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Restoring  *mɜʿt* 'truth, justice, order, harmony' Through Speech: Therapeutizing Indigenous Language in Health Communication and Socio-Cultural Contexts in Ghana

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Abstract

This paper examines indigenous language therapy in Ghanaian health communication and socio-cultural life. It argues that, in indigenous Ghanaian contexts, therapy is not limited to clinical correction of speech impairment. It also includes culturally grounded practices through which speech is shaped, softened, redirected, and morally aligned to preserve dignity, restore social balance, and prevent conflict. Drawing on indigenous-language radio broadcasts and observations of Kasena-Nankana traditional court proceedings, the study analyses how proverbs, euphemism, indirect speech, speech surrogacy, and culturally regulated address operate as therapeutic tools. The paper develops a *mɜʿt*-centred framework, grounded in the classical  *Kmt(.y.w)* 'Black people' understanding of restoring  *mɜʿt* 'truth, justice, order, harmony' by driving out  *isft* 'wrongdoing,

falsehood, disorder'. Within this framework, the *Ná-Zuá*, griots, radio presenters, and other indigenous communicators are understood as custodians of speech whose work protects communal well-being. The findings show that indigenous language therapy operates in two major sites: traditional adjudication and indigenous-language radio health discourse. In both settings, speech is treated before it circulates, especially when the subject concerns illness, sexuality, conflict, shame, accusation, or authority. The paper contributes to health communication and intercultural communication by showing that indigenous therapeutic communication is not a remnant of the past but a living system for culturally responsive public health messaging, ethical media practice, and social healing in Ghana.

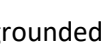
Keywords: health communication, indigenous language therapy,  *mɜʿt*, Ghanaian radio, *Ná-Zuá*, therapeutic communication

Introduction

Language does more than carry information. It carries intention, mood, status, memory, dignity, power, and moral force. In Ghanaian indigenous settings, this point is not theoretical. It is lived in the everyday warning that a person "cannot talk by hard here." The phrase points to more than rudeness. It names a failure to treat speech before it reaches the public ear. A person may have facts, pain, anger, or a legitimate complaint, but the words still have to be prepared for the setting, the addressee, and the moral temperature of the moment.

This paper calls that process indigenous language therapy. By indigenous language therapy, we mean the culturally grounded treatment of speech through which words are moderated, redirected, sweetened, guarded, or reframed so that they can heal rather than wound, restore order rather than deepen disorder, and preserve dignity while still allowing truth to be spoken. This definition

deliberately moves beyond the narrow clinical sense of speech therapy as work directed primarily toward individual speech, language, or communication impairment. Such clinical work is important in its own domain. However, it does not exhaust the ways in which language may be therapeutic. In Ghanaian settings, language can be therapeutic because it protects relations, manages shame, cools anger, makes difficult knowledge speakable, and restores moral balance.

The argument is grounded in a  *mꜣʿt* -centred framework. In classical  *Kmt* 'The Black Nation/Land of the Blacks',  mꜣʿt 'Maat' is not merely politeness or moral advice. It names truth, justice, order, rightness, balance, and harmony across cosmic, social, political, and individual life (Obenga, 1990, 2004). In the Prophecy of  imAxw Nfrti 'imAxw Neferti', restoration is expressed through the driving out of  *isft* 'wrongdoing, falsehood, disorder' so that  *mꜣʿt* 'truth, justice, order, harmony' can return to her rightful place (Golénischeff, 1927; Lichtheim, 1975). This framing allows us to understand indigenous language therapy not as ornamented speech, but as a practice of restoration. Speech becomes one of the tools through which disorder is named, contained, and corrected.

