

Naming the Pandemic: Semantic and Ethical Foundations of HIV/AIDS Shona Vocabulary

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Abstract

The article investigates the names that the Shona-speaking people¹ in contemporary Zimbabwe create and use in casual communication on the Acquired Immunity Deficiency Syndrome (HIV/AIDS), the messages transmitted through these names and the ethical motivation for preferring these names to the English term, HIV/AIDS. We refer to the Shona names as indirection verbal strategies that take the form of euphemisms, metaphors, colloquial expressions and slang. However, the motivation for preferring an indirect communication mode is best understood in the context of the notion of politeness that govern human interaction and speech on issues pertaining to sex, illness and death in Shona society.

Introduction

The Shona people consider matters relating to sex, death, illness or the other's misfortune as taboo or unspeakable. Thus, the Shona create and use numerous euphemisms, metaphors, colloquial expressions and slang for naming HIV/AIDS or referring to its consequences since they perceive the acronym HIV/AIDS as too direct, highly unsettling and face threatening (Lin 1999: 12, Gao and Ting-Toomey 1998: 77). These indirect linguistic forms are embedded with meaningful and poignant messages on the source, the physical symptoms and the tragic impact of HIV/AIDS on the individual, the family, the community and the nation. Traditional, as well as modern society encourages stylised communication that is distilled to obviate crisis and to avoid open confrontation. This orientation derives from the unwritten moral or ethical code (Pfukwa 2001: 26) which venerates verbal and nonverbal behaviour that maintains respect, stability and group solidarity.

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1. Shona is the mother tongue of about 80% of Zimbabwe's population of 13 million. It is the ensemble of six regional dialects, namely, Zezuru, Karanga, Manyika, KoreKore, Ndaue and Budya. The HIV/AIDS vocabulary presented in this article is representative, but not exhaustive. A national survey might show other names of HIV/AIDS that are created by and confined to individual communities depending on their particular experiences and conceptualisation of the disease.

Anything that undermines these values is censored. Hence, learning to speak in Shona society, like in any other community, involves recognising the potency of the spoken word and linguistic avoidance in certain situations. Both in traditional and modern society, 'compliance with verbal taboos is part of the ethnography of communication; for society sometimes places certain words under strict verbal censorship' (Yankah 1998: 15). A competent speaker of Shona is therefore aware of speaking norms that prohibit verbal references to certain words and/or historical events, whose direct verbalisation could unleash forces of instability or stir grief.

The Shona people's attitude towards HIV/AIDS and their language's efficacy in designating the disease have been critiqued out of context and erroneously represented. Laurie Garrett (2000) claims that,

Because African languages seem to lack scientific words or terms, diseases are given names that best reflect what people fear or feel... In Zimbabwe, the dominant African language, Shona, has no word for HIV. AIDS, however, is called *mukondombera*, or 'a sickness that everyone suffers from'.

Garrett's claim that African languages, Shona in particular, lack words for expressing scientific thought and biomedical knowledge reflects the old Malinowskian view of labeling some non-European languages as primitive (see Farb 1973: 11-12). African languages have not infrequently been subjected to such criticism and not only by foreigners. A well-known native writer on traditional thought, Mbiti (1989: 16), suggests that African languages lack a concept of the indefinite past and infinite future because certain East African languages he examined did not have any word for expressing the tenses. Mbiti, like Garrett, appears to have looked at African languages from a prejudicial perspective. The absence of a single word designator does not mean that the native speakers of a language cannot communicate what they need to communicate in their society. As Wiredu (1996: 82) rightly observes, 'a concept need not be expressed by any one word; it may be expressed by a phrase or even a larger set of sentences or, indeed, by a pattern of behavior.'

Measuring the communicative efficacy of an African language in terms of the availability or non-availability of direct lexical equivalence with English words is misleading. Words that are familiar in one language may have no equivalent usage in another. Moreover, language is an infinitely flexible framework capable of being adjusted to any purpose of communication. There are several ways of extending the use of a language. In the case of Shona, borrowing, amelioration, deterioration, symbolism, semantic extension and slang are some of the common ways of extending the use of the language. Garrett's translation of the word *mukondombera* in the quotation above reflects a discourse of 'reservoirs of HIV infection'

which is part of the epidemiological discourse that defines who is at 'high' risk of the infection (Taylor 1998: 3).

