of recorded counselling sessions for HIV/AIDS patients as well as interviews with the nurse counsellors, social workers, and medical doctors. The primary data is presented in Pidgin English which is a lingua franca in the research community. Counsellors mitigate the impact of HIV/AIDS during counselling sessions and the strategies they use in intensifying the fight against HIV/AIDS are examined. It was noticed that proper counselling on HIV/AIDS contributes significantly to improving prevention, reducing stigma, and promoting adherence. Stigma and depression can be conquered and hope and social harmony assured if everybody is made aware (through the use of appropriate awareness-creation language) that HIV/AIDS is a disease that can be managed and lived with.

Key words: HIV/AIDS Discourse, Counselling, Critical Discourse Analysis, Adherence

1. Introduction

Although health and illness have long been social and political concerns, recent times have witnessed an increasing preoccupation with monitoring physical and emotional well-being. For example, people are being increasingly subjected to the clinical gaze, that is, to unprecedented levels of medical scrutiny. What does all this have to do with language and communication? Kevin and Nelya (2013) posit that, language plays a significant role in healthcare delivery and mediating people's experiences of, and beliefs about, health and illness.

Drug adherence is a key part of highly active antiretroviral therapy (HAART). It refers to the whole process from choosing, starting, managing to maintaining a given therapeutic medication regimen to control HIV viral replication and improve the function of the immune system (Chesney M, 2006). Non-adherence is the discontinuity or cessation of part or all of the treatment such as dose missing, under-dosing, or overdosing, and drug holidays. The significance of treatment adherence has become recognised, which is important in optimising the patient's response to therapy. In contrast, non-adherence can lead to treatment failure, a rise in plasma viral load, and the development of drug-resistant HIV strains (Thompson M. et al, 2012).

Presently, treatment adherence has become an important medical, financial, psychosocial, and health policy issue. World Health Organization (WHO) recommends a period of education and preparation aimed at maximizing adherence before commencing HAART. The development of a practical process or programme that optimizes patient goals improves medication adherence to HAART and supports patient education through the different stages of drug adherence counselling is essential.

There are particular discourses which stem up from patient/counsellor discussion. This phase always begins with a recall of the previous knowledge of what had been said in the previous phases where preliminary questions on their knowledge of HIV are tested. A drug adherence counselling programme aims to enhance adherence to HAART (Highly Active Anti-Retroviral Therapy) for maximising treatment outcome. This would achieve the target of improving individual health clinically and lowering HIV infectivity on a public health level. Drug adherence counselling is preferentially integrated into other targeted risk reduction measures, which serve the purpose of sustaining the maintenance of a low HIV risk in the community.

The main objectives of drug adherence counselling are, to:

(a) Support patients in making an informed choice on HIV treatment according to individual needs
(b) Assist patient in adopting drug adherence behaviour
(c) Enhance patient's ability in managing and maintaining the treatment.

1.1. Statement of the Problem

The specific objective is to show that argumentation and paralanguage are important tools that can be used in HIV adherence counselling for better results. The problem this research work seeks to address is that despite serious sensitisation on HIV/AIDS, the stigma has not been completely eradicated and people are unable to adhere to its treatment. The work of the counsellors in coaching those who are HIV positive is still an uphill task as adherence remains a farfetched dream in the minds of the patients. The main objective is to show how the proper counselling of HIV/AIDS can improve prevention, reduce the stigma and promote adherence to the disease.

2. Theoretical and Analytical Framework

This article is undertaken within the framework of Critical Discourse Analysis drawing especially on the Discourse-Historical Approach (DHA) of Wodak and research associates to identify macro discourses, topics, and sub-topics. It also draws further on Van Dijk's socio-cognitive approach which states that those properties of language that can vary as a function of social power should be taken into consideration when analysing discourse. As stated by (Fairclough and Wodak 1997, p.258), Discourse Analyses are a rapidly developing area of language study. (Fairclough and Wodak,1997) and (Wodak and Meyer, 2009) note that CDA cannot be classified as a single method but rather as an approach, which consists of different perspectives and different methods for the study of the relationship between the use of language and social contexts.

