Indigenous communication practices of traditional healers in Upper East and Upper West regions of Ghana

Thomas Azagsiba Agana[1]
Samuel Adadi Akapule[2]
Robert Kuchengye Mokulogo[3]

[1]tagana@ubids.edu.gh.com
[2]sakapule@bolgatu.edu.gh
[3]rmokulogo@ubids.edu.gh

[1]https://orcid.org/0009-0003-0694-554X
[2]https://orcid.org/0009-0008-6641-0965
[3]https://orcid.org/0000-0001-6063-242X

[1,3]University of Business and Integrated Development Studies (UBIDS), [2]Bolgatanga Technical University, [1,2,3]Ghana

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ABSTRACT

This study explores how traditional healers in Kabre and Bongo-Soe in the Upper East Region and Kaleo and Jirapa in the Upper West Region of Ghana use indigenous modes of communication and practices in the discharge of their duties. The study is theoretically grounded in embodied cognition and Indigenous epistemologies, using epistemic injustice as an analytical lens. The target population comprised practicing traditional healers, apprentices, and selected community elders within these communities. Anchored on embodied cognition, indigenous epistemologies, and epistemic injustice, the study employs a qualitative ethnographic design involving in-depth interviews, participant observation, and Focus Group Discussions (FGDs). Using purposive and snowball sampling techniques, a total of 30 participants were selected, consisting of 17 traditional healers, 8 apprentices, and 5 community elders. Throughout the fieldwork, detailed field notes were kept to document reflections, emergent observations, and contextual insights. Data were analyzed using thematic analysis, involving systematic coding, familiarization with the data, pattern identification, and iterative development of themes to generate culturally grounded interpretations of communication and healing practices. Findings reveal that healing knowledge is communicated through multimodal practices including spiritual calling, silence, ritual performance, apprenticeship, symbolic action, and dialogic engagement with the natural environment. These indigenous modes of communication and practices not only facilitate knowledge transmission but also establish healer authority, legitimacy, and therapeutic efficacy within cosmological and ethical frameworks. However, findings further reveal that the continuity of these practices is challenged by selective spiritual transmission, secrecy, generational change, and the growing dominance of biomedical systems. The study argues that recognizing indigenous modes of communication as embodied, relational, and epistemically valid is crucial for the sustainability and equitable recognition of indigenous healing systems in Ghana. This study recommends that there is the need for state actors such as the Ministry of Health to ensure that indigenous healing communication is formally recognized within Ghana's health and cultural policies. The study adds to the body of literature on indigenous communication-based healing practices in Ghana, particularly among the people of Kabre and Bongo-Soe in the Upper East Region and Jirapa and Kaleo in the Upper West Region.

Keywords: Embodied Cognition, Epistemic Injustice, Indigenous Communication, Traditional Healing, Indigenous Knowledge Systems

I. INTRODUCTION

According to literature (Warren & Hoppers, 1991/2005), Indigenous Knowledge Systems (IKS) are the locally produced understandings, skills, beliefs, rituals, and practices that have been formed and consolidated over generations through close engagement with the environment, health and ailments, cosmology and social life. Literature reveal that in many African civilizations, IKS served as a fundamental basis for communication, social organization, and health practices (Gyasi et al., 2011; Dei, 2019). Through IKS, African traditional healers from different cultural backgrounds have used different forms of Traditional Medicine as a means to managing their ailments (Gyasi et al., 2011). They are long-standing epistemological traditions that interprets illnesses, restore health balance, and sustain the overall well-being of community members'(Awuah-Nyamekye, 2015; Murray, 2025).

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In Ghana, indigenous healing is traditionally viewed as a holistic approach that incorporates physical, spiritual, social, and environmental aspects of existence, especially in the northern parts of the country which include Upper East and Upper West Regions (Kwame, 2016; Opoku, 2018; Adu-Gyamfi, & Anderson ,2019; Kwame, 2021) where this study is focused. Indigenous healing practices see ailments as a disturbance in the equilibrium between people, their communities, nature, ancestors, and spiritual forces, in contrast to Western biological theories that frequently isolate disease within the body (Mbiti, 2001; Millar & Dittoh, 2004). Culturally rooted communication techniques, such ceremonial speech, storytelling, divination, proverbs, music, and symbolic performances are used to convey, negotiate, and resolve these interpretations of illnesses (Gyasi et al., 2011; Dei, 2008).

