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BEYOND THE HERBS: THE ROLE OF ARTS AND CULTURE IN TRADITIONAL HEALING PRACTICES AMONG THE SISSALA PEOPLE IN THE UPPER WEST REGION OF GHANA

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Abstract

African traditional medicine is a heritage that goes beyond healing and well-being to serve as a cultural lens into the historical, sociocultural identities and ancestral links to the African people. While a plethora of traditional medical literature exist in Ghana among different ethnic groups, not same can be said about the Sissala traditional healing practice. This article explores the artistic and cultural dimensions within traditional healing practices among the Sissala people of the Upper West region of Ghana through the Symbolic Interactionism and Structural Functionalism theoretical lenses. Utilizing qualitative ethnographic and phenomenological research methods, data were collected though in-depth interviews and Observation, from traditional healers, patients, elderly residents and indigenous visual artists. A total of twenty-five (25) participants were sampled through purposive sampling and snowballing. Thematic content analysis was used in analyzing the data. Findings revealed that the artistic elements are not merely decorative but deeply therapeutic, facilitating communication with the spiritual realm and restoration of balance. The cultural beliefs are embedded in the Sissala cosmology, ancestry and communal identity providing the framework through which illness is understood and treated. The arts function as both a medium and a method of healing, whereas the cultural beliefs legitimize and sustain the practices across generations. The study therefore recommends a systematic documentation of traditional healing practices by the government through the Ghana Museum and Monuments Board focusing on their artistic components and

underlying beliefs systems to help safeguard indigenous knowledge that is at the risk of being eroded by globalization and generational shifts.

Keywords: *Arts and Culture, traditional healing, Sissala, Ghana, healing rituals*

1. Introduction

The World Health Organization has defined the term Traditional Medicine as 'a total of the knowledge skills and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness' (WHO, 2013). Traditional medicine covers both natural healing agencies such as leaves, roots, herbs; and the invocation of ritual or spiritual influences that are thought to be associated with them (Ajima, 2013). Ajima and Ubana (2018) referred to African Traditional Medicine as the cumulative knowledge and practices among Africans whether explicable or not, used in the diagnosis, prevention and elimination of physical, mental or social imbalance and the restoration of health and weakness. Similarly, Adu-Gyamfi and Anderson (2022) described it as "diverse health practices, approaches, knowledge and beliefs incorporating plants, animal, and or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination with other things to treat, diagnose and prevent diseases." African traditional medicine has been used by African populations for the treatment of diseases long before the advent of orthodox medicine, and continues to play a significant role in preventive, curative, and palliative health care (Mothibe & Sibanda, 2019). While it is estimated that approximately 80 percent of the African population who receive their primary healthcare from traditional medicine (Ozioma & Chinwe, 2019), Kofi-Tsekpo (2004), asserts that this estimation is an understatement, as the actual usage rate could significantly be higher and continues to increase.

Several reasons have been attributed to the high dependence on African traditional medicine. Some of which include; persistent poverty, poor modern healthcare quality, shortage of modern medical professionals, affordability and accessibility, convenience and its alignment with African traditional knowledge systems (Sifuna, 2022; Kasilo et al., 2019; Shewamene et al., 2017). Busia (2005) ascribed the high dependancy on traditional medicine to the fact that orthodox practitioners view diseases like cancer, HIV/AIDS, and mental issues as incurable, while African traditional healers claim to have the cure. In spite of its crucial role in providing healthcare and well-being to the people, African traditional medicine remains the least established and often lacks governmental recognition and public acceptance (Mutombo et al, 2023). It is often shrouded in a pool of misconceptions by the general public largely due high levels of western education, modernity and religious orientations other than African traditional religion (Ozioma & Chinwe, 2019). However, the call for tradition medicine integration into countries' mainstream healthcare systems by WHO has necessitated in-depth research into different aspects of African traditional medicine across the content (Adu-Gyamfi & Anderson, 2022; Bayked et al., 2022; Curnow, 2021; Ozioma & Chinwe, 2019; Mothibe & Sibanda, 2019; Ajima & Ubana, 2018; Mokgobi, 2014).