In Ghana, this work appears in traditional courts, chieftaincy settings, family mediation, ritual speech, community meetings, and increasingly in indigenous-language media. A *Ná-Zuá*, or chief spokesperson, does not simply repeat what has been said. He receives words, weighs them, removes what may destroy the communicative moment, and renders them in a form fit for the chief, elders, disputants, ancestors, and community. In radio health communication, presenters and advertisers perform a related function when they handle reproductive health, venereal disease, childbirth, herbal treatment, infertility, sexuality, and bodily discomfort through euphemism, proverb, indirection, tone, and culturally acceptable framing.

The study responds to a gap in health communication scholarship. Much work on health communication rightly stresses clarity, audience knowledge, cultural sensitivity, and trust. Ghanaian therapeutic communication work has also shown that healthcare interaction must attend to language choice, affect, non-verbal cues, social relations, and the patient's cultural background (Amfo et al., 2018). Yet indigenous speech regulation as therapy has not received enough attention as a formal object of analysis. When a radio presenter says "down there," "your manhood," or "the thing" instead of naming genitalia directly, the point is not simple censorship. It is a culturally situated strategy for making sensitive health information publicly transmissible without tearing the moral cloth of the community.

This paper therefore asks two questions:

RQ1: How do indigenous Ghanaian speech-regulation practices in traditional courts and indigenous-language radio mediate health, morality, and social harmony?

RQ2: How do these practices function as indigenous language therapy for restoring mAat and countering  *isft* 'wrongdoing, falsehood, disorder' in public discourse?

These questions keep the study focused. They also allow the paper to join health communication, intercultural communication, and indigenous knowledge scholarship without forcing Ghanaian practices into a framework that does not fully account for them.

Literature Review

Speech and language therapy, as commonly institutionalised in biomedical settings, is often organised around diagnosis, impairment, treatment, and rehabilitation. That orientation has value where the issue is aphasia, developmental language disorder, speech sound disorder, fluency difficulty, traumatic brain injury, or related concerns. Yet such a framing can become too narrow when applied

to societies where speech is also judged by whether it preserves community, honours status, regulates conflict, and protects sacred or sensitive knowledge. The issue is not that clinical models are useless. The issue is that they are culturally partial.

Health communication research has long recognised that messages do not circulate in a vacuum. They move through bodies, social relations, institutions, languages, fears, memories, and local ideas of risk and care. Lupton's (1999) work on risk and sociocultural theory is useful here because it treats health meanings as socially made rather than merely delivered from expert to layperson. Dutta's culture-centred approach likewise argues that health communication must begin from local voices, local meanings, and the structural conditions through which communities understand health (Dutta, 2007, 2008). In the Ghanaian case, those local meanings include the norms governing how sensitive things may be said in public.

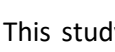
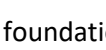
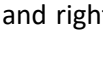
Amfo et al. (2018) offer a particularly important Ghanaian foundation. Their work on therapeutic communication for nurses and midwives shows that healthcare delivery depends on a communicative relationship in which language, trust, empathy, feedback, affect, culture, and social position matter. They report that many patients more readily trust a nurse who understands and speaks their language. This matters for the present study because language therapy in Ghana is not only about the content of a message. It is also about the conditions under which the hearer can receive the message without shame, fear, insult, or alienation.

Indigenous language scholarship also stresses that language carries more than vocabulary. Indigenous languages transmit ways of relating to land, persons, knowledge, and the world (Chiblow & Meighan, 2022). Adeoye et al. (2024) make a related point in their work on indigenous language learning, arguing that indigenous languages carry cultural knowledge, values, and worldviews. The Ghanaian

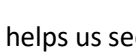
materials examined here show the same principle in practice. When a *Ná-Zuá* treats speech or when a radio presenter chooses euphemism over explicit anatomical naming, they draw upon a shared cultural storehouse. Meaning is not just in the dictionary. It is in the social order.

The Ghanaian literature on impoliteness helps sharpen this point. Thompson and Agyekum (2016) argue that impoliteness is not simply located inside an utterance. It is judged within a speech community and a specific context. A statement that may seem direct in one setting may be destructive in another. In traditional adjudication, a person may be truthful and still be fined, rebuked, or shamed for how that truth was carried. This is where indigenous language therapy becomes essential. It allows truth to move without unnecessary violence.