When one looks at all of these tenets of CDA, one realises that it is an important tool for the analysis of the discourses on HIV adherence counselling. Richardson, (2007, p.1) notes that CDA, thus as a theory and method, analyses the way that individuals and institutions use language. Analysts according to (van Dijk, 1993, p.249) should focus on "relations between discourse, power and dominance and inequality, and discourse (re)produces and maintains these relations of dominance and inequality" due to their concern with the analysis of the "often opaque relations" between

discourse practices and wider social and cultural structures.
The data for this work comprises recorded HIV/AIDS counselling sessions from the Bamenda Regional Hospital, recorded interviews and participant observation within a period of two months (from August 11, 2020 to September 14, 2020).

3. Argumentation Strategies

Here, argumentation strategies for promoting adherence are used in the different counselling phases of HIV/AIDS. To succeed in bringing out legitimation strategies, there is the need for argumentation. Reisigl and Wodak, (2009: 108) posit that this strategy is concerned with rationally or logically convincing or persuading the reader or hearer to accept one's perspective. Topoi are the content-related warrants or 'conclusion rules' which connect the argument or arguments with the conclusion or the central claim. As such they justify the transition from the argument or arguments to the conclusion, like a 'short-cut': topoi function as warrants. Within argumentation theory, 'topoi' is the tool that can be used to achieve it. Reisigl and Wodak (2009:110) note that 'Topoi' can be described as "parts of argumentation which belong to the required premises. They are formal or content-related warrants or 'conclusion rules' which connect the argument or arguments with the conclusion, the claim". The table below shows clearly how the argumentation strategy is represented in this work.

Table 1: Argumentation Strategies

Strategy	**Argumentation scheme (Topoi or fallacy)**	**Means of realisation**
he importance of doing an HIV test Using a language of dominance (Sik Hung, 1993)	Education: 'Topos' of ignorance 'Topos' of instructors	1. Lexical units with semantic components that create awareness and educate. Example: *"We must get some small talk for know weti wuna know about HIV" (PrCS1, Pg.3)* 2. The use of rhetorical questions and interrogatives that draw attention. Example: *"What is HIV?" "Na how we fit get that virus?"* (PrCS1, Pg. 5)
Persuasion and Seduction to legitimize a healthy life with HIV (myself)	Changing views: 'Topos' of instilling hope and happiness 'Topos' of wiping out fear and uncertainty	1.The use of tropes like metaphors and hyperboles. 2.The use of idiomatic expressions. Example: *"Ah! Big mami, why are yo u looking at me with the corner corner of your eye?" (PoCS1, Pg. 46)*
Using Moral appeal to legitimize safe sex (Litosseleti, 2002)	Protection and Prevention: 'Topos' of negligence or carelessness	1.The use of lexical units with semantic components that educate. Example: *"(...) and you be prayerful and you di chop all time and you di drink your medicine you no di skip.(AdCS1, Pg.98)* 2.The use of adjectives and verbs that not only show disconten tment towards certain ways of doing, but that appeal to their moral codes of behaviour. Example: *Some people know that they are Seropositive and they still willingly infect other people (...) I wish we could have a change in mentality.(INC, Pg. 152)*
Gendered discourse: Legitimizing Husband/Wife involvement in clinical issues (Lem Lilian, 2011)	Role attributes: The fallacy of misplaced responsibility. Irresponsibility	1.The use of rhetorical questions. Example: *"Man pikin di go clinic?" (PoCS10, Pg. 46)* 2.Exclamations. Example: *(...) Maybe madam go go back, put am for yi back head, yi no even ... in short ...God!" (PoCS10, Pg.45)*

1.1. Legitimating Testing and Counselling through Language of Dominance

The first thing the counsellors legitimate is the importance of testing and counselling. Through the strategy of instructions, they show dominance in telling the patients in strong terms why it is important to do an HIV test. According to Fairclough, (1996: 6), language contributes to the domination of some people by others. It shows the unequal relationship that exists between the counsellors and the counselled with the counsellors firmly in control and guiding the sessions from the beginning to the end. The topoi here are that, those who are in front of them either have insufficient or no knowledge at all about HIV/AIDS. This is achieved by the use of questions and rhetorical questions as well as the use of imperatives and injunctions.
Before anyone is sent to the laboratory for testing, they are compelled to do post-test counselling. It is an obligation and this is reinforced by the nurse counsellors when they say that:

> "We **must** get some small talk for **know** weti wuna **know** about HIV" (Nurse Counsellor*) [We must discuss with you a bit to find out what you know about HIV]*

She uses the modal verb 'must' as a linguistic tool which indicates that somebody is compelled to do something because of a rule or law. The topos here is that the patients do not have sufficient knowledge about the disease and that is why the expression *"for know weti wuna know about HIV"* is used. No matter the counselling stage or ones knowledge about HIV, you must answer that question each time you are asked. The topos here is that many people know about HIV/AIDS but cannot define it. Thus the strategy here is to raise awareness about how it is contracted.