In Ghana, a plethora of traditional medical literature exist covering different aspects (Asase, 2023) and among different ethnic groups. Gyasi, et al. (2016), to explored the beliefs influencing the tendency to utilise traditional medicine among the adult population in the Ashanti region of Ghana, participants believed that traditional medicine is an integral part of

their cultural upbring and that the traditional healing practitioners holistically understand the health care-seeker and the ailment at hand. Aziato and Antwi (2016) investigated the facilitators and barriers of herbal medicine use among the people living in Accra. In looking at the contemporary challenges and prospects traditional medicine, (Akakpo, 2022) conducted study on the state and practice of African Traditional Medicine among the Ewe of Ghana. The study found that despite traditional medicine contribution to saving people from disabilities, and ensures the affordability of healthcare, it has been bedeviled with challenges such as the problem of licensing, lack of association, destruction of medicinal herbs, and infrastructural problems. In northern Ghana, Hill et al. (2014) conducted a study in the Kassena-Nankana District (KND) that focused on the disconnection between allopathic and traditional maternity care providers. Krah et al. (2018) using Dalon (Tolon-Kumbugu district) and Walewale, the capital of West-Mamprusi as cases, probed into the challenges and opportunities regarding the integration of traditional healers into the health care system in rural northern Ghana. Also, a study conducted by Kwame (2021) among the Dagomba revealed high levels of positive attitudes towards integrating traditional medicine into biomedical health care services Ghana.

Among the Sissala, a study by Wodah and Asase (2012) investigated the pharmacological properties of the herbs used by Sissala traditional healers in the Sissala East and Sissala West districts. Findings from this study revealed the sources of traditional healing knowledge of the Sissala healers, the diversity of plant species, harvesting practices, dosage forms and administration, plant parts used and various health conditions the healers deal with. Dery, Dzitse and Tom-Dery (2023) conducted an ethnobotanical survey of medicinal plants in Sissala East municipality. Similar to Wodah and Asase (2012), the study's findings revealed a diversity of plant species, dosage forms and administration, plant parts used and various health conditions the herbs cure. These two studies however, were limited in terms of geographical scope of the Sissala enclave and diagnostic forms were also not explored.

While many Ghanaian studies on traditional medicine exist on disease and ethnic-specific dynamics, there is a significant gap in scholarly research that comprehensively investigates the artistic and cultural dimensions within these practices. Nyarko et al. (2023) remarked that though there are deeply embedded cultural and artistic elements in the traditional medicine and healing practices, not much appreciation of them has been done by the general public. In instances where documentation on cultural and artistic elements exist, such does not include that of the Sissala ethnic group in northern Ghana. Others turn to be screwed towards a singular artform and do not present a holistic artistic coverage. Pyne et al. (2013) identified drumming, singing, dancing and drama as the performing arts in the therapeutic Practices of Traditional Priests and Priestesses of Asante. Ababio's work in (2019), the Arts and Cultural elements of traditional medicinal processes was equally limited to the Asante. Nyarko et al. (2023) identified Visual Arts as Critical Tool for indigenous orthopedic therapy but that was also limited to the Akan of Ghana. In the Sissala context, Darimani (2007) conducted a Photographic Documentation of the Arts and Activities of the Traditional Bone Setters Clinic of Gwollu in the Sissala West district. His work brought to the limelight the artforms used in traditional bone setting activities and herbs used. The study however, was limited in its exploration of the medicinal plants utilised by the Sissala traditional healers and the Sissala conceptualisation of health, illness and healing was not espoused. As a case-study in its methodology, the study focused on only one category of Sissala traditional healers – bone setters. Also, the study was geographically limited in scope as it was situated in only one of the four districts of the Sissala people.

From the examples above, it is obvious not much scholarly attention has been given to the Sissala traditional healing system particularly in the aspects of artistic and cultural elements.

There is no doubt these fore-runner scholars have laid solid foundations in their research on traditional medicine. However, it must also be acknowledged that much needs to be done to grasp a deeper understanding of this indigenous healthcare system and its connections with arts and cultural practices from the Sissala perspective. The exploration of these artistic and cultural dimensions within traditional healing practices not only provide a deeper understanding of indigenous healthcare but also sheds insights on the broader significance of cultural heritage in health and well-being as well as help provide guidelines for best practices in traditional medicine leading to achieving an integrative healthcare. This paper adopts a qualitative research approach to explore:

1. How are artistic elements integrated into Sissala traditional healing practices in the Upper West Region of Ghana?
2. How do cultural beliefs and values systems give meaning to traditional healing among the Sissala in the Upper West Region of Ghana?