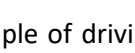
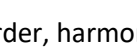
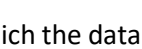
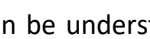
Kwesi Yankah's work on the *ɔkyeame* 'spokesperson' is especially relevant. Speaking for the chief is a highly skilled act of royal oratory in which the spokesperson does not simply translate words but manages political, moral, and social relations (Yankah, 1995). The *Ná-Zuá* in the Kasena-Nankana context performs a comparable function. He stands between raw speech and authoritative hearing. He listens for the seed of the matter, removes dangerous edges, and returns the message in a form that can be received. This is language therapy as social technology.

This study also draws on the  *mɜʿt* 'truth, justice, order, harmony'-centred work of Obenga (1990, 2004), Kambon et al. (2020), and Aketema and Kambon (2021, 2023). These works insist that  *mɜʿt* 'truth, justice, order, harmony' should not be flattened into vague morality. It is a foundational concept of  *Kmt(.y.w)* 'Black people' thought that joins truth, order, balance, justice, and right action. When brought into conversation with Ghanaian indigenous discourse,  *mɜʿt* 'truth, justice, order, harmony' helps name what speech therapy is doing at the communal level. It is

not merely making words polite. It is removing  *isft* 'wrongdoing, falsehood, disorder' from speech so that communication can restore order.

Critical Discourse Analysis remains useful as a secondary point of comparison. Fairclough (1989) makes clear that discourse is a social practice tied to power. That insight matters in chieftaincy courts and radio media because speakers, chiefs, elders, presenters, health workers, advertisers, and listeners do not occupy equal positions. However, CDA alone does not fully explain the restorative aim of indigenous Ghanaian language practices. CDA helps us see power in discourse. The  *mɜʿt* 'truth, justice, order, harmony'-centred framework helps us see why speech must be treated and what kind of order it is meant to restore.

Theoretical Framework: Driving Out isft and Restoring  *mɜʿt* 'truth, justice, order, harmony'

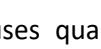
The study adopts a  *mɜʿt* 'truth, justice, order, harmony'-centred framework rooted in the classical  *Kmt(.y.w)* 'Black people' principle of driving out  *isft* 'wrongdoing, falsehood, disorder' so that *mɜʿt* 'truth, justice, order, harmony' may be restored. This framework is not a decorative overlay. It supplies the logic by which the data are interpreted. If  *isft* 'wrongdoing, falsehood, disorder' is understood as wrongdoing, falsehood, disorder, or speech that tears the social fabric, then indigenous language therapy can be understood as the treatment of speech so that it serves  *mɜʿt* 'truth, justice, order, harmony' rather than disorder.

Obenga (2004) discusses across universal, political, and individual levels. That three-level structure is useful for the present study. At the individual level, a speaker must manage anger, shame, desire, pain, accusation, and truth. At the social level, speech must preserve relations among families, elders, chiefs, litigants, patients, presenters, and audiences. At the cosmic level, speech must not violate the

moral world sustained by ancestors, divinities, ritual order, and the community's sense of rightness. Indigenous language therapy works because these levels are not separated.

Under this framework, a *Ná-Zuá* is not only a spokesperson. He is a therapeutic agent of speech. A radio presenter handling a maternal health programme is also not only a broadcaster. When the presenter reframes sensitive bodily matters in culturally acceptable language, he or she makes health knowledge audible. The same applies to herbal medicine advertisements, live presenter mentions, and public discussions of reproductive health. In each case, the question is not simply "What was said?" The question is "Was the speech treated in a way that restores balance, protects dignity, and allows necessary knowledge to reach the people?"

Methodology

This study uses qualitative discourse analysis grounded in a  *mɜʿt* 'truth, justice, order, harmony'-centred interpretive framework. The data come from two connected sites: indigenous-language radio broadcasts and traditional court observations. The sites were selected because they are living spaces where speech is actively regulated for public hearing.