"Na how we **fit get** that virus?" *[How does one contract the virus?]*

The strategy here is to bring out all the methods of contracting the disease because the claim (or topos) is that the patients do not master all the methods of being infected. This is a question that runs through almost all the phases.

1.2. Legitimating a healthy life for an HIV positive person through Persuasion and Seduction

Adherence is aimed primarily at indicating to HIV-positive patients how to

live well with their condition. This is achieved by using the strategy of seduction and persuasion. Persuasive language techniques, especially in speech, take their name from the Greek noun for a professional speaker, *rhetor* (the Latin equivalent is *orator*). It is noticed that many people are still stigmatised by the HIV phenomenon and so the way or the kind of language choices made have to be well fine-tuned.

Most of the time, the nurse counsellors and social workers use this technique to ease tension and make the 'patients' feel free to talk and air their views. For example:

> "Ahhhh **big mami**, why are you looking at me with the corner corner of your eye (...) (nurse counsellor)*[Ah! My dear, why are you winking at me?]*

The general claim is that many HIV-positive people are tense because of the stigma and tend to be aggressive towards everyone. That is why the counsellors have to make them feel free by addressing them with pet names. The word 'big mami' is roughly translated into English as 'young lady' and it is used as a pet name to create a sense of familiarity and closeness. The metaphor she uses in Pidgin 'corner corner of your eye' *(look at someone under the eyelashes)* has the effect of cracking a joke so that the tense atmosphere she sees in the woman could be quelled. The topos is that many HIV-positive persons are afraid to open up and discuss their status.

This particular strategy is also used during the ward counselling of 22 year old AIDS patient who is so traumatised about her condition and tends to lash at everyone especially her mother. This situation corroborates the first claim that HIV patients are aggressive and hardly ever want to open up. The nurse counsellors, seeing that she is depressed, tries to seduce her by using the pet name 'big mami'.

> "**My dear**, how for you today na? Eeeh, **big mami**?" *[My dear, how are you today young lady?]*

The noun phrases 'my dear' and 'big mami' are also used to ease tension and create familiarity. This simple technique works because it makes the young girl feel free with the nurse counsellor and then tells her what she thinks about her situation and the conditions she is facing. The social workers on their part, also use persuasive language to make the HIV-positive people they are

counselling feel free to give them the information they want. An excerpt of what they tell HIV patients will be seen below.

> *We dey here na for counselling and **we assureyou** say anything wey we talk for here be **confidential.** So **feel free**, tell we your problem, apart from this one if you get anything, psychology problem, family problem, anything wey yi go disturb you, ehm? Yi fine make we talk am out so that **make yi finish**. (Social Worker)*
>
> *[We are here for counselling and we want to assure you that anything we say here is confidential. So feel free, tell us your problem. If you have any other problem apart from this one, be it psychological, family or any other thing that is disturbing you, tell us. It will be good for us to sort it out here]*

The claim here is that many patients do not feel free; they are afraid to talk about how they got infected, their social life, and what they think they will do to live with the disease. The clause, 'we assure you' has the verb 'to assure' which means to make somebody confident and clear any doubts or disbelieve about something. After that, she uses the adjective 'confidential' which is equally persuasive because it means that everything they say there, will remain secret and so will never be revealed to anyone else. She also beckons on the patient to 'feel free'. This adjectival phrase seeks to lure the person in question to say all what he or she has in mind. The topos is that fear and insecurity prevents patients from opening up and saying everything about themselves.

1.3. Legitimating Safe Sex through Moral Appeal

Safe sex is a discourse that runs through all the phases of counselling. The position of the social workers and nurse counsellors is that sex should be practiced responsibly. They mention abstinence for the unmarried, proper use of condoms for those who can't abstain, reduction in sex sessions for those who are HIV positive. This appeal can still be regarded in terms of what is known to be right or just, as opposed to what is officially or outwardly declared to be right or just.