Among the among the people of Kabre and Bongo-Seo (Upper East Region) and Jirapa and Kaleo (Upper West Region) of Northern Ghana, traditional knowledge systems are deeply rooted in communal life and transmitted largely through performative communication and oral. The Dagaba ethnic group, predominantly located in the Upper West Region and parts of Burkina Faso, organize their societies around ancestral authority, earth shrines and kinship structures, elders, ritual specialists, and traditional healers. This trend is also applicable to the Frafra ethnic group in the Upper East Region. These traditional practices function as not only as custodians of medicinal knowledge, but also as communicators who mediate between the human and spiritual realms. Healing practices among the four communities selected for this study are therefore inseparable from indigenous communication systems that employ language, symbolism, and ritual action to diagnose illness, restore harmony, and reaffirm moral and social order (Adu-Gyamfi & Lankpiere, 2023; Alika, ,2024; Agana et al, 2025). Their traditional healing practices are rooted on a cosmological worldview that holds the view that sickness might be caused by natural causes, spiritual discontent, strained social bonds, or transgressions of cultural standards. Since divination sessions, ritual consultations, and group discussions enable healers and elders to decipher messages from ancestors, deities, or the earth shrine, communication becomes a major tool for determining the causes of ailments. Specialized ritual language, chants, libation prayers, and symbolic acts that transmit meaning beyond plain speech are frequently used in these communication procedures. Instead of being an individual medical intervention, healing becomes a community and communicative effort through such activities (Mbiti, 1976; Millar & Dittoh, 2004; Adu-Gyamfi & Lankpiere, 2023)

Additionally, healing knowledge is handed over to generations through indigenous communication. Through apprenticeship, storytelling, proverbs, and participation in communal ceremonies, the the people of Kabre and Bongo-Seo communities (Upper East Region) and Jirapa and Kaleo communities (Upper West Region) of Northern Ghana hand over their medical knowledge of plants, therapeutic rituals, and health-related moral norms to incoming potential ones. Proverbs and stories serve as archives of traditional medical knowledge and moral instruction, instructing future generations on appropriate behaviour, reverence for spiritual powers, and the repercussions of social discord. Despite the lack of documented evidence, this oral mode of transmission guarantees the continuation of traditional healing procedures and strengthens collective memory (Yankah, 2012 & Manyozo, 2018).

It is very significant to stress that history has it that indigenous methods of healing and communication were neglected by colonization through the advent of Western biological systems, which branded traditional healings as unscientific or archaic (Absolon,2010; Kealiikanakaoleohaililani & Giardina, 2016). Despite these challenges, traditional healing is still relevant and commonly used in Ghana, especially in rural settings such as Upper East and Upper West Regions where access to modern medical services is restricted. According to recent studies, many people combine biomedical care with traditional healing, exhibiting a pluralistic approach to health-seeking that is influenced by cultural values and communicative faith in traditional authority (Tsey, 1997. McCabe, 2007; Alford et al, 2014; Waldram, 2015; Gyasi et al., 2011).

Therefore, the study of traditional healing through indigenous modes of communication among the people of Kabre and Bongo -Soe communities in the Upper East and Jirapa and Kaleo communities in the Upper West Region is important because it emphasizes how culture-specific communication systems support health, identity and social cohesiveness. The preservation of indigenous knowledge, culturally sensitive healthcare, and the incorporation of traditional communication methods into contemporary health frameworks are all topics that are enhanced by the understanding of these systems. This study emphasizes indigenous communication modes as a therapeutic process and an essential cultural resource in Northern Ghana by investigating the transmission, interpretation, and application of healing knowledge.

Notwithstanding the fact that indigenous healing communication systems continue to be relevant, they are increasingly threatened by modernity, urban migration, young disengagement, formal education systems, changes in religion, and the predominance of biological narratives. Apprenticeship programs that rely on quiet, patience, and spiritual discipline are becoming more and more incompatible with the socioeconomic pressures of today. Furthermore, the secrecy that protects ritual legitimacy also limits public acknowledgment and recording, making indigenous communicative practices susceptible to epistemic marginalization (Fricker, 2007). While existing Ghanaian scholarships have explored the regulation of traditional medicine and the effectiveness of herbal remedies, limited attention has been paid to the communicative processes through which healing knowledge is acquired and transmitted in Ghana,

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particularly in the Upper East and Upper West Regions where this study is focused. This study addresses that gap by foregrounding indigenous communication as the epistemic foundation of healing among the people of Kabre and Bongo -Soe communities in the Upper East and Jirapa and Kaleo communities in the Upper West Region.