The media data were drawn from Gurune FM 99.3 in the Upper East Region and Akan-language stations in Accra, especially Peace FM and Angel FM. These stations were chosen purposively because they broadcast in indigenous languages and regularly carry health-related programmes, advertisements, and live presenter mentions. The monitored material included Radio Emasum Saŋa (Health Time), Advert Nana Oh Nana Herbal (Health Advertisements), Ma'-Dema Saŋa (Maternal Health Session), Tin-Maaligɔ Yɛla (Community Development), reproductive health discussions, herbal medicine advertisements, and pharmaceutical live presenter mention. The monitoring focused on how presenters, advertisers, and guests handled sensitive health concerns in indigenous languages.

The traditional court data were based on observations of Kasena-Nankana dispute settlement proceedings in Navrongo and Paga. The first author attended proceedings as a passive observer in May 2024 and January 2025. Field notes were taken on speech surrogacy, indirect address, proverb use, embellishment, correction, interruption, apology, and the management of face-threatening speech. The focus was not on private details of disputes. The focus was on how speech moved through cultural gatekeepers and how offending or dangerous speech was treated before being received by authority.

The analysis followed two steps. First, the data were read for speech-regulation strategies: euphemism, proverb, indirect speech, metaphor, tone, address terms, interruption, reframing, and speech surrogacy. Second, each strategy was interpreted through the  *mꜣʿt* 'truth, justice, order, harmony'-centred question: how does this speech act remove or reduce  *isft* 'wrongdoing, falsehood, disorder' and restore order, dignity, clarity, or social peace? This allowed the study to move beyond listing linguistic devices and to interpret their therapeutic work.

Because some of the data came from public broadcasts, no private listener information was used. For court observations, the analysis avoids naming litigants or exposing sensitive case details. The paper reports only the communicative practices relevant to indigenous language therapy.

Findings

The findings are organised around the two research questions. Four themes emerged across the radio and court data: culturally governed speech regulation, speech surrogacy and power mediation, indigenous radio as public language therapy, and conflict mediation as verbal healing.

Culturally governed speech regulation

The most visible feature of indigenous language therapy is the treatment of raw speech. In both radio and court settings, directness is not automatically valued. Speech must fit the setting. This does not mean that truth is avoided. Rather, truth is prepared so that it can arrive without unnecessary destruction.

Proverbs are central to this process. On health and community programmes, proverbs carry instruction without sounding like accusation. In Gurune, the saying *Bà bà yage Jaweo yaga ne*, meaning that 'no one deliberately bargains for infirmity or ill-health in the market', works as a call for patience toward the sick. It teaches care without scolding the caregiver directly. In court settings, *Kukura bà kwɔre kà tu siu*, 'a dog is not afraid of its owner's sword', may soften an appeal for mercy before a chief or elder. The speaker places himself or herself under authority while also inviting that authority to act with restraint.

Euphemism performs related work in health communication. Public discussion of reproductive health, sexually transmitted infections, sexual weakness, infertility, vaginal discharge, penile discharge, menstruation, and related topics often requires speech that can be heard by elders, youth, women, men, and mixed audiences without public shame. On Akan-language radio, euphemistic expressions such as *adeɛ no* 'the thing,' *aseɛ hɔ* 'down there', *wo barima* 'your manhood', and similar substitutions allow health information to circulate in morally acceptable language. The matter is not hidden. It is carried properly.

Indirect speech also functions as therapy. It creates a safe distance between the speaker and the dangerous content. Rather than saying everything nakedly, the speaker places the matter inside

image, analogy, proverb, or softened expression. This makes sensitive knowledge accessible without making the audience feel violated.