They dissuade patients from believing in false claims about deliverance and healing by prophets or traditional healers but to take their drugs strictly and

seriously.

> "(...) and you **be prayerful** but you di chop **all time** and you di drink your medicine you no **di skip**" (Social Worker) *[... and you have to be prayerful and eat well and take your drugs regularly]*

The claim by the counsellors is that most patients are not prayerful, they do not eat well and they do not take their drugs regularly. She uses two adverbs of frequency which mean the same thing - 'regularly'; 'all time' and 'no di skip'. The topos then is that, if they are prayerful, eat well and take their drugs regularly, then they can live well with the disease.

1.4. Legitimating Husband/Wife involvement in Clinical issues through gendered discourse

Jane Sunderland, (2008) thinks that gendered discourse examines different gendered 'ways of seeing the world' and how our identity may be constructed through the use of different discourses, whether written or spoken. Legitimation in this section can be seen from the perspective of seeing women as 'child carers' and responsible for the medical follow-up of the child. According to the man, the woman must take the child to the clinic every time. This discourse comes up when it is noticed that their child is HIV positive because of their carelessness.

> NC: "(...) you go give **only** that bobby **within** that six months make water no touch that pikin yi mop. Maybe madam go back put am for yi back head, yi no even… in short, … God! *You will only breast feed the baby within the first six months. The baby should not be given any water. Probably madam went back home and forgot about it; she didn't ... in short, ... God!]*
> P: (Man) That wan na **function for** woman, madam … (HIV positive husband) *[Madam, that is a woman's duty ...]*

The aspect that is legitimated is breastfeeding in children. Only breast milk should be given 'within' six months. If that is not done, then the health of the HIV-positive child is at risk. Although this discourse is not gendered, it shows the role of the woman in preserving the health of the sick child.

Gender role expectation is an argumentation strategy that indicates who has

to take a child to the clinic between the husband and the wife. The argument here is that both husband and wife are responsible for taking their children to the clinic. This argument comes up because of the claim that only women should take their babies to the clinic. It is seen clearly that the nurse counsellor is exasperated by the fact that the 'woman' did not do her duty of a mother to take good care of the child. This is why she uses an ellipsis *[in short ...]* and finally swears *[God!]*. She only recovers from this shock and attempts to defend the fellow woman when she gets the gendered response from the woman's husband who thinks that women (not men) have to be responsible for taking the child to the clinic. He says ***"that one na function for woman"***meaning he is not to blame for the child's condition. To further support his claim, he asks a rhetorical question:"**man pikin** di go clinic?" *[Does a man go to the clinic?]*

The topos is that only wives go for clinical issues which leads to the argument that both the husband and the wife take part in the clinical issues. This falls under cultural stereotypes and gender role attribution, not only in language use but in the ideological representations of what a man should do and what a woman should do.

Men are also negatively represented in their role as husbands. They claim that men refuse to come for testing and counselling and rely on the results of their spouses to know about their own status. A close examination of the conversation between the nurse counsellors and two female 'patients' will show how men are presented and represented ideologically.

> NC- (...) because as you go go now, papa go talk say "as you don do am yi be negative now, that mean say **me too a be negative."***[As you will go home now, your husband will say, "since you have done the test and you are negative, it means that I am negative too"]*
> P1- (woman) Na so **them di ever talk***[That is what they always say]*
> P2- (another woman) Na so **them** dey, **them** di only talk na so. (HIV positive woman)*[That is how they are; that is what they always say]*

Jane Sunderland (2002) says that gender identities are represented, constructed andcontested through language. The topos is that most men are

irresponsible and depend on their wives for their HIV results. This section shows how men are represented in the eyes of their wives, as irresponsible who only profit from their wife's situation to know theirs. The nurse counsellor provokes this discourse by saying that men are irresponsible.

2. Paralinguistic Strategies

Paralanguage includes accent, pitch, volume, speech rate, modulation, and fluency. Some researchers also include certain non-vocal phenomena under the heading of paralanguage: facial expressions, eye movements, hand gestures, and the like. **Paralinguistic** phenomena occur alongside spoken language, interact with it, and produce together with it a total system of communication. The study of paralinguistic behaviour is part of the study of conversation: the conversational use of spoken language cannot be properly understood unless paralinguistic elements are taken into account.