2. Related Literature Review

2.1 Theoretical Framework

The study employed Symbolic Interactionism and Structural Functionalism theories to delve into how artistic and cultural symbols are interpretated and function as essential channels through which patients and healers co-construct shared understanding of health, illness and social harmony (Agana et al., 2023). As opined by Blumer (1969), symbolic Interactionism theory holds that meanings are not in inherent or behaviours but developed through collective agreement and interpretive processes in daily life. The theory explains how people constantly construct and interpret social reality by giving shared meanings to symbols such as objects, gestures, words and behaviours (Denzin, 2017). This theoretical position was especially useful for understanding how Sissala traditional healing is intricately linked to a symbolic system in which items such as cowrie shells, colour of fowls, medicinal herbs and regalia are powerful symbols of ancestral authority, spiritual might and collective identity rather than just physical artefacts (Asare & Mensah, 2021; Agana et al., 2023).

Additionally, the structural functionalism theory by Durkheim (2018) was used as a theoretical lens to effectively analyse the roles of artistic and cultural elements in traditional healing practices among the Sissala, highlighting their integration into the social and cultural fabric (Gbene et al., 2021). At the centre of this theory is the idea that some social phenomena persist due to their crucial roles in sustaining the continuity and balance of the social system (Merton, 2018). This viewpoint emphasises that healing rituals among the Sissala people foster collective conscience and social solidarity, aid intergenerational knowledge transfer, and reinforce the authority of traditional healers within their social hierarchy (Navei, 2023; Tetteh & Kofi, 2020). Furthermore, the theory explains that artistic artifacts and cultural performances uphold social order. For instance, regalia worn during healing ceremonies and sacred objects used in rituals not only symbolise spiritual and physical health but also act as mechanisms for social integration and cultural reproduction (Abdulai & Issah, 2021; Gbene et al., 2021).

2.2 The Role of Indigenous Visual Arts in African Traditional Healing

African traditional healing intersects closely with various artisanal crafts that constitute indigenous visual arts. Visual arts in African traditional contexts are classify broadly into fine arts and applied arts. Fine arts, as described by Mittler (2006), primarily provide aesthetic pleasure or communicate symbolic content without practical utility, whereas applied arts serve utilitarian purposes. Notably, within African traditional medicine, both categories fulfill practical roles, reflecting the African philosophy of "art-for-life-sake" (Gyekye, 1996). These art forms connect the physical aspects of medicine with spiritual forces (Herreman & Wagner,

1999). Hence, visual arts are not merely decorative but serve foundational roles in cultural expression, spiritual praxis, and health-related knowledge systems. Historically and contemporarily, indigenous visual arts are central to healing rituals and health maintenance in numerous African cultures (momaa.org, 2023). Every stage of the healing process from diagnosis to treatment, artforms such as sculptures, textiles, leatherworks, pottery, calabash art, metalworks, body art etc. are imperative. These artforms are personalised and culturally codified, reflecting specific styles, motifs, and materials associated with distinct ethnic groups and healing traditions.

In the Democratic Republic of Congo, the Kongo people's Nsiki sculptures house medicinal bundles used by ritual specialists (*nganga*) to communicate with ancestors for diagnosing and curing illnesses (Collins, 2016). Similarly, Kuba diviners utilise carved animal figures to engage with natural spirits for healing purposes (Curnow, 2021). The architectural design of shrines, healing centers, and ritual spaces reflect cultural cosmologies and therapeutic principles. These spaces serve as living environments where spiritual and physical healing meet. Pyne et al. (2013) reported among Ashanti traditional priests and priestesses that brass pan or earthenware pot serves as the image or symbol of the deities they serve. Other examples of artefacts identified in the study included; a collection of wooden and brass figures, fly whisks, Jawbones, beads, loin cloth and smock that complement the operations of the various shrines. Salifu et al. (2021) identified goatskin bag, a diviner stick, and a number of small objects such as buttons, blood encrusted horns, beads, nails, teeth of animals, coins, seeds, cowries, pebbles, refined stones, calabash and a bell as the tools used by Dagomba diviners for diagnosis. These objects of diverse artforms are arranged and used in ways that provide a reflective insight into the supernatural world for therapeutic interaction between the healer, spiritual forces and the patient (Pyne et al., 2013). Artistic elements such as calabashes, drums and rattles, animal skins, staff of authority, divination sticks (dowsing rods), gourds, amulets and charms were among a diverse array communication medium utilised by soothsayers in their consultation activities in the Upper East Region (Agana et al., 2023). It was revealed among the Asante of Ghana that the priests and the priestesses of apply white powder or kaolin to their bodies during deity possession to attracts their deities and other kind spirits to them when diagnosing and healing (Ababio, 2019). Ababio further observed that, some other medicine-men and women also wear various talismans and amulets during diagnosis and healing to attract benevolent spirits and repulse or neutralise evil powers.