Theoretical Framework

This article adopts an integrated theory of 'face' construct and politeness strategies to explain the Shona speakers' use of indirection in talking about HIV/AIDS or in referring to AIDS patients. The integrated approach combines an appreciation of Brown and Levinson's (1987) individual anatomy notion of 'face' and the concept of 'group face' (Kadt 1998, Mao 1994, Nwoye 1992). Brown and Levinson (1987: 61) define 'face', after Goffman (1967) as 'the public self-image that every member wants to claim for himself.' Brown and Levinson claim that human communication is universally guided by the desire to maintain and enhance one's own and others' public self-esteem. Hence, 'face' consists of two related aspects: negative face and positive face. The former refers to one's freedom of action and freedom from imposition, and the latter entails the positive consistent self-image that people have and want to be appreciated and approved of by at least some other people. Both notions of politeness are significant for interpreting the speaker's choice of indirect modes of communication to preserve face from the effects of face threatening acts (FTA). Brown and Levinson's model of politeness has been viewed as Western oriented since their notion of face is highly individualistic, self-motivated and autonomous (Gu 1990, Ide 1989, Matsumoto 1988). In their studies on Zulu and Japanese cultures Kadt (1998) and Nwoye (1992) argue that the construct of face should not be limited to the individual level, but should encompass the social indexing level. Kadt and Nwoye use the term 'group face' to refer to the social norms that the speakers try to maintain during their interaction. The 'group face' concept has been considered most suited for collective cultures. The concept of face in collectivist cultures emphasises not just the accommodation of individual 'wants' and 'desires', but more of the harmony of one's conduct with the views and judgements of the community.

We argue that Shona culture is simultaneously individualistic and collective, although the latter overrides the former. Politeness, like morality, is also personal, as it is communal, 'for in the final analysis the individual must take responsibility for his or her own actions' (Wiredu 1998: 308). Thus, Gbadegesin (1998: 294) notes that 'the idea of individual right does not defeat the claim of the community.' We therefore, believe that a 'moderate or restricted communitarianism' (Gyekye 1998: 334) that accommodates communal values as well as values of individuality would be the most reasonable theory to predict the Shona speakers' preference for indirect modes in HIV/AIDS discourse. The creation and use of figurative names for HIV/AIDS, and the avoidance of the English vocabulary is done in a

social context that generally venerates politeness, both to preserve (individual and group) face and to achieve specific discourse goals at individual level.

Methodology

Research findings presented in this article are based on a survey that was carried out in Harare between April 2001 and May 2002, through observation and interviews. Most of the data were obtained through observation. Since HIV/AIDS discourse is generally taboo, this research acknowledged that informants' reports of their own behaviour (both retrospective and synchronic) may not be absolutely reliable since, 'interviewees may want to please the interviewer or may be unaware of their language use' (De Klerk 2000: 91). Observations were made in public places and occasions such as religious sermons, bus queues, food cafes, hallway, street talks and group discussions on media reports on HIV/AIDS cases.

Additional data were obtained by interviewing 50 informants who were randomly selected. These subjects between 15 and 55 years of age were secondary school students, university students, university staff, ministers of religion, AIDS counselors, and relatives of people living with AIDS. The interviews were recorded, transcribed and coded for HIV/AIDS vocabulary. Attention was not paid to the frequency of use of the Shona names for HIV/AIDS but to the variations and context of use. Among other things, the interview questions were directed towards (1) the people's purposes in creating alternative names for HIV/AIDS, (2) the names they use, (3) what they perceive as the moral/ethical constraints governing polite speech in Shona society. The responses of the interviews provide very helpful insights on the influence of social norms on language use and on the theory of politeness in general in an African context.

