Argumentation and Paralinguistic Strategies in HIV/AIDS Counselling: A Critical Discourse Analysis of Treatment Adherence in Cameroon

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DOI: https://doi.org/10.47772/IJRISS.2026.100400071

Received: 29 March 2026; Accepted: 03 April 2026; Published: 27 April 2026

ABSTRACT

HIV treatment adherence remains a major challenge in many parts of Sub-Saharan Africa despite significant advances in antiretroviral therapy. While medical research has extensively examined biomedical and behavioural factors influencing adherence, the role of language in counselling interactions has received comparatively little attention. This study examines the discursive and paralinguistic strategies used in HIV/AIDS counselling sessions to promote treatment adherence and reduce stigma. Drawing on the framework of Critical Discourse Analysis, particularly Ruth Wodak's Discourse Historical Approach and Teun van Dijk's socio-cognitive perspective, the study analyses recorded counselling sessions and interviews conducted at the Bamenda Regional Hospital in Cameroon. The data, largely produced in Cameroon Pidgin English, reveal that counsellors employ a variety of argumentative strategies including persuasion, moral appeals, and legitimation to encourage testing, safe sexual behaviour, and adherence to antiretroviral therapy. In addition, paralinguistic features such as tone, laughter, and repetition play a crucial role in easing tension, fostering trust, and facilitating communication between counsellors and patients. The study highlights the importance of language in shaping health behaviour and demonstrates how discourse practices contribute to improving HIV treatment adherence and reducing stigma in clinical contexts.

Keywords: HIV/AIDS, Counselling, Critical Discourse Analysis, Adherence, Paralanguage.

INTRODUCTION

Language plays a central role in the construction and negotiation of health-related meanings in clinical contexts. In healthcare interactions, communication between medical professionals and patients not only facilitates the transmission of medical information but also shapes attitudes, beliefs, and behavioral responses to illness and treatment. Within the field of applied linguistics, increasing attention has been paid to the ways in which discourse practices influence health outcomes, particularly in areas such as counselling, health education, and patient–doctor interaction.

Treatment adherence constitutes a crucial component of Highly Active Antiretroviral Therapy (HAART). It refers to the extent to which patients correctly follow prescribed medical regimens, including the proper timing, dosage, and continuity of medication. Adherence is essential for suppressing HIV viral replication and improving the functioning of the immune system. Conversely, non-adherence—manifested through missed doses, incorrect dosage, or treatment interruption—may lead to treatment failure, increased viral load, and the development of drug-resistant strains of HIV. 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).

Given the importance of adherence in HIV treatment, counselling has become a fundamental component of HIV management programmes. Counselling sessions provide a platform where healthcare professionals educate patients about the disease, address misconceptions, and encourage behavioural practices that support treatment adherence. Through these interactions, counsellors attempt to guide patients toward responsible health behaviours while also addressing the emotional and psychological challenges associated with living with HIV.

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.

Statement Of The Problem

Despite decades of sensitisation campaigns and the widespread availability of antiretroviral therapy, adherence to HIV treatment remains a major public health challenge in many African contexts, including Cameroon. While biomedical research has extensively examined the clinical and behavioural factors influencing treatment adherence, far less attention has been paid to the role of language and communication practices in counselling sessions. Yet, counselling interactions constitute a crucial space where patients' beliefs, fears, and attitudes toward HIV are negotiated and reshaped.

In these interactions, counsellors rely not only on verbal explanations but also on argumentative discourse, persuasive strategies, and paralinguistic cues such as tone, laughter, and repetition to encourage adherence and reduce stigma. However, the specific linguistic and paralinguistic mechanisms through which counsellors influence patients' perceptions and behaviour remain insufficiently explored.

This study therefore investigates how argumentation and paralinguistic strategies are deployed during HIV/AIDS counselling sessions in order to promote treatment adherence and reduce stigma among patients.