Speech surrogacy and power mediation

In traditional court settings, the *Ná-Zuá* is the clearest example of indigenous language therapy. The *Ná-Zuá* does not merely relay speech. He receives it, hears its weight, identifies its danger, and renders it fit for authority. When a litigant is angry, embarrassed, accused, or frightened, the person's mouth may "slip." A direct insult, a reckless accusation, or a careless phrase can become a second offence. The *Ná-Zuá* stands between the speaker and that danger.

This is speech surrogacy with ethical force. The *Ná-Zuá* treats the voice before giving it to the chief. Even when the chief has heard the original words, the formal hearing privileges the treated version. This protects the chief's ear, the speaker's dignity, and the court's order. It also protects the community from escalation. The *Ná-Zuá* therefore mediates both language and power. He allows the less powerful person to speak before authority without being crushed by the full consequences of unregulated speech.

This practice supports Yankah's (1995) account of the *ɔkyeame* 'spokesperson' as a political and cultural specialist whose role is far more than translation. It also confirms Thompson and Agyekum's (2016) argument that impoliteness must be judged from within the community's own standards. A *Ná-Zuá* knows not only the words, but also the setting in which the words may live or die.

Indigenous radio as public language therapy

Indigenous-language radio extends older speech-regulation practices into contemporary media. Presenters, advertisers, herbal practitioners, health workers, and callers are all involved in the public

management of speech. A health programme may need to discuss maternal danger signs, infertility, menstruation, venereal disease, sexual performance, or treatment adherence. The presenter's task is not only to inform. The presenter must make the information culturally receivable.

This is where radio becomes a modern therapeutic space. A presenter may switch from direct naming to euphemism, insert a proverb, change tone, laugh lightly to reduce tension, or invite a caller to *ka no yie* 'say it well'. These moves are not accidental. They are part of a communicative habit rooted in indigenous expectations about public speech.

This finding has practical significance. Health messages that ignore local speech ethics may be technically accurate and socially ineffective. A campaign may use correct biomedical language but fail because the language violates how people expect sensitive matters to be handled. Indigenous language therapy helps solve that problem. It gives health communication a pathway through culture rather than around it.

Conflict mediation as verbal healing

The court observations showed that speech can escalate conflict or heal it. Indigenous language therapy works by turning speech away from escalation. This happens through reframing accusations, discouraging interruptions, allowing elders to reorder the exchange, and using proverbs to move disputants from anger toward reflection.

In Nankana contexts, the expression *dà pi à vosɔm*, 'do not suffocate his or her breath', treats speech as breath. To interrupt recklessly is to choke the person's communicative life. Yet interruption may also be therapeutic when a speaker is about to deepen disorder. An elder, *Ná-Zuá*, or mediator may stop the speech to prevent greater harm. Thus, silence itself may be a therapeutic intervention.

This is not softness for its own sake. Indigenous language therapy can be sharp. It can rebuke, correct, mock, restrain, or expose crooked speech. The point is not to avoid judgment. The point is to return speech to a path where justice, dignity, and order can meet. In this sense, conflict mediation is verbal healing. The therapy is not only for the individual speaker. It is for the moral body of the community.

Discussion

The findings show that indigenous language therapy in Ghana rests on a different foundation from clinical speech-language therapy. Clinical therapy usually begins with individual impairment. Indigenous language therapy begins with speech in relation: speaker and hearer, elder and youth, chief and subject, patient and health worker, presenter and audience, visible world and ancestral order. Its concern is not whether a person can produce sound correctly, but whether speech serves  *mꜣʿt* 'truth, justice, order, harmony'.

This does not make indigenous language therapy a replacement for clinical speech-language therapy. The two answer different problems. A child with a speech sound disorder or an adult recovering from stroke may need clinical intervention. A community facing conflict, shame, taboo, sexual health anxieties, public accusation, or disrespectful discourse needs another form of therapy. That form is social, moral, cultural, and linguistic.