Shona Ethics

The Shona people's preference for indirect verbal devices in HIV/AIDS discourse reflects the link between culture, thought and language. As Valdes (1986: 2) says, '... culture, thought and language are three parts of a whole, and cannot operate independently.' Every language and corresponding cultural system is possessed of constraints, both in speech and in behaviour.

The notion of *unhu*, 'good/ethical human behaviour' is central to Shona morality. Every Shona child acquires language and the moral code of his/her society simultaneously. Like language, the moral code is handed down from generation to generation and it becomes the basis of all interactions. Thus, as Gelfand (1975: 123) notes,

A Shona knows the difference between right and wrong ... he is fully aware of his responsibility to society. He appreciates the values of virtuous,

kindly and friendly acts, and is quite clear as to what contributes decent behaviour. What he most prizes is the *munhu chanya* 'the good man'.

Shona morality imposes numerous linguistic and nonlinguistic constraints on respectful and modest behaviour. To be *munhu kanyé/chanya* means living up to the expectations of the community, some of which are communicated and enforced through oral didactic modes such as proverbs. Examples of proverbs that discourage open vilification and stigmatisation of a relative or neighbour in difficulty are, *chakaona hama hachitsikwi* (One must not scoff at another person's misfortune as no-one is immune to natural plight), *seka urema wafa* (Do not deride those who are in unfortunate situations because in future you might be in a similar predicament). Therefore, reference to an HIV/AIDS patient or suspected patient is naturally made in backstage clandestine discourse involving either, pseudo-soliloquy, peer jocular talk, anonymous address/talk in public, church or grave-side sermon or a pseudo-addressee. This way the speaker/s can communicate messages off record without being held responsible. The use of indirect and diplomatic devices of communication in taboo topics such as HIV/AIDS, where violating linguistic taboo could invite stigmatization or even worse, violence, is derived from traditional styles such as *bembera* and *chihwereure* that were used in communicating face-threatening issues.

The practice or option of 'beating about the bush' in the HIV/AIDS speech stems from the collectivism of Shona culture. Like most collectivist cultures, Shona culture emphasizes the goals, concerns and needs of vulnerable individuals and the group (family, community). Traditionally, the weak, unfortunate and the vulnerable should be supported and protected emotionally, physically and materially and group stability maintained. The individual's communicative competence (Hymes 1974) or behavioural 'performance' is judged by others against what Lakoff (1973: 296) calls, 'rules of pragmatic competence' and ethical/moral constraints. Among the pragmatic competence rules are politeness rules, rules of bashfulness '*nyadzi*', dignity '*kuzvibata*', peaceful co-existence '*kugarisana*', co-operation '*kushandirapamwe*', and eloquence '*kugona kutaura*' (Chimuka 2001: 35). These rules are necessitated by the value attached to, and the significance of reaffirming and strengthening relationships and social cohesion.

Pragmatic Function

Besides the cultural context, the speaker's communicative intention also constraints his/her selection of words. When the Shona people use euphemisms, metaphors, colloquial expressions and slang in talking about HIV/AIDS, they will be 'doing things with words' (Austin 1962). Through naming HIV/AIDS, speakers convey messages on the source, the physical symptoms and the devastating effect or the consequences of HIV/AIDS.

The speaker(s)' communicative intention is largely consciousness raising and attitude change. The names use familiar images to oblige hearers to assume the responsibility to protect themselves, their families, communities and the nation from ruin. Some of the names are semantically ambiguous, hence, they allow speakers to caricature and blame AIDS patients, without threatening face.

Names and Messages

Source of the Disease

The names that refer to the supposed source(s) of HIV / AIDS are few. These are *Chakauya* 'a mysterious disease', *Shamhu yaMwari* 'God's curse', *Akarohwa nematsotsi* 'one stroke by thieves' and *Chipedzamazure* 'prostitute killer'. *Chakauya* is a response to a disease that is thought to be intractable and capricious, that is, a disease not understood. Such a disease is, by definition, mysterious. Like cancer, AIDS is considered a disease that does not knock before it enters. The use of this term sounds a warning to people to be watchful of the indiscriminate scourge. The naming focuses on the disease rather than the individuals affected or infected by HIV / AIDS. Thus, victims or patients are exonerated. The mystery surrounding the origins of HIV / AIDS prompts people not only to change their behaviour towards AIDS patients, but also to treat them sympathetically.