1.1 Research Objectives

The paper therefore focused on the following objectives:

(i) To explore indigenous modes of communication employed in traditional healing in Kabre and Bongo -Soe communities in the Upper East Region and Jirapa and Kaleo communities in the Upper West Region.
(ii) To examine how these communicative practices, facilitate the acquisition, transmission, and legitimacy of healing knowledge.
(iii) To identify socio-cultural, generational, and biomedical challenges affecting the continuity of indigenous healing communication.
(iv) To analyse implications for the sustainability and epistemic recognition of indigenous healing systems in northern Ghana.

II. LITERATURE REVIEW

2.1 Theoretical Review

Three complementary theoretical frameworks namely Embodied Cognition, Indigenous Epistemologies and Epistemic Injustice serve as the foundation for this study. Each framework offers a unique perspective for understanding Indigenous healing practices, communication, and transmission among the traditional healers of the study areas.

2.1.1 Embodied Cognition

According to the theory of embodied cognition, bodily experience and contact with the environment are inextricably linked to knowledge, thought, and comprehension (Varela et al., 2017). This concept emphasizes on how indigenous modes communication is enacted through rituals, gestures, spatial arrangements, and interaction with natural elements as well as verbal in the context of Indigenous healing. Healing procedures are very performative and sensory among the people of Kabre and Bongo -Soe communities in the Upper East and Jirapa and Kaleo communities in the Upper West Region; information is passed down through ceremonial participation, apprenticeship, and physical technique. The study highlights that healing communication is essentially relational, experienced, and enacted via the body as much as through speech by using embodied cognition. The multimodal, performative elements of healing that are essential to the communities' knowledge systems can be captured by a researcher using this lens.

2.1.2 Indigenous Epistemologies

Indigenous epistemologies acknowledge that knowledge is relational, culturally situated, and frequently entwined with ecological, social, and spiritual aspects (Smith, 2005; Dei, 2008).

Instead, then imposing western paradigms of truth and proof, these frameworks give priority to the values, viewpoints, and techniques of knowledge development within Indigenous communities. Indigenous epistemologies support the use of participant observation, ethnographic techniques, and intergenerational discussions which this study adopted. Epistemologies are ingrained in oral traditions, rituals, symbolic communication, and community mentoring. Instead of limiting healing methods to biomedical or western rationalist categories, using this paradigm ensures that IKS are included.

2.1.3 Epistemic Injustice

The systematic exclusion of some groups' information, experiences, or viewpoints often due to social, cultural, or political hierarchies is referred to as epistemic injustice (Fricker, 2007). Communities such as the Kabre and Bongo -Soe communities in the Upper East and Jirapa and Kaleo communities in the Upper West Region often experience epistemic injustice in the context of Indigenous healing when their knowledge is disregarded, exploited, or devalued in academic discourse or formal healthcare institutions. The study can critically analyze the power dynamics surrounding the creation and dissemination of information through this approach. It highlights the political aspects of healing by bringing attention to how the validity of Indigenous communicative practices may be disputed, disregarded, or only partially acknowledged. By incorporating epistemic injustice, the researcher can promote a more equitable understanding of traditional knowledge systems by documenting activities and challenging prevailing narratives that undermine indigenous authority.

When combined, these frameworks offer a comprehensive perspective on how Indigenous healing communication is simultaneously embodied, relational, politically located, and spiritually grounded. Indigenous epistemologies place healing practices inside culturally unique knowledge systems, embodied cognition captures the

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performative and experiential nature of healing, and epistemic injustice highlights the social and political obstacles these practices must overcome. In order to ensure that the study takes into account both the cultural and structural aspects of indigenous healing, this theoretical triangulation allows for a detailed investigation of how knowledge is created, communicated, challenged, and preserved among the people.

2.2 Empirical Review

2.1.1 Indigenous healing practices in the global context

Globally, indigenous healing systems are becoming more widely recognized as an alternative epistemology based on relational, spiritual, and embodied in traditional modes of communication styles (Smith et al, 2020; Wilson et al, 2011; Gupta et al, 2022). According to studies conducted among Indigenous peoples in Australia, America, and Asia (Kirmayer, 2012; Sørly et al., 2021), healing knowledge is made up of ritual performance, symbolic acts, dreams, visions, and multisensory interaction rather than written instruction. In the opinion of these scholars, communities encode memory, ethics, and cosmology through communication, which serves as an educational and spiritual process. According to academics of embodied cognition, learning happens not just through abstract reasoning but also through bodily participation and environmental atonement (Varela et al., 2017; Kirmayer & Jarvis, 2019). Gestures, touch, music, and spatial movement all form part of communication acts that produce meaning and therapeutic effects in healing environments. Biomedical epistemologies that divide the intellect from the body and communication from practice are called into question by these revelations.