Also, in traditional medicine preparation, indigenous visual arts continue play significant roles. In the Kedjon chiefdoms of the Bemenda Grassfields of Cameroon, Tala et al. (2020) postulated that liquid medicines are kept in open calabash bowls while powdered medicines are stored in calabashes (gourd) with stoppers. The authors also noted that *Nshof* calabash (a specially designed calabash) is used in fertility rituals as water drank from it is believed to induce fecundity. An Ashanti indigenous orthopaedic therapist studied by Nyarko et al. (2023) revealed that the therapist believed in the spiritual potency of the calabash and its ability to resist any spiritual influence on its content, therefore stored his concoction in calabashes. The study further identified visual arts such as carved sticks, wooden motar and pestels and wooden stools as critical tools for indigenous bone setters/Orthopaedic therapist among the Akan of Ghana. The carved wooden sticks are used as plinths to brace the affected body part to keep the fractured bones in alignment. The wooden motar and pestels for pounding and the wooden stools as seats. The indigenous orthopaedic therapist indicated that the choice of these artefacts is in line with the Akan belief that trees or plants possess spiritual powers for healing (Nyarko et al., 2023). Clay pots and vessels are utilised for preparing, storing, and administering herbal medicines, in addition to holding sacred water and spiritual substances. In a study by Kombui

et al. (2022), among the Sissala in northern Ghana, pots serve several utilitarian purposes including boiling, smoking and grinding of herbs for the sick.

Again, the actual traditional healing processes are driven by several artistic elements. Among the Migili-Koro of Jenkwe Kingdom in Nasarawa State-Nigeria, medical body marking is utilised in the treatment of childhood diseases such as convulsion, pneumonia, polio and spleen disorder (Ambrose, 2019). Garve et al. (2017), asserted that scarification which is a form of body art could be applied to both curative and prophylactic conditions such as severe toothache, headaches, convulsion and epilepsy. According to them, scarification for epilepsy treatment in Togo is mostly applied on the forehead while among the Sudanese Nuba apply temporal deep cuts to treat headache. Similarly, Korkor and Steve (2018) reported that body marking for healing accounts for the numerous traditional body markings among the Dangme groups in Ghana. Two traditional bone setters (TBSs) in a study conducted in Northern Ghana, indicated that they use scarification (body art) to applied black medicine to the fractured area of the patient allowing for an accelerated penetration of the medicine for healing (Yempabe et al, 2020). The Ashanti's use of the wooden "Akuaba doll" to address infertility in Ghana exemplifies the integration of sculptural arts within therapeutic modalities (Pyne et al., 2013; Asenso, 2016; Kushiator, Rahman & Ofori, 2020). The study by Pyne et al. (2013) revealed that an impotent young man was healed of his condition when he was asked to place his hands on the head of a sculptural figure dressed by the traditional priest in a manner that reflects the predicament of the client. This phenomenon does not only re-affirm the client's belief in the traditional priest and his deity but also buttresses the fact that the artform a means to an end. According to Asenso (2016) in a study to explore the therapeutic potencies of traditional Asante artforms, a traditional priest noted that a pot serving as the symbol of a deity is placed at the entrance of the shrine to bring good will and rain water from it, is used to bath children with convulsion. The results of a study by Asenso and Boasu (2019) among the Krobo of Ghana, confirmed that beads breathe and reproduce and barren women wear particular beads and are able to conceive. A participant testified that the possessed son was relief of witchcraft attacks when a *puwa* bead (special bead) was used as a necklace for him. Another participant indicated that beads are wrapped around the calf of children who find it difficult to walk in order to check and straighten the bones.

Moreover, indigenous visual arts in African traditional medicine transcend healing to encompass protection irrespective of the form it takes. For instance, the Ikenga figures of Southern Africa embody protective spirits believed to secure worldly success and safeguard households (Coleman, 2016). Among the Bamana of Mali, various artforms such as komo masks, leather pouches, amulet-decorated garments, and the Boli altar encapsulate medicine-use and spiritual protection (Curnow, 2021). Moffor (2020) found that traditional healers in Cameroon use potion-contained animal skin bags to treat headaches and chestaches, and also often tied on waists for protective powers and good luck. The body painting of the Asante priests and priestesses are intended to ward off evil spirits and attract benevolent spirits during diagnostic ceremonies (Ababio, 2019). He added that *ntwuma* (a reddish-brown earth) smeared on patients' body symbolises their sorrowful mood and invokes supernatural sympathy from benevolent forces. The findings from Asenso and Boasu (2019) further indicated that a mother of twins and the new born babies have respectively special beads they wear to protect them against evil spirits.