Research Questions

1. What discursive strategies are used by counsellors during HIV/AIDS counselling sessions to promote treatment adherence?
2. How are argumentative strategies (topoi, persuasion, moral appeals, etc.) used to legitimise testing, treatment, and behavioural change?
3. What role do paralinguistic features such as tone, laughter, and repetition play in shaping counselling interactions?
4. How do these linguistic and paralinguistic strategies contribute to reducing stigma and encouraging adherence among HIV-positive patients?

ANALYTICAL FRAMEWORK AND METHODOLOGY

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, 2024 to September 14, 2025) in the Bamenda Regional Hospital the North West region of Cameroon. Within this period,

20 people took part in the adherence counselling phase. The table below indicates those who took part in the various phases. This works focuses only on phase three; adherence counselling.

Table 1: the different phases of HIV/AIDS counselling-

Sample population	**Number of people**	**Sessions**
Phase one: Pre-test Counselling	155	80
Phase two: Post-test counselling	60	45
Phase three: Adherence counselling	**20**	**20**
Phase four: Therapeutic education	10	10
Ward counselling with AIDS patients	5	5
Pre-natal Counselling	10	10
HIV positive cases interviewed	7	7
Nurse Counsellors interviewed	4	2
Social Workers Interviewed	3	1
Medical Doctor interviewed	1	1
Group therapeutic education	35	5
TOTAL	310	186

This study adopts a qualitative discourse-analytic approach to examine the linguistic and paralinguistic strategies used in HIV/AIDS counselling sessions.

The corpus consists of recorded counselling sessions involving nurse counsellors, social workers, and HIV-positive patients, as well as interviews with medical personnel involved in the counselling process. Participant observation was also conducted in order to better understand the dynamics of the counselling environment and the interactional patterns between counsellors and patients.

In this work, the verbatim transcription method is used because of the many advantages it has and its importance in linguistic analysis. This is because paralinguistic aspects are very important when analyzing language use and it is only through this method of transcription that one can bring out all these aspects. These aspects include pauses, false starts, hesitations, silence, coughing, laughter, telephone calls and the opening and banging of doors.

Most of the counselling interactions analysed in this study are conducted in Cameroon Pidgin English, which functions as a widely used lingua franca in informal and semi-formal interactions in the region. The recorded sessions were transcribed and translated into English where necessary to facilitate analysis.

The analysis is guided by Critical Discourse Analysis (CDA), particularly Ruth Wodak's Discourse-Historical Approach (DHA) and Teun van Dijk's socio-cognitive model. These frameworks make it possible to examine how language reflects and constructs social realities, power relations, and ideological positions within institutional interactions. The study specifically focuses on argumentative strategies such as persuasion, legitimation, and moral appeal, as well as paralinguistic features including tone, laughter, and repetition that shape the counselling discourse and contribute to promoting treatment adherence.

In any medical research, an ethics committee has to approve the research proposal before it can be implemented. To receive "ethical clearance" is to receive a green light from your ethics committee to proceed with the research (Chaska Ñawi, 2006). Research on HIV/AIDS communication is a low-risk type and necessitates an authorization from the school, from the regional delegation of health (North West) and from Bamenda regional hospital director. All these authorities gave their approval before the research was conducted.

Analyses

The analysis focuses on the discursive and paralinguistic strategies used by counsellors during HIV/AIDS counselling sessions. Particular attention is paid to the use of Cameroon Pidgin English (CPE), ways in which argumentation and interactional features are employed to encourage testing, treatment adherence, and

responsible sexual behaviour. The discussion below examines these strategies within the framework of Critical Discourse Analysis, highlighting how linguistic choices contribute to the construction of persuasive and supportive counselling interactions.

Cameroon Pidgin English (CPE) as a Lingua Franca in Health Communication

In multilingual societies such as Cameroon, healthcare interactions often take place in languages that are widely shared by both healthcare professionals and patients. Cameroon Pidgin English (CPE) functions as an important lingua franca in many informal and semi-formal contexts, including hospital environments. As a contact language, CPE facilitates communication among speakers from diverse linguistic backgrounds and enables healthcare professionals to convey complex medical information in ways that are accessible to patients.