Nonetheless, global health paradigms continue to exclude indigenous modes of communication. From Fricker's (2007) point of view, the idea of epistemic injustice, indigenous healers are systematically devalued because non-textual and spiritual forms of communication are viewed as non-scientific. Despite the growing recognition of herbal components, ritual language and spiritual communication are frequently left out of integration initiatives especially government initiatives (Irwin & Smith, 2019). Additionally, language loss, generational disruption, and urbanization pose a threat to indigenous healing communication, which is a component of endangered intangible cultural heritage (Imbang et al., 2025). This is because knowledge that is separated from its communicative environment loses its significance. It is against this background that scholars have called for the need of documentation of traditional modes of communication and traditional healing in order to preserve them from extinction (Simpson, 2017). This emphasizes the need for this current study which is locally and culturally based.

2.2.2 Indigenous healing practices in the African context

African indigenous healing systems are deeply rooted in oral tradition, ritual performance, music, and spiritual. These are all fundamental components of African indigenous healing systems. According to Mbiti (1976), African cosmologies place health in the context of interactions between people, ancestors, spirits, and the natural world. Therefore, chants, drumming, sacrifices, storytelling, and symbolic gestures that activate these linkages are used to convey healing knowledge (Gyekye, 1995; Finnegan, 2014).

In African healing traditions, apprenticeship continues to be the most common method of knowledge transfer. Dei (2008) and Awindor (2017) contend that rather than explicit instruction, learning happens through extended observation, silence, service, and ceremonial initiations. African healing relies heavily on music as a means of communication. According to Nketia (1982) rhythm and melody serve as both spiritual conduits and mnemonic mechanisms. This current study is in line with the Koligo performances of the Sabaa' community which serve as an example of how music can be used as a nonverbal semiotic system to call forth spirits and retrieve healing knowledge.

However, western education, religious change, and biomedical domination are increasingly affecting African indigenous communication systems (Feierman, 1985; Pemunta, & Tabenyang, 2020; Adu-Gyamfi & Anderson, 2022; Shumba et al,, 2022). That is pharmacology is frequently given precedence over cosmology when it comes to integration initiatives, depriving therapeutic knowledge of its spiritual and communicative roots and strength (Young, 1981.; Somé, 1995; Quah, 2003; Goody, 2005). This study addresses calls for epistemic pluralism based on African realities made by Ndlovu-Gatsheni, 2021; Nyamnjoh, 2022; Nyamnjoh, 2025; Inusah, 2025).

2.2.3 Indigenous healing practices in the Ghanaian context

Traditional healing is still a major component of healthcare systems in Ghana, especially in rural areas (Frimpong, 2023; Ampomah et al, 2024; Owusu et al., 2025; Annan et al., 2025). Ritual speech, ancestor invocation, herbal symbolism, embodied diagnosis, and spiritual consultation are all included in indigenous healing communication. Translation into biomedical discourse is intrinsically constrained because indigenous languages encode metaphysical concepts necessary for the validity of therapy (Scott, 2005). Healing knowledge is typically passed down through ancestry and ancestral calling among. Healers' descriptions of knowledge as "a gift from God through the ancestors" and other narratives of divine selection are consistent with Millar's and Dittoh (2004) cosmovision model, which

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presents knowledge as spiritually mediated and cyclical. The claim that "plants have souls" serves as more evidence that nature is a communicating agent as opposed to a passive resource.

According to scholars (Agboka, 2021; Adade et al., 2024), some stakeholders have been orientated by western education, prioritizes pharmaceutical validation over ritual language, secrecy, and spiritual contact associated with traditional healings, despite its desire for regulation. Apprenticeship systems are further disrupted by youth mobility and formal education, resulting in generational disparities in communicative ability (Kwame, 2016; Ouma, 2022; Olujimi, 2024; Sutrisno, 2025). Despite these obstacles, indigenous healing continues through adaptable methods, such as referring patients to medical institutions; this is proof of resilience rather than decline. This study fills a critical gap by empirically documenting on how indigenous modes of communication sustain healing knowledge in northern Ghana, especially the study areas, Upper East and Upper West Regions.