2.3 Cultural Beliefs, Rituals and Taboos Associated with African Traditional Healing

Cultural beliefs, rituals and taboos are integral part and impact the everyday life of the African people. Spirituality is the cornerstone of the African belief system that permeates and

shapes African's cultural, social, political lives and economic activities (Mbiti, 1991). Therefore, many African communities believe that illnesses have spiritual origins, often attributed to ancestral wrath, witchcraft, violating norms or breaking taboos (Iddrisu, 2017; Onongha, 2007; Ozioma & Chinwe, 2019). Consequently, healers are viewed as mediators between patients and spiritual realms, emphasising the importance of spiritual cleansing in treatment regimens (Agana et al., 2023; Anyikwa, 2024). Thus, healing practices often involve rituals aimed at appeasing spirits or seeking guidance from ancestors to restore social and spiritual equilibrium within the society as well as healing the body (Bawa & Osei, 2022; Mokgobi, 2014).

In the African world-view, it is believed that God has given special powers to plants, animals and others objects that can be harnessed for the good of man through rituals, rites and ceremonies (Ozioma & Chinwe, 2019; Turaki, 2000). These powers or spirits from the plants can be used to heal the sick. According to Myren and Andel (2011), magic plants from southern Ghana are used to prevent convulsions, to treat female infertility, to obtain travel visas and to get rid of witchcraft or other bad spirits. Similarly, in the Akan mythology, it is believed that medicinal plants contain essential ingredients for both the physical and spiritual well-being of the body (Dark, 2009). Bishop (2005) concludes that people might be attracted to and consume traditional medicine because they hold beliefs that aligned to traditional medicine. The belief in the perceived benefits is what seem to drive many people to consume traditional medicine. In buttressing Bishop's assertion, Gyasi et al., (2016), opined that some people are attracted to traditional medicine because it is in agreement with their personal values, religious background and health philosophies. These cultural beliefs about the origin of illness, mediatory abilities of the healers and the mystical potency of herbs are manifested in rituals, norms and taboos forming the core of traditional medicine practices across African cultures.

During divination rituals are used to identify causes and remedies of illnesses and misfortunes. This practice does not only provide cultural insights but also legitimizes healthcare decisions in many African communities (Agana et al., 2023; Anyikwa, 2024). The rituals performed give efficacy to the traditional medicine, restores balance and harmony, reduces anxiety and relieves the patient of guilty feelings. According to Rattray (1923), rituals are performed when harvesting medical plants and this is done in recognition of the symbolic significance of the magic and religious powers of the plant. Similarly, Toyang et al. (2007) remarked that specific rituals are performed when harvesting certain medical plants, traditional healers do not speak to anybody until they finish the preparation of the medicine. Jimoh et al. (2012) corroborated these assertions when they argued that in most African communities, one has to be initiated before harvesting certain medicinal plants. Wadah and Asase (2012) stated that some traditional healers choose to harvest medicinal plants in the morning for ease of uprooting the plant material and also to attract the good will of the spirits inhabiting the plants. Mukuka (2010) noted that when harvesting plants, it must be done respectfully by kneeling before harvesting the medicinal plant. Borokini and Lawal (2014) maintained that some traditional medicines are believed to be effective only when an incantation is recited during their preparation and administration.

Accompanying these rituals are taboos to be observed not only for the efficacy of the healing practices but also the overall well-being of individuals and the community at large. A study by Monica et al. (2016), that investigated the traditional measures of harvesting and conservation of medicinal plants in Kenya showed that the collection of roots for medicinal use was done sparingly so that some roots remained to ensure the plant does not die, otherwise it was believed that the patient would also die. They further noted that taboos prohibit the removal of the bark of a medicinal tree from the north and south facing sides but restricted to the east

and west facing parts of the trunk. In tandem with their assertion, Constant and Tshisikhawe (2018), remarked that in Limpopo Province in South Africa, it a taboo to harvest the bark from trees such as *Ziziphus rivularis* from any direction other than the eastern side of the tree, and the wound should be covered with a mixture of soil and water to help the recovery of the tree.