The contribution to health communication is clear. Health messages are often treated as if the main problem is information transfer. If people know the facts, they will act. The Ghanaian material complicates that assumption. People must be able to receive the facts. Reception depends on trust, language, dignity, social positioning, and cultural framing. Amfo et al. (2018) already show the importance of language, affect, and cultural awareness in healthcare interaction. This study extends

that point into the media space by showing how indigenous-language broadcasters make sensitive health knowledge publicly speakable.

The study also contributes to intercultural communication by refusing to treat Ghanaian speech ethics as mere politeness. Politeness is too small a word for what is happening. When a *Ná-Zuá* treats speech, he is not decorating language. He is preventing  *isft* 'wrongdoing, falsehood, disorder' from spreading through careless speech. When a presenter uses euphemism in a reproductive health advertisement, the presenter is not simply avoiding explicitness. The presenter is translating health knowledge into a form that can travel through the community without tearing dignity.

This is also why the  *mꜣʿt* 'truth, justice, order, harmony'-centred framework is necessary. CDA would help identify power relations among chiefs, litigants, presenters, advertisers, health workers, and audiences. That remains useful. However, it does not fully capture the restorative intention of the practices. The  *mꜣʿt* 'truth, justice, order, harmony' framework makes visible the aim of the speech work: to correct disorder, restore balance, and preserve the moral field in which communication takes place.

There are practical implications. Health communicators in Ghana should not treat indigenous languages as simple translation channels for English biomedical messages. Translation alone is not enough. Public health messaging should be designed with indigenous communicative norms from the beginning. This includes training media practitioners and health workers in culturally appropriate euphemism, proverb use, indirectness, respectful address, audience awareness, and feedback. It also means involving indigenous communicators, traditional authorities, midwives, nurses, community health workers, and experienced radio presenters in message design.

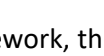
The implications for journalism and media are equally strong. Indigenous-language broadcasters already perform therapeutic speech work, but often without formal recognition or training. Journalism programmes, health communication courses, and media houses should treat this as a professional competence. A presenter who can discuss reproductive health without shame, insult, or confusion is not merely "softening" the topic. That presenter is doing public health work.

The study has limits. It draws from selected radio stations and specific Kasena-Nankana court observations. It does not claim to represent all Ghanaian communities. Future research should include interviews with *Ná-Zuá*, *ɔkyeame* 'spokesperson', health workers, broadcasters, herbal practitioners, and listeners. It should also examine television, community drama, social media, and multilingual health campaigns. Comparative work across Akan, Gurune, Kasem, Eʋe, Ga, Dagbanli, and other Ghanaian languages would deepen the analysis.

Conclusion

This paper has argued that indigenous language therapy in Ghana is a living system of speech treatment. It works through proverbs, euphemisms, indirect speech, tonal control, speech surrogacy, interruption, silence, and culturally grounded reframing. Its goal is not only to make speech pleasant. Its goal is to allow necessary speech to do restorative work without creating fresh disorder.

In traditional courts, the *Ná-Zuá* receives dangerous or emotionally charged words and returns them in a form that authority and community can hear. In indigenous-language radio, presenters and advertisers handle sensitive health matters through culturally acceptable speech. In both settings, language therapy protects dignity, preserves order, and helps public knowledge circulate.

The study's main contribution is to reframe therapy in health communication. Therapy is not only clinical correction. In indigenous Ghanaian contexts, it is also the treatment of speech so that truth can move without becoming destructive. Through the  *mꜣʿt* 'truth, justice, order, harmony'-centred framework, this paper shows that speech can drive out  *isft* 'wrongdoing, falsehood, disorder' and restore  *mꜣʿt* 'truth, justice, order, harmony' at individual, social, and communal levels.

For health communication practice, the lesson is direct. Culturally responsive communication requires more than translating words into indigenous languages. It requires understanding how those languages manage shame, respect, bodily knowledge, illness, conflict, and authority. When health messages are shaped through indigenous language therapy, they become more than information. They become speech capable of healing.