III. METHODOLOGY

3.1 Study Area

Four communities drawn from the Upper East and Upper West Regions were selected for the study due to their predominant nature of traditional healers, apprentices, elders, and traditional birth attendants (TBAs), as well as the continued use of Indigenous healing techniques ingrained in spiritual and ritual frameworks. The communities included Kabre and Bongo-Seo in the Upper East Region and Jirapa and Kaleo in the Upper West Region. These environments offered an ideal setting for investigating the enactment, transmission, and maintenance of healing knowledge and communication.

3.2 Target Population

The target population for this study comprised practicing traditional healers, their apprentices, and selected community elders within Kabre and Bongo-Soe in the Upper East Region and Kaleo and Jirapa in the Upper West Region of Ghana. Practicing traditional healers were included because they are the primary custodians and transmitters of indigenous healing knowledge, communication practices, and ritual expertise. Apprentices were selected due to their active involvement in the learning and transmission processes of indigenous healing systems, providing insights into intergenerational knowledge transfer and apprenticeship structures. Community elders were included because of their recognized authority, cultural memory, and role in validating healer legitimacy, ethical conduct, and cosmological frameworks within the community.

The population was therefore purposively defined to include individuals who possess experiential, cultural, and spiritual knowledge relevant to indigenous modes of communication and healing practices. This ensured that participants were information-rich cases capable of providing in-depth perspectives aligned with the objectives of the study.

3.2 Sampling and Sample Size

The study adopted purposive and snowball sampling techniques (Patton, 1999) where a total of 30 participants were selected for the study, comprising 17 practicing traditional healers, 8 apprentices, and 5 community elders across the selected communities. Purposive sampling was initially employed to identify participants who were directly involved in indigenous healing practices and were considered knowledgeable custodians of healing traditions and communicative practices. Selection criteria included active engagement in healing activities, recognition by community members, and willingness to participate in the study.

Snowball sampling was subsequently utilized to access additional participants, particularly healers whose practices are spiritually selective or less publicly visible. Initial participants assisted in identifying other knowledgeable practitioners and apprentices within their networks. This approach was especially appropriate given the culturally sensitive and sometimes secretive nature of indigenous healing systems, where access is often mediated through trust and relational endorsement.

Throughout the fieldwork, detailed field notes were systematically recorded to document observational data, researcher reflections, non-verbal communication cues, ritual contexts, and emergent themes. These notes complemented interview and FGD data, provided contextual depth, and enhanced the credibility and richness of the ethnographic analysis

3.3 Data Collection Methods

This study employed a qualitative ethnographic methodology due to its ability to capture contextualized insights into cultural practices, rich social interactions, and symbolic expressions that are frequently unavailable through quantitative methods (Poth, 2019). According to Lincoln et al (2011) & Garrido (2017), ethnographic study emphasizes understanding phenomena from participants' own viewpoints and permits thorough immersion in community settings.

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This paradigm places observation and interpretation in naturalistic circumstances, with the researcher serving as the main tool of inquiry (Lincoln & Guba, 1985).

Participants lived experiences, beliefs, and narratives regarding indigenous communication and healing traditions were recorded through in-depth interviews, using open-ended questions (Suriandjo, 2024). Insights on verbal, nonverbal, symbolic, and environmental cues that influence interaction within cultural contexts were obtained by participant observation, which offered immersive documentation of rituals, rites, and communication practices (Participant observation, 2025). In line with best practices in qualitative inquiry, Focus Group Discussions (FGDs) with community members and apprentices enabled investigation of shared experiences, intergenerational knowledge transmission, and collective meaning. In all, 8 focused group discussions were conducted in the four communities, with each lasting one hour on average. Throughout, thorough field notes were kept to record reflections, emergent observations, and contextual information.

3.4 Data Analysis

Data were analyzed, using thematic analysis, a widely accepted method for identifying, analyzing, and interpreting patterns of meaning across qualitative data (Braun & Clarke, 2025). This analytical framework involves systematic coding and iterative development of themes that reflect the core constructs within the data set (Patton, 1999). Themes were generated through a process of familiarization, coding, pattern identification, and interpretative synthesis, allowing for culturally grounded insights into communication and healing practices.

3.5 Validity and Reliability

The concepts of validity and reliability were reinterpreted in terms of trustworthiness in accordance with qualitative research standards (Lincoln & Guba, 1985). According to Birt et al. (2016), reliability is increased through member checking, which involved reviewing preliminary interpretations with participants to make sure they aligned with their perspectives, and triangulating interviews, observations, focus group discussions, and field notes. Long-term participation in the field improved rapport and familiarity with participants, which promoted genuine data gathering. Dependability and confirmability were further improved by reflexivity, which involves critically analyzing the researcher's positionality, presumptions, and impact on interpretation (Guba & Lincoln, 1994). The researchers of this study were able to assess applicability in different contexts through a thorough explanation of context and procedures.