Similarly, a study by Isiko (2018), on the gender roles in traditional healing practices in Busoga indicated that the wives of healers in their menstrual periods are prohibited from preparing food for their husbands and female healers in their menstrual periods cannot perform healing. On the other hand, male traditional healers are prohibited from performing any healing ceremony immediately after having sexual relations (ibid). This brings into sharp focus the assertion that healing in the traditional African parlance is a religious activity in which healing powers are derived from sacred spiritual powers that cannot tolerate body impurity (Isiko, 2018; Monica et al., 2016). This phenomenon of societal norms limiting men and women's participation in certain healing practices highlights the complex interplay of cultural, biological, and social aspects within traditional health systems. It also enhances the construction of social power in traditional medicine (Isiko, 2018). In the wisdom of the African traditional healers and from the ontological stance, taboo imposition in African traditional medicine seeks to prevent misuse and safeguard efficacy (Isiko, 2018; Monica et al., 2016; Sharma et al., 2021).

The cultural relevance of these beliefs, rituals and taboos goes beyond social conformity to form an integral traditional medical ethics that prioritize the preservation of life and community well-being (White, 2015). Exploring these artistic forms, cultural norms and taboos of is imperative for scholarly understanding of their cultural, spiritual, and ethical aspects in traditional medicine practices which can lead to better regulation, professionalization, and integration to improve public health outcomes.

3. Methodology

The study was grounded in the interpretivist philosophical paradigm, which emphasizes understanding and interpreting the meanings individuals and groups attach to their experiences and social realities. Interpretivism seeks to uncover how people construct and understand their world through everyday interactions and lived experiences (Hunter, 2005). It recognizes that knowledge is socially and culturally constructed rather than objectively determined (Kivunja & Kuyini, 2017). This philosophical stance was particularly appropriate for the study because it enabled the researchers to explore the meanings, values, and cultural significance embedded in the artistic and ritual elements of the traditional healing practices of the Sissala people.

Again, a qualitative research approach was used to investigate the role of indigenous visual arts and cultural beliefs in the traditional healing practices of the Sissala people of northern Ghana, where access to modern healthcare facilities remains limited (Krah et al., 2018). Qualitative research is widely employed in disciplines such as anthropology, ethnography, sociology, education, health, philosophy, and history because of its capacity to generate in-depth understanding of social and cultural phenomena (Bhandari, 2020). This approach enabled the researchers to collect and interpret rich, non-numerical data, thereby facilitating a deeper understanding of how indigenous artifacts, symbols, and culturally embedded beliefs shape traditional healing practices among the Sissala. Both ethnographic and phenomenological research designs were used. Ethnography involves the researcher immersing themselves in a particular community or social setting to observe and understand the behaviours, interactions, and cultural practices of its members (Caulfield, 2020). Phenomenology, on the other hand, seeks to understand the essence of social phenomena from the perspectives of those who have

directly experienced them (Ataro, 2020). The combination of these methods enabled the researchers to obtain first-hand insights into traditional healing practices while capturing the lived experiences and perspectives of practitioners, patients, and community members. In recruiting the participants for the study, purposive and snowball sampling techniques were used. These participants possessed relevant knowledge and experience concerning Sissala traditional healing practices. The study involved twelve (12) traditional healers recognized within their communities for their expertise, five (5) patients, five (5) elderly residents with extensive knowledge of Sissala cultural traditions and indigenous healthcare practices, and three (3) indigenous visual artists. Participants were drawn from communities within the Lambussie District, Sissala West District, and Sissala East Municipality. These communities included Lambussie, Nabaala, and Gbingbaala in the Lambussie District; Gwollu, Niator, Puzene, and Facheu in the Sissala West District; and Tumu, Bujan, and Dangi in the Sissala East Municipality.

Data were collected through semi-structured interviews, participant observation, and photography. Twenty-five (25) in-depth interviews were conducted with participants in their homes and communities using the Sissala dialect. All interviews were audio-recorded with participants' consent, transcribed verbatim, and subsequently translated into English for analysis. In addition, observation sessions were conducted at the healing camps of traditional healers to document healing activities, the use of indigenous visual arts, and the cultural practices associated with traditional healing. Photography was also employed to capture relevant artifacts, symbols, and healing environments that complemented the interview and observational data. To ensure confidentiality and anonymity, participants were assigned codes rather than identified by their names. The collected data were analyzed using thematic content analysis. Interview transcripts and observational notes were carefully reviewed, coded, and organized into themes and sub-themes. The major themes that emerged included the role of indigenous visual arts in Sissala traditional healing practices and the norms, values, taboos, and cultural beliefs governing traditional healing. These themes provided the framework for the presentation and discussion of the findings.