In human life, there are afflictions that puzzle many societies. The synonymy of HIV / AIDS and death makes it perhaps, the most mysterious and puzzling of all misfortunes. As Mbiti (1989: 43) observes, explanation to these afflictions involves God, in one way or another. The term *Shamhu yaMwari*, shows how the Shona people interpret HIV / AIDS as God's curse or punishment for man's doings. From a traditional point of view, punishment for disobedience is considered as justifiable. Thus, although *Shamhu yaMwari* attributes God as the source of the disease, hence, discouraging the stigmatisation of patients, it subtly warns individuals or couples of the inevitable consequences of flirtatious behaviour. The noun *matsotsi* 'thieves', in *akarohwa nematsotsi*, metaphorically refers to the HIV virus. One elderly male preacher said, at a Shona funeral service held in Harare during the time of gathering data for this study, '*Utachiona hwakmita sematsotsi emuHarare. Hauzivi paunosangana nematsotsi. Hazvina mhosva kuti wakafamba nenzira yacho kangani...*' (The AIDS virus is like the thieves of Harare. You don't know where they will waylay you. They can attack you on a very familiar path'). Lakoff and Johnson (1980) suggest that metaphors are not merely words, but thought and action. Metaphors do not only make the speakers' thoughts more vivid but structure the hearers' perceptions. Hence, thinking of the AIDS virus as 'thieves', for example, reveals the threat that the virus imposes on everyone's life and the covert identity of carriers.

The universality of the threat mitigates the face threatening effect of the expression *akarohwa nematsotsi*, but effectively constraints people's behaviour. While both male and female informants use *Chakauya*, *Shamhu yaMwari*, *akarohwa nematsotsi*, mostly male informants use *Chipedzamazhure*. As Vambe and Mawadza (2001), Mashiri (2000a), Schmidt (1992) and McFadden (1992), reveal, the term *hure* 'prostitute' in all forms of Shona discourse, refers exclusively to women. In HIV/AIDS discourse, the (African) woman is the image and vector of AIDS. This stereotype is not unique to Shona. Some Ndebele terms such as '*IDA Sibanda*' or '*UmaSibanda*', for AIDS also portray the woman as the source and carrier of HIV/AIDS. The term *Chipedzamazhure*, like *IDA Sibanda* and *UmaSibanda*, may not be as effective a moral vehicle as the other gender inclusive terms since it violates the politeness principle that requires communicators to cooperate in maintaining one another's face. Such terms motivate the stigmatisation and blaming of people affected or infected with HIV/AIDS and could also be disharmonious.

Physical Symptoms

| Term | Symptom |
|----------|--|
| Mudonzvo | loss of weight |
| Bhemba | head becomes as thin as a hoop-iron |
| Pemu | thinning and loss of shine of hair |
| Go slow | gradual deterioration of health/long illness |
| Tsono | very thin (like a needle) |

The terms, *mudonzvo* 'a walking stick', *bhemba* 'a hoop-iron', *pemu* 'permanent hair set' and *tsono* 'a needle', refer to common objects that exhibit desirable thinness. When speakers use them to refer to thinness or weight loss caused by HIV/AIDS, these nouns assume semantic deterioration or pejoration. The AIDS metaphor of thinness or weight loss is not unique to Shona speakers. In Zambia, the ChiChewa speaking people call AIDS *matenda akaliondeonde* 'the disease of losing weight' and in much of East Africa they refer to AIDS simply as 'slim disease'. The name *pemu* has sarcastic overtones. One of the writers of this article overheard two teenage women who were eating in a city restaurant talking as they watched a sickly man with thinning hair ordering some food. One of the women stole a glance at the man and said loudly, '*shamwari uri kuregererei kupemwa? Hauoni kuti pemu yachipa mazuva ano?*' (Why don't you have yourself a permanent set my friend? Do you not realise how affordable it has become?) The women looked at the writer and giggled, as if to say, 'don't you agree?' This comment was obviously meant for the sickly man, to hear. However, the man could not confront the speakers since he was not a ratified addressee, and in any case the women would have flatly denied referring to him as

Zimbabwean men do not normally have their hair set. 'Go slow'² refers to a patient's physical gradual deterioration. This is a colloquial expression, which implies that the virus becomes a death sentence, its presence is an indicator of 'slow and lingering' death.