3.6 Ethical Considerations

Informed consent, voluntary participation, and respect for boundaries of holy knowledge were all stressed in ethical guidelines (Alhabsi, 2024). Individual and community norms were taken into consideration when obtaining informed consent in indigenous research settings. Throughout the research process, participants were guaranteed anonymity and confidentiality, and culturally appropriate procedures were used to respect spiritual sensitivities and community traditions.

IV. FINDINGS & DISCUSSION

4.1 Findings

4.1.1 Indigenous Modes of Communication in Traditional Healing

Findings from the study areas indicate that traditional healing knowledge is primarily transmitted through indigenous modes of communication that are spiritual, ritual, symbolic, and environmental in nature. Healers consistently described their knowledge as something bestowed on them rather than taught formally, emphasizing spiritual calling and ancestral selection. Dreams, visions, and ritual initiation were frequently cited as the main conduits through which knowledge flows, highlighting the deeply cosmocentric nature of communication within these communities. Knowledge is not neutral; it is imbued with sacred authority and moral responsibility, making communication inherently ethical and selective.

Healers also described their interactions with the natural environment as a form of dialogue. For example, a healer from s community in the Kabre community of the Bongo traditional area of Upper East Region explained:

"I do not have to steal the herb; if I do, it will not work. Sometimes I have to circle the tree one to three times before harvesting. This is to wake it up or call it if it has travelled. Plants have souls, and if I harvest without consent, the medicine will be powerless." (Key Informant, 30th October, 2025).

This indicates that communication in traditional healing is not limited to human interlocutors; it extends to plants, water, and other elements, which are treated as sentient agents capable of responding to respectful interaction. Similarly, in Jirapa community of Upper West Region, knowledge is described as a convergence of divine, ancestral, and environmental forces, transmitted through mentorship and participatory practice rather than formal education. A healer in the Jirapa community said;

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"Knowledge of healing is communicated to me through spiritual occurrence. It comes through the ancestors, the earth, trees, and water, verbally or non-verbal. But it ultimately comes from God. … I now lead a network of healers those I trained and those they trained and the communication among us flows the same way they were trained." (Key Informant, 10th November, 2025)

Non-verbal communication, including silence, observation, music, and ritual performance, was highlighted as central to knowledge acquisition. Apprentices learn through participation, attentiveness, and spiritual atonements, demonstrating that indigenous communication encompasses multiple sensory and symbolic dimensions beyond spoken language.

4.1.2 Acquisition, Transmission and Legitimacy of Healing Knowledge

The indigenous modes of communication are closely linked to the acquisition, transmission of authority, legitimacy, and therapeutic efficacy in healing. Across both communities, acquisition, transmission, authority of traditional healing knowledge is conferred spiritually rather than institutionally. A healer's legitimacy derives from ancestral selection, divine blessing, and adherence to ritual and ethical protocols, ensuring that the healer functions as a custodian rather than creator of knowledge.

Ritualized acts, symbolic storytelling, and engagement with natural elements reinforce both the authority of the healer and the effectiveness of healing. A traditional healer from the Bongo-Seo community in Bongo traditional area of Upper East Region, emphasized that spiritual ethics regulate efficacy, stating that misuse of herbs or disrespect toward plants renders treatment powerless. Similarly, a traditional birth attendant from Kaleo community of Upper West Region, explained her diagnostic process as guided by spiritual consultation:

"I consult ancestors when patients arrive. They tell me if it's a normal illness or spiritual attack. They guide me on herbs to use or animals to sacrifice. … I also advise patients when to go to the hospital." (Key Informant, 20th December, 2025)

This example demonstrates that indigenous communication enhances decision-making and ensures appropriate treatment, bridging traditional and biomedical domains. Apprenticeship further supports efficacy, as knowledge transmission occurs through observation, ritual participation, and service to spirits, ensuring that practitioners internalize both technical skills and cosmological ethics. In this way, communication reinforces the healer's authority, preserves cultural integrity, and sustains effective healing practices.