The study adhered strictly to established ethical principles throughout the research process. Informed consent was obtained from all participants before data collection commenced. Permission was sought from participants regarding the use of their names, photographs, and other identifying information where necessary, while all other information was treated with strict confidentiality to protect participants' privacy and dignity. The researchers also remained conscious of potential personal biases and stereotypes relating to health conditions and traditional healing practices. Through reflexive engagement and adherence to ethical research standards, efforts were made to ensure the credibility, trustworthiness, and integrity of the study.

4. Discussion of Findings

The findings of this study reported the analysis of artistic and cultural elements in traditional healing practices of the Sissala people. Field data espoused several artistic and cultural elements that accompany the therapeutic processes of the Sissala traditional healing system. It was revealed that these artifacts are not merely passive but an integral part of the process in ensuring efficacy of therapeutic procedures. A deeper analysis of field data brought to the fore numerous artifacts and cultural norms and taboos embedded at different levels of the healing process.

4.1 Indigenous Visual Arts in Sissala Traditional Healing Practices

The study found out that the use of indigenous visual arts is integral to the Sissala traditional healing practices serving both as a means of spiritual connection and vessels for cultural knowledge. They connect artistic expressions with health, indicating the community's values and beliefs. It was observed that every stage of the healing process utilized various visual artifacts. From the harvesting of medicinal plants through preparation to treatment, the Sissala traditional healing practice is characterized by the use of traditional tools crafted from artforms. The use of these crafted artifacts underscores the holistic integration between Sissala traditional craft and healing. All traditional healers (100%) admitted using hoe or cutlass or both when it comes to the harvesting of medicinal plants. A traditional healer in Lambussie noted that:

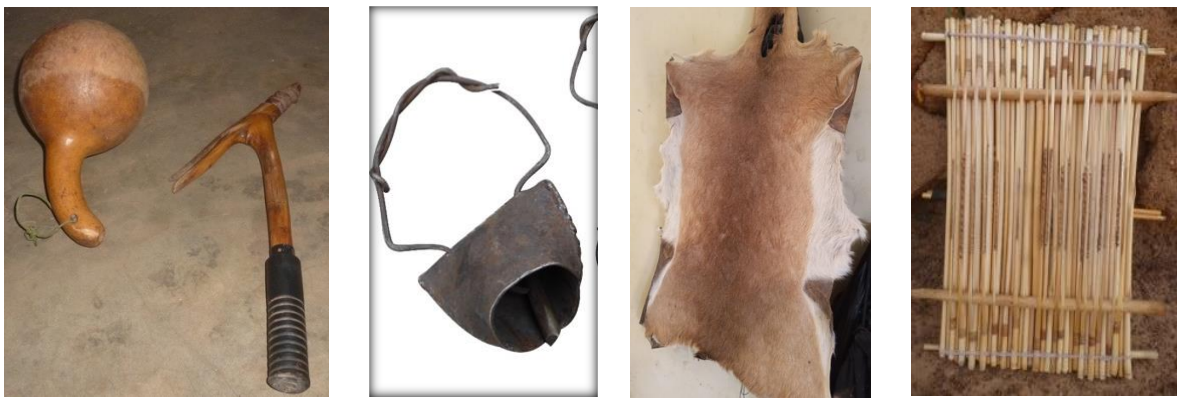
> *We use simple tools like hoe and cutlass for harvesting medicinal plants*.
> (TH1H, in-depth interview, 13th February, 2025).

This statement recounts the importance of cultural, low economic resources, environmental factors and the reliance on local knowledge systems in traditional healing practices. While this reflects the deep-rooted stance of traditional healing in cultural identity and community practice, it also indicates that the traditional healing practices of the Sissala people is a small-scale practice rather than an industrialized production.

The findings of the study showed that divination which was discovered as the main form of diagnostic procedure was embedded with the use of several artifacts including bells, diviner's wand, gourd raffles, divination stones, cowries, pots, skin bags, chan-na/chemo (zither) etc. The two diviners representing 16.7% of the Sissala traditional healers in the study alluded to the use of these items as observed by the researchers. Other categories of the study participants such as community elders, patients and indigenous artists (52%) confirmed this. The following extract was from one of the diviners:

> *As diviners, we used several objects including the wand, gourd, cowries, divination stones, bells and each has its own function. Other people even used mirror and water* (TH6D, in-depth interview, 8th March, 2025).