Speakers of all generations and from both sexes use the metaphors, *mudonzvo*, *bhemba*, *pemu* and *tsono* and the idiomatic expression 'Go slow'. Metaphorically, all these terms, symptomatic of HIV/AIDS, enable Shona speakers to share meaning and intent since they refer to implicit knowledge. People make their diagnosis with the naked eye. Any morbid phenomenon or departure from the normal in structure, form, or sensation experienced by an individual is indicative of the disease. These terms are appropriate as indirection strategies, not only because they represent a cultural and experiential background that all the Shona speakers share, but also because of the emotional feelings that they evoke on the hearer and the 'high disclaimer of performance' that they attract.

When words attract a 'high disclaimer of performance' it means that speakers can use them with immunity and impunity in potentially threatening situations. One elderly woman whose aunt showed symptoms of thinning hair referred to the aunt's condition to one of the writers of this article in a causal discussion on HIV/AIDS (in the presence of the aunt) saying, '*Zvakaoma mukuwasha. Kufara kune mubairo wako, zvino chionai ndava kugara ndine pemu.*' (Life can be hard Sir. Flirting has obvious consequences. See how my hair looks as if it has a permanent set!). Interestingly, the woman speaker used the generic noun *munhu* 'person' and the first-person pronoun or subject prefix /*nd-*/ 'I' to refer to her aunt's condition while ostensibly referring to herself. In this case, this strategy of pronoun substitution or pronoun mismatches, together with the metaphor *pemu*, save face and prevents open confrontation between the speaker and her aunt, which is prohibited.

The Impact/Consequences of HIV/AIDS

The names that Shona speakers give to HIV/AIDS on the basis of its impact can be divided into three categories morphologically. The first group consists of compound nouns that take the form of what Fortune (1980: 368) calls, 'complex nominal constructions', the second category comprises locally

2. The expression 'Go slow' is a Zimbabwean urban cliché that was popularised in the early 1990s to refer to an industrial striking strategy effected by the Zimbabwe United Passenger Company (ZUPCO). The buses continued to ferry people to and from work but at such a painfully slow speed that all the traffic was blocked, passengers frustrated and delayed and work plans totally disrupted. There was an element of helplessness, similar to that associated with the situation caused by HIV/AIDS.

coined English colloquial expressions and the last group is made up of slang. While Shona speakers of all persuasions use the names in the first group, it seems that mostly the younger generations of both sexes use those names in the second and third category. However, semantically, all the names refer to the institutional impact of HIV/AIDS. Below is a table of the name, their literal meanings and the interpretation of the impact referred to by each name.

Compound Nouns

| Compound Noun (Name) | Literal Meaning | Interpretation of Impact |
|-------------------------|--|---|
| Mubatanidzwa | One who unites | The disease also affect innocent people |
| Zvamazuvaano | Contemporary things | AIDS is widespread |
| Chirwere | Disease | AIDS has no cure |
| Shuramatongo | Warning of disaster that wipes out everyone | A disease that threatens extinction of the whole race |
| Mupurirapasi | One who crashes | A disease that kills hopelessly |
| Chakapedzambudzi | A disease that killed goats in large numbers | AIDS can wipe a whole generation |
| Jemedza | One who causes severe pain | AIDS causes severe pain |
| Kurudzikunemakuva | A clan ridden with graves | AIDS is a scourge |
| Mutsvairo | A broom | AIDS can wipe a whole race |
| Paradzai | One who destroys | AIDS is devastative |
| Mupedzanyika | One who kills indiscriminately | AIDS can kill the whole nation |
| Gukurahundi | Rain that falls in autumn | AIDS kills indiscriminately, kills chaff |
| Chazezesa | One who spurs terror | AIDS causes extreme suffering |
| Jehovandouyako | Lord I am coming home | AIDS has no cure |