4.1.3 Challenges Threatening Continuity of Traditional Healing Knowledge

Despite its resilience, the transmission of indigenous healing knowledge faces several challenges that threaten continuity. Firstly, the spiritual and selective nature of transmission means that not all apprentices are accepted, limiting the number of new healers. A traditional healer from the Jirapa community of Upper West Region observed:

"Some don't pass because they are not spiritually chosen. Some come for the training just because of the monetary aspect of the healing. However, you must be chosen by the gods of the land to save lives" (Key Informant, 20th December, 2025).

Secondly, secrecy and the protection of sacred knowledge constrain broader learning and documentation. Certain rituals, songs, and herbal recipes are intentionally restricted to preserve spiritual potency, which makes dissemination beyond familial or clan lines difficult.

Thirdly, modernization and biomedical dominance pose threats. Younger generations increasingly prefer formal education and biomedical treatment, reducing interest in ritualized and spiritual modes of knowledge transmission. Migration and urbanization also disrupt apprenticeship systems that rely on long-term observation and participatory learning. Together, these factors endanger the continuity of indigenous communicative practices and risk the loss of experiential, ritualized, and cosmologically embedded knowledge.

4.1.4 Implications for Sustainability and Recognition of Indigenous Healing

The findings highlight significant implications for sustainability and recognition of indigenous healing practices. Firstly, the mentorship and family-based networks identified in both communities ensure continuity, provided that spiritual and ethical protocols are maintained. These networks sustain both technical and cosmological knowledge, demonstrating that transmission is as much about spiritual formation and moral discipline as about skill acquisition.

Secondly, community trust and legitimacy are directly tied to communicative practices. Ritual validation, ancestral guidance, and adherence to sacred protocols ensure that healers are respected and that healing is effective. Integration with biomedical care, as seen in Kaleo community of Upper West Region. TBAs referring patients to hospitals, also highlights adaptability, showing that indigenous systems can remain relevant without losing cultural specificity.

Finally, sustainability and recognition require documentation, cultural support, and policy engagement. While secrecy preserves sacredness, respectful recording and awareness programs can help bridge indigenous healing

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with broader healthcare recognition, ensuring cultural survival and ethical continuity. Indigenous communication, therefore, is not only a pedagogical tool but also a framework for safeguarding cultural, spiritual, and therapeutic sustainability.

To sum up, the findings reveal that Indigenous communication is inherently multi-modal, encompassing spiritual, ritual, symbolic, environmental, and non-verbal forms. Such communication does not only convey knowledge, but also reinforces authority, legitimacy, and effectiveness within healing practices. However, challenges arise from selective spiritual transmission, secrecy, modernization, and broader cultural changes. This can threaten the continuity of these practices. Despite this, sustainability is fostered through mentorship, strong lineage, community trust, and the adaptive integration of Indigenous practices with modern healthcare systems.

4.2 Discussion

The findings reveal that traditional healing knowledge among the communities of Kaleo and Bongo-Soe (Upper East Region) and Jirapa and Kaleo (Upper West Region) is transmitted primarily through spiritual, ritual, symbolic, and environmental channels**,** reflecting a cosmocentric epistemology. These findings resonate with other scholars who share similar sentiment (Wilson et al, 2011; Smith et al., 2020) These findings further align with Dei's (2008) assertion that IKS are dynamic, relational, and spiritually mediated, contrasting with linear, formalized Western pedagogies. Such practices exemplify Indigenous epistemologies, where knowledge is situated within social, ecological, and spiritual contexts and transmitted through participatory, relational processes (Smith, 2005; Dei, 2008). Healers' reliance on dreams, visions, and ritual initiation resonates with Millar's and Dittoh (2004) cosmovision model, positioning knowledge acquisition as embodied and relational, deeply embedded in human–nature–spirit interconnections. This underscores the relevance of Embodied Cognition to the study, emphasizing that knowledge is not only conceptual but enacted through the body, ritual gestures, and interaction with natural elements. Communicative practices involving plants, water, and other natural agents as exemplified by the Kabre healer who circles trees before harvesting herbs, demonstrate that healing knowledge is experiential, participatory, and relational (Mokgobi, 2014). Observation of these embodied practices during fieldwork captures dimensions of communication that are non-verbal, symbolic, and performative, such as ritualized movement, music, and environmental engagement (Awindor, 2017). The healer's statement, "Knowledge is a spiritual occurrence. It comes through the ancestors, the earth, trees, and water. But it ultimately comes from God," illustrates a holistic communicative ecology, where learning, human action, and divine guidance are inseparable, highlighting the embodied and spiritually grounded nature of knowledge transmission (Varela et al., 2017; Dei, 2008).