Declaration on AI-Assisted Revision

At the final stage of revision, the authors used generative artificial intelligence tools only to assist with formatting, condensation, identification of typos, and bringing the manuscript within the journal's word-count requirements. The authors completed all of the writing, theoretical framing, analysis, interpretation, citation review, and final revisions themselves. The authors take full responsibility for the content, accuracy, arguments, and conclusions of the manuscript.

References

Adeoye, M. A., Prastikawati, E. F., & Widyaningrum, L. (2024). Discourse analysis: Language issues in indigenous language learning in Indonesia. Educalingua, 2(2), 81-92. https://doi.org/10.26877/educalingua.v2i2.1114

Aketema, J., & Kambon, Ọ. (2021). Maat and the rebirth of Kmt 'Land of Black People': An examination of Beatty's Djehuty Project. Filosofia Theoretica: Journal of African Philosophy, Culture and Religions, 10(2), 47-76.

Aketema, J., & Kambon, Ọ. (2023). Mɜꜥt 'Maat', death and the afterlife: Abstract ideal and/or lived practice? Journal of Religion in Africa, 1(aop), 1-32.

Amfo, N. A. A., Ọmọniyì, T., Teigo, N. T., Kambon, O., & Saah, K. K. (2018). Therapeutic communication competencies for nurses and midwives. Digibooks.

Ayantayo, J. K. (2001). The ethical dimension of African indigenous communication systems: An analysis. In B. Folarin (Ed.), Topical issues in communication arts and sciences (Vol. 1, pp. 27-50). Bakinfol Publications.

Bonvillain, N. (2019). Language, culture, and communication: The meaning of messages (8th ed.). Rowman & Littlefield.

Chiblow, S., & Meighan, P. J. (2022). Language is land, land is language: The importance of Indigenous languages. Human Geography, 15(2), 206-210.

Chilisa, B. (2019). Indigenous research methodologies (2nd ed.). SAGE Publications.

Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. Communication Theory, 17(3), 304-328. https://doi.org/10.1111/j.1468-2885.2007.00297.x

Dutta, M. J. (2008). Communicating health: A culture-centered approach. Polity Press.

Fairclough, N. (1989). *Language and power*. Longman.

Fu-Kiau, K. K. B. (1991). Self-healing power and therapy: Old teachings from Africa. Vantage Press.

Fu-Kiau, K. K. B. (2007). Mbongi: An African traditional political institution. Afrikan Djeli Publishers.

Golénischeff, V. (1927). Les papyrus hiératiques no. 1115, 1116A et 1116B de l'Ermitage Impérial à St.-Pétersbourg. Imprimerie de l'Académie des Sciences de l'URSS.

Gyekye, K. (1995). An essay on African philosophical thought: The Akan conceptual scheme (Rev. ed.). Temple University Press.

Kambon, Ọ., Songsore, L., & Asare, Y. M. (2020). Maat vs. the statue of Égalité: A critical analysis of Ataa Ayi Kwei Armah's Wat Nt Shemsw: The way of companions. Legon Journal of the Humanities, 31(2), 33-65.

Lichtheim, M. (1975). Ancient Egyptian literature: Volume I: The Old and Middle Kingdoms. University of California Press.

Lupton, D. (Ed.). (1999). Risk and sociocultural theory: New directions and perspectives. Cambridge University Press.

Mano, W. (2021). Decoloniality and the push for African media and communication studies: An introduction. In W. Mano (Ed.), Routledge handbook of African media and communication studies (pp. 1-18). Routledge.

Obenga, T. (1990). La philosophie africaine de la période pharaonique: 2780-330 avant notre ère. Présence Africaine.

Obenga, T. (2004). African philosophy: The Pharaonic period, 2780-330 BC. Per Ankh.

Thompson, R., & Agyekum, K. (2016). Impoliteness: The Ghanaian standpoint. International Journal of Society, Culture & Language, 4(1), 20-33.

Yankah, K. (1995). Speaking for the chief: Ọkyeame and the politics of Akan royal oratory. Indiana University Press.