The names *Zvamazuvaano* (lit. fashionable things) and *Chirwere* (lit. disease) are examples of words that have undergone semantic deterioration or pejoration. Normally, 'fashionable things' would be popular while a common disease, curable. In the context of HIV/AIDS, *Zvamazuvaano* refers to the widespread nature of the disease, while *Chirwere* connotes the devastation that HIV/AIDS causes. However, the use of these terms euphemistically show that the Shona speaking people have a culture of consideration, where people always try not to cause trouble for others and not to hurt their feelings.

Thus, when dealing with tense issues, especially those that involve their kith and kin or neighbours, the Shona are either circumspect or reserved. This low assertiveness and expressiveness lead to high ambiguity of messages. One HIV/AIDS counselor with a Harare based organization notes that, the use of these euphemistic terms by counselors and/or members of the public when talking to patients or members of their families who look after them gives remission to the patients, and hope, to the care-givers. On the other hand, a youth pastor with one of the Pentecostal churches in Harare argues that the use of these terms in such a courteous manner encourages those intending to marry to go for HIV tests and to accept counseling readily. Either way, it seems that the use of indirect devices, to maintain the patient's self-esteem or to universalise the problem, derives from the Shona people's collective culture.

The names *Shuramatongo*, *Mukondombera*, *Mubatanidzwa*, *Mupurirapasi*, *Chakapedzambudzi*, *Jemedza*, *Kurudzikunemakuva*, *Mutsvairo*, *Paradzai*, *Mupedzanyika*, *Gukurahundi* and *Chazezesa* are all image-based and symbolic expressions that point out the impact of HIV/AIDS on the family, community, nation and the world at large. All these names typify the threat that HIV/AIDS poses on humanity as it sweeps across the world in a massive tidal wave of misery and death. *Shuramatongo* and *Mukondombera* seem to be the names used in official discourse since they have been used since time immemorial among the Shona to refer to any pandemic affecting people, crops and livestock. *Shuramatongo* implies HIV/AIDS's potential to wipe out entire families and communities, turning homesteads into 'ruins'. The noun *shura* 'bad omen' and *matongo* 'deserted homesteads or ruins' paint a picture of a bleak future. *Mubatanidzwa*, on the one hand, connotes the patients' lack of immunity and their vulnerability to opportunistic infections, and on the other hand, the potential of HIV/AIDS to infect large numbers of people. In a family it could infect wife, husband and the unborn child. These names therefore, symbolise the demise of the family institution, the basic unit upon which communities are built. *Mupurirapasi*, *Chakapedzambudzi*, *Kurudzikunemakuva*, *Mutsvairo*, *Paradzai*, *Mupedzanyika* and *Gukurahundi* epitomise the devastation caused by HIV/AIDS. *Mupurirapasi* and *Kurudzikunemakuva* present vivid images of communities littered with graves. *Mutsvairo*, *Paradzai*, *Mupedzanyika*, *Jemedza* and *Gukurahundi* show how HIV/AIDS literally wipes out families and communities and threaten the extinction of the human race.

These names are very effective didactic vehicles since they are both informative and expressive. Their effectiveness derives from the cognitive force of metaphors that comes 'not from providing new information about the world, but rather from a (re)conceptualisation of information that is already available to us' (Kittay 1987: 2). *Chakapedzambudzi*, for example refers to a historic epidemic that impoverished Zimbabweans by killing

their livestock. Such reference to a known historical calamity whose magnitude of destruction was unbearable is meant to evoke memories of a horrendous past that should not be allowed to recur. *Gukurahundi* originally refers to autumn rains that erode all the debris from threshing and *Mutsuairo* is an indigenous broom that can be manipulated to clean every corner of the house. These two names subtly reduce AIDS patients as 'dirt' or 'chaff' that death will sweep away from society. If interpreted this way, these metaphors leave patients feeling responsible for their illness and considering the illness as a death sentence.