In counselling HIV/AIDS, paralinguistic elements have two broad effects: they either help in improving prevention, reducing stigma, promoting adherence or they hamper all the three aspects mentioned above. The paralinguistic aspects that reinforce communication include aspects like pitch, speed, pauses, false starts, repetition, interruptions, and overlaps. The aspects of paralanguage that will be discussed here include aspects such as tone, laughter, and repetition.

2.1.1. Tone

I begin with the analysis of tone in counselling. ToneTone represents the 'quality' of sound, that which distinguishes it and makes it recognizable by its constant 'pitch'. According to Mehrabian, (2013), the tone of voice we use is responsible for about 35-40 percent of the message we are sending. Tone involves the volume you use, the level and type of emotion that you communicate, and the emphasis that you place on the words that you choose. This is observed in all the phases of counselling. The tone the nurse counsellors and social workers use when counselling HIV-positive persons is passionate, honest, jovial, and even sometimes emotional. These tones will

Table 2: Different tones used in adherence counselling

Tone	Example
Honest and Serious	Topic them wey de don di talk for wuna all this week, number one na disclusore (…) that mean say as you di take your medicine make some man dey for family at least one; some your one brother or your massa or some person wey yi know (...)and anything wey we don talk we need for follow up am, because yi no easy for some man for open up, no be so?(Nurse Counsellor) *[Concerning the topics we have discussed for the whole, the first is disclosure (...) this means that as you are taking your drugs, there should be at least one person in your family, either your brother, your husband or someone who knows your status. And anything that we say here we need to follow it up because it is not easy for some people to open up, isn't it?]*
Jovial	If wuna no di highup make any man turn tell yi neighbour say good morning *[If you are not proud, let anyone turn and say good morning to the neighbour*] (NC) If man no smile no salute yi, wuna hear no? *[If someone does not smile, don't greet the person]* (Nurse Counsellor) Ma mami, this one now na paradise. Wuna clap for wuna self [My God! This is paradise, please clap for yourselves] (NC)
Passionate	Madam, wuna commot for back dey wuna two. Wuna two commot for dey abeg. Come for front here, come right for front here. *[Madam, please the two of you should leave the back seat. Please, I beg on you to leave. Come in front, come right in front.]* (Nurse Counsellor) Madam, a beg come … come Shidun for front here. Big mami … come, commot for back dey. Sister, come, come Shidun for front here. *[Please madam, come (...)come and sit in front. My dear, come, leave that back seat. Sister, come, come and sit in front here.]* (NC)
Compassionate	Why you di suffer wey you get person wey fit help you? Because of stigma. Stigma na who? *[Why should you be suffering when you have someone who can help you? This is because of stigma. Who is stigma?]* A beg you, you don come for take medicine no be so? We too we di tell you for here say you be na human being and you need support from some person. (NC) *[Please, you have come to take your drugs, right? We are telling you here that you are a human being and you need support from people]*
Amusing	You di waka di look whether some man di look you. If some man look you some kind wey, you go talk for your heart say "yi don surely know" (NC) *[You are moving and verifying whether someo ne is looking at you. If someone suspiciously looks at you, you say in your heart that" he sure knows that I am positive"]* You don hear how wey you don salute so your heart warm inside? (NC)

The first tone which is honest and serious respects the maxim of quality of Paul Grice (1975). Here, the counsellors try to be as informative as possible, giving relevant information as is required in a serious tone. It is important again to mention that adherence counselling has three objectives; to give information, for adherence, and engagement.

When talking about adherence, they use a jovial and often amusing tone to ease the tension in the air. The reason for being jovial or amusing is to create a convivial atmosphere and make the HIV patients feel loved and at ease given that most of them are still tense. For engagement, they use a serious and jovial tone. Compassion comes in when they want to reduce stereotypes and critique behaviours that are negative. This tone is mostly associated with serious and passionate tones, as it deals with serious topics.

Exclamation also has tonal elements. An exclamation, is a sentence type that is used to express a strong emotional state. One instance of it is when the nurse counsellor uses an exclamation to show happiness because she discovers that one of the ladies who came for VCT already had preliminary knowledge about the disease unlike the others. She says:

> "That's **very good** mami. Mami is **very** literate!" (Social Worker)

This is achieved through the use of adverbs and adjectives. "Very good" is the combination of the adverb of degree "very" and the qualifying adjective "good" which indicate high quality. This exclamation is used to show approval as well as to show encouragement for this lady who has sufficient knowledge about HIV/AIDS. Another instance is it used for positive effect is to denounce the gender role attribute attitude of men.