The study also **s**hows that indigenous communication reinforces healer authority and therapeutic efficacy**.** Authority in these communities is spiritually conferred rather than institutional, requiring adherence to ritual, moral discipline, and ancestral validation. This finding is consistent with Gyekye's (1995) concept of "organic epistemology," where knowledge, identity, and spiritual power are indivisible. The healer functions as an instrument of ancestral and divine forces rather than as an autonomous agent, illustrating the Epistemic Injustice framework (Fricker, 2007), which recognizes that such knowledge and authority are often marginalized or unacknowledged in dominant biomedical paradigms.

Ritualized acts such as symbolic storytelling, sacrifice, or engagement with environmental agents serve dual functions: transmitting knowledge and validating the healer's authority, ensuring that treatments are spiritually sanctioned and efficacious. For instance, the traditional birth attendant (TBA) from the Jirapa community described consulting ancestors to determine whether an illness is spiritual or physical, reflecting a layered diagnostic system that combines spiritual, empirical, and practical judgment (Dei, 2008). The adaptability of indigenous knowledge is also evident where healers refer patients to biomedical facilities when necessary, demonstrating the capacity of traditional systems to maintain cultural integrity while responding to contemporary health needs.

Despite their resilience, indigenous communicative practices face several threats. Spiritual selectivity**,** where not all apprentices are "chosen" by ancestors, limits the number of new practitioners. This aligns with Awindor's (2017) observation that transmission is merit-based and contingent on spiritual alignment and moral integrity rather than mere individual effort. Secrecy and restricted access to sacred rituals and herbal knowledge, while safeguarding potency, also constrain intergenerational continuity, especially as younger generations increasingly prioritize formal education and urban livelihoods. Furthermore**,** modernization, migration, and exposure to biomedical frameworks create pressures that challenge the survival of place-based IKS (Dei, 2008).

The findings underscore key implications for sustainability and recognition **of** indigenous healing systems. Mentorship networks, lineage-based transmission, and ritualized apprenticeship provide structural resilience, ensuring continuity of both technical and spiritual knowledge, reflecting Millar's and Dittoh (2004) cosmovision framework emphasizing cyclical, intergenerational knowledge stewardship. Integration of spiritual communication, ethical adherence, and community trust ensures that healing practices remain culturally legitimate and socially effective. The healer's statement, "I consult ancestors when patients arrive … I also advise patients when to go to the hospital,"

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illustrates the adaptive capacity of Indigenous knowledge, demonstrating that traditional systems can coexist with modern medicine without compromising epistemic integrity (Fricker, 2007; Dei, 2008).

For formal recognition and sustainability, these practices require supportive policies, documentation, and cultural awareness initiatives. The idea that secrecy protects spiritual potency, strategic preservation programs can ensure that knowledge is safeguarded for future generations. This aligns with Mbiti's (1969) assertion that African cosmologies are maintained through ritual, oral tradition, and community validation.

Indigenous communication among the Kabre and Bongo-Seo in the Upper East Region, and Jirapa and Kaleo in the Upper West Region, is multi-dimensional, encompassing spiritual, symbolic, ritual, and environmental modes. These forms of communication are foundational for knowledge transmission, healer legitimacy, and therapeutic efficacy. Challenges such as selective spiritual transmission, secrecy, and modernization highlight the need for strategic interventions to ensure continuity, sustainability, and recognition of traditional healing. By integrating Embodied Cognition, Indigenous Epistemologies, and Epistemic Injustice frameworks, the discussion situates the findings within culturally grounded, embodied, and politically aware perspectives, demonstrating that Indigenous knowledge is holistic, relational, and adaptive, reflecting a cosmocentric worldview in which learning, being, and healing is inseparable.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

Indigenous healing among the Kabre and Bongo-Seo in the Upper East Region and Jirapa and Kaleo in the Upper West Region is sustained through complex communicative ecologies that integrate spirituality, embodiment, ancestry, and environment. Communication is not ancillary but constitutive of healing knowledge. Preserving these systems requires epistemic justice, culturally grounded policy, and respectful engagement that recognizes indigenous communication as a legitimate way of knowing and healing.

5.2 Recommendations

There is the need for state actors such as the Ministry of Health to ensure that indigenous healing communication is formally recognized within Ghana's health and cultural policies. Ministry of Health should facilitate structured dialogue between biomedical and traditional practitioners as well as the community members. Aside this, community members should have community-controlled documentation initiatives to help preserve communicative practices while respecting secrecy. Additionally, community members should ensure intergenerational apprenticeship programs by involving and engaging the youth

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