The religious based metaphor *Jehovandouyako*, more commonly used in Christian circles is a polite way to announce the inevitability of death to HIV/AIDS patients. Unlike *Mutsuairo* and *Gukurahundi* that symbolise the damnation of AIDS patients, *Jehovandouyako* gives them a sense of hope in the hereafter. The suffixal morpheme /-ko/ 'there' refers to heaven. The disease is, therefore perceived as equal to death, but not eternally.

Colloquial Expressions and Slang

The colloquial expressions Deadly killer 'an epidemic', Round About 'a disease that wipes out families', Roll over 'a communicable disease', People erosion 'a pandemic', Cyclone 'a violent killer' are more popular with the young generation than with the older generation. While adult discourse utilises images derived from historical and universal experience and knowledge, youth speech tends to use foreign jargon, possibly to disguise the pejorative and damning effect of the messages on the illness. The disguise is obviously aimed at either protecting the speakers' reputation, or *unhu* image, or saving the hearer's face. The disguise makes the naming of the illness a 'slightly transparent indirect communicative act' (Schottman 1993: 541). Since the names are subject to numerous semantic interpretations, they offer greater face protection, but better informational and expressive effect.

The slang names *Mukondaz* and *Kondaz* are derived from the name *Mukondombera*, and *Hedzi* and *Heji*, are phonetic derivations from AIDS. These slang terms for HIV/AIDS are often used in light-hearted humour among friends or peers. As Lederer (1997: 5) points out, 'slang allows us to break the ice and shift into a more casual and friendly gear.' Thus, *Mukondaz* and *Kondaz*, and *Hedzi* and *Heji*, sound more easy-going than *Mukondombera* and AIDS, respectively. In the context of HIV/AIDS, slang resembles verbal play highly valued in Shona society, traditional and modern, for dealing with grave situations. In Shona society, verbal play such as this, is deemed an effective instrument of social control, being used for lampooning persons and events in a cheerful manner.

Conclusion

Issues regarding death, sex and sexuality are still largely taboo in Shona society, barring open dialogue on the subject. Since HIV/AIDS is normally a fatal and often sexually transmitted disease, but not a matter of public discourse, it has provoked strong images in people's minds. As part of their communicative competence, Shona speakers continuously create more socially acceptable, but effective names for HIV/AIDS through metaphors, euphemisms, colloquial expressions and slang. What is central in this discussion of communicating the 'unspeakable' is the ethical reasons for preferring Shona indirect names for HIV/AIDS to the English name and the nature of messages these names transmit to the hearer(s).

The motivation behind the use of indirect devices in communication is frequently to exert some influence over the hearers' behaviour in a non-confrontational and respectful or polite way. In Shona traditional and modern society, the predominant sentiment in the relation between members of a social group is respect. Respect is expressed in the form of courtesy and in an effort to spare oneself and others from the humiliation of losing face. This article adopts the concept of face that integrates Brown and Levinson's (1987) notion, generally viewed as Western, and Kadt's (1998), Mao's (1994) and Nwoye's (1992), that is perceived as suited for collectivist cultures. Although individualism and collectivism are normally referred to as separate entities, it is important to note that all people and cultures tend to have both individual and collective dispositions. Contemporary Shona culture fits this frame quite well though the collectivism is more dominant than individualism.

While the Shona speaker uses figurative names of HIV/AIDS to communicate personal messages and preserving individual face needs, his/her primary concern is to appeal to the community and to satisfy the communal ethical constraints of good behaviour. The names for HIV/AIDS overtly communicate the speakers' perception of and attitude to the effect of the disease on the community but covertly, through ambiguity, deride individuals or individual behaviour that is perceived as devious. The messages embedded in the names allude to the sources of the HIV virus, the physical symptoms and the individual and global consequences of HIV/AIDS. The results of the current study contrast popular claims that Africans do not appreciate the devastating nature of HIV/AIDS and that, African languages are lexically inadequate for expressing scientific concepts and experiences. These results also reveal the significance of culture and language in the global HIV/AIDS discourse.

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