> "Ma **mamiiiii eeeh**! Man pikin di go clinic; **Yes**! (N C) *[Oh! My God! Men do go to the clinic; yes.]*

1.1.1. Laughter

Laughter is another paralinguistic symbol used by the nurse counsellors to foster counselling. The phenomenon of laughter as a form of communication is in a category by itself, with its closest relative being its apparent opposite, crying. The reasons for laughter in complex social situations are diverse but in a situation like counselling especially counselling HIV positive cases, it is very special. This is because it helps to reduce the stress and stigma in those

who are positive. There are so many situations where the counsellors use laughter to good effect because it helps ease the tension in the air. They crack jokes with a couple who are HIV positive and laugh out loud with them; they create an atmosphere of joy as can be seen from this excerpt.

> NC- That is good. Because some man go talk say yi wan born yi pikin them; you know say man wey yi di born plenty pikin them no be man wey yi di lookup am no?
> *[... because another person will say he wants to have his children. You know that a man who has so many children is not a man who takes care of them, right?]*
> P- (husband) You keep am, na goat? *[You keep them, are they goats?]*
> NC (laughs loudly) That's **very good**. Now wey you don see your results and your madam yi own them be the same so, yi over fine. Madam now na your best friend. You now you be na yi best friend. You don hear no? (PoCS10, Pg. 58 and 59, L23-27, 1-6)
> *[Now that you have seen that your results and madam's are the same, it is very good. Madam now is your best friend and you will be her best friend too. Have you heard?]*

Their laughter, precedes that of the patients who had been provoked to laugh some time earlier. This shows the convivial environment they build to ease whatever tension, pressure or stress the HIV-positive persons can have.

1.1.2. Repetition

In ancient Greece, Aristotle commented on the role of repetition by saying "it is frequent repetition that produces a natural tendency" (Ross & Aristotle, 1906, p. 113) and "the more frequently two things are experienced together, the more likely it will be that the experience or recall of one will stimulate the recall of the other". In the pre-counselling phase, the counselled are educated about HIV, AIDS, and the different methods of contracting the virus as well as how to avoid being infected.

> "We no di just send wuna for lab so. We **must** get some small talk for know weti wuna **know about HIV** (...) (PrCS1, Pg. 4, L23-24)
> *[We don't just send you to the laboratory like that. We must have a short discussion to verify what you people know about HIV]*.

Knowledge verification starts right from the first phase of counselling. They use the modal verb of compulsion "must" indicating that the patients have no choice but to succumb to their demand. The knowledge the counsellors verify is that of HIV, its definition, and the manner of contracting it. This is also repeated at the adherence counselling phase:

> "A **know say** de don ask you this question **plenty time** but a go da so ask you again. **Weti be HIV**? How you fit get am? (TES1, Pg. 118, L14-15) *[I know that you have been asked this question severally but I will still ask you again. What is HIV and how can you contract it?]*

2. Conclusion

This work sought to expound the argumentation and paralinguistic strategies involved in the counselling of HIV/AIDS and also on the discourses that stemmed up during the interview with the various social actors involved in the counselling process. The success of antiretroviral therapy (ART) for HIV regimens, especially over the long term. This was discovered at the Bamenda Regional Hospital from the encounter with the counsellors and also from the counselling sessions witnessed.

The discursive and linguistic strategies were identified using the DHA of Ruth Wodak and associates (2009). This method is very good for such an analysis because it is interdisciplinary. It also follows the principle of triangulation which implies a quasi-kaleidoscopic move towards the research object and enables the grasp of many facets of the object under investigation. That is why one can identify the argumentation strategies that are used in legitimating testing and counselling, healthy life with HIV, safe sex practices, and gender role attributes. Paralinguistic strategies used in improving counselling and adherence are also examined in this work. Before we can ever comprehend word definitions and usages, we rely on these non-lexicalfeatures of spoken language that aid in conveying meaning to help us understand what is said to us. Among the forms of paralanguage, we find physical elements like facial expressions or gestures. Many vocal features contribute to our interpretation of spoken language, such as voiced pauses or intonation. Some, like respiration, are even a combination of physical and vocal components. This allows transcending static spotlights and focuses on diachronic reconstruction and explanation of discursive change.

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