In counselling contexts, the use of CPE not only ensures comprehension but also helps establish interpersonal closeness between counsellors and patients. Because the language is associated with everyday communication and social familiarity, it reduces the social distance that might otherwise exist in institutional medical interactions conducted in Standard English. Consequently, CPE becomes a strategic communicative resource through which counsellors are able to explain medical procedures, encourage treatment adherence, and address sensitive issues related to HIV status and stigma.

Example 1: Modal expressions of obligation

"We must get some small talk for know weti wuna know about HIV."

The modal ***must*** indicates institutional authority. The phrase ***small talk*** reduces formality; the pronoun ***wuna*** (plural "you") creates inclusiveness

The counsellor uses the modal verb must to signal institutional authority and emphasise the obligatory nature of counselling before testing. At the same time, the expression ***small talk*** mitigates the directive tone and creates a more conversational atmosphere. The plural pronoun ***wuna*** further reinforces inclusiveness by addressing the patients collectively.

Example 2: Address terms

"Big mami"

Analysis: solidarity marker which reduces hierarchical distance.

Address terms such as ***big mami*** function as markers of solidarity and familiarity within the counselling interaction. These expressions soften the institutional nature of the encounter and contribute to the creation of a supportive communicative environment in which patients feel more comfortable discussing sensitive issues.

Example 3: Simplification for comprehension

"Na how we fit get that virus?"

Analysis: simplified interrogative structure; accessible to patients with low formal education

The simplified interrogative structure ***Na how we fit get that virus***? illustrates how CPE allows counsellors to frame medical explanations in linguistically accessible ways. By using everyday language rather than technical medical terminology, the counsellor ensures that patients from diverse educational backgrounds can understand the discussion.

Argumentation Strategies

Argumentation constitutes a central component of counselling discourse. In institutional interactions such as HIV counselling, healthcare professionals frequently rely on argumentative strategies to persuade patients to

adopt particular attitudes and behaviours. These strategies are designed to legitimise certain practices—such as HIV testing, treatment adherence, and safe sexual behaviour—while discouraging actions that may endanger the health of patients or others.

Within the framework of the Discourse-Historical Approach, argumentation strategies are often realised through topoi, which function as reasoning patterns connecting arguments to conclusions. These topoi provide the underlying logic that justifies the claims made by counsellors during counselling interactions.

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 will show clearly how the argumentation strategy is represented in this work.

Table 2: Argumentation Strategies

Strategy	**Argumentation scheme (Topoi or fallacy)**	**Means of realisation**
The 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 you 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 discontentment 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)*

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.

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 famiarity 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 assure you** 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 prevent patients from opening up and saying everything about themselves.

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.

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 and contested 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.

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.

Tone

I begin with the analysis of tone in counselling. Tone 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 be represented in the table below.

Table 3: 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 someone 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) *[You have seen that as soon as you greeted, your heart became warm inside]*

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 whohas 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.]*

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 you are goat?]*

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.

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?]*

CONCLUSION

This study has examined the role of language in HIV/AIDS counselling by analysing the argumentative and paralinguistic strategies employed during counselling sessions at the Bamenda Regional Hospital in Cameroon. Using the analytical tools provided by Critical Discourse Analysis, particularly the Discourse-Historical Approach and the socio-cognitive perspective, the study has shown how counsellors strategically deploy discourse to influence patients' attitudes toward HIV testing, treatment adherence, and safe sexual practices.

The findings reveal that counsellors rely on several argumentation strategies, including persuasion, moral appeals, and legitimation, to encourage patients to adopt responsible health behaviours. These strategies are realised through specific linguistic devices such as rhetorical questions, lexical choices, metaphors, and idiomatic expressions. In addition, paralinguistic features such as tone, laughter, and repetition play a crucial role in creating a supportive counselling environment, reducing stigma, and facilitating open communication between counsellors and patients.

The study highlights the importance of language as a key resource in health communication and demonstrates that effective counselling goes beyond the transmission of medical information to include strategic discursive practices that shape patients' perceptions and behaviour. By foregrounding the role of discourse in HIV treatment adherence, this research contributes to ongoing discussions in applied linguistics, health communication, and medical discourse studies, particularly within the African context.

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