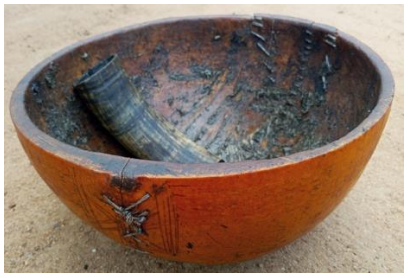
This quote illustrates the complex relationship between material culture (artifacts), spiritual realm and healing among the Sissala. This holistic approach demonstrates the thoughtful incorporation of diverse tools in tackling complex human conditions within the healing context.



a. Rattle and wand **b.** Bell **c.** Skin. **d.** Chan-na (Zither)

Figure 1 (a, b, c, d): Sissala divination accessories
Source: Fieldwork **(**2025)

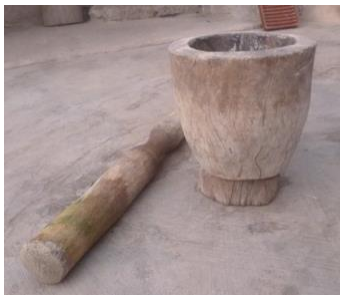
Again, the study's outcomes indicated that another stage of the Sissala healing process where a mirage of artifacts was put into profound use was the herbal preparation and treatment stages. It was observed across all the healing centers that art objects such as clay pots, iron pots, hearth, calabashes – ladles and gourds, mortar and Pestel, splints, bandages, fractured beds, plastic buckets, slates, locally woven ropes, wooden crutches, broken pieces of pots and calabashes etc. were not simply passive objects but also served spiritually significant purposes in the medicinal preparation and treatment. Each of the objects served one or more purpose in the healing process. It was observed that the use of objects like iron pot, plastic cups, buckets, bottles and wooden crutches was a modern trend in the traditional healing practices of Sissala people. The use of domestic tools in Sissala traditional healing practices represent the critical role of indigenous art and craft in traditional medicine preparation and consistent with studies done by Nyarko et al. (2023) on indigenous orthopedic therapy among the Akan and Bawa & Osei (2022), Kwame (2021) and Salifu et al. (2021) among the Dagomba in Ghana.



a. Calabash

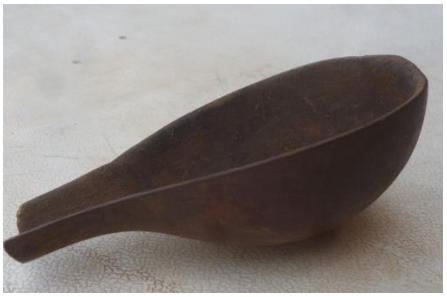
b. Pot

c. Hearth



d. Pestle and Motar

e. Wrapper (Splint)



f. Calabash Laddle

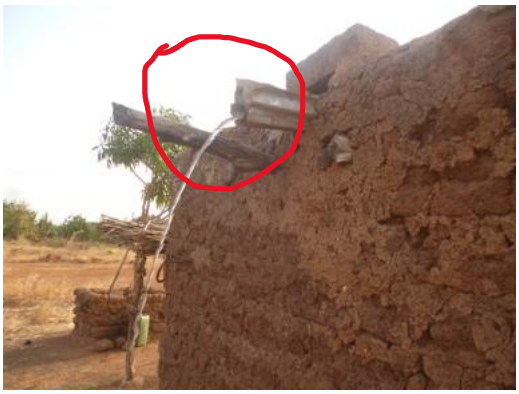
Figure 2 (a, b, c, d, e, f): Artifacts used in herbal preparation and treatment
Source**:** Fieldwork (2025)

Curious among the artforms used was the unique role of architecture in the bone setting practice. One of the bone setters narrated that:

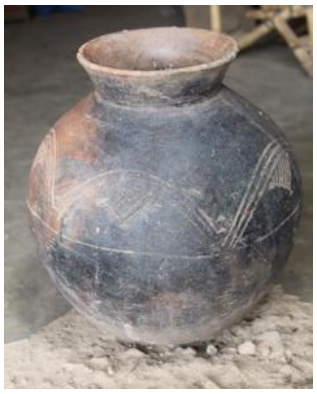
> *When the patient return after the one week, we untie the fracture and position it directly under the spout of the flat mud roof and another person climbs up the roof and tilts a pot of water so that the water flows through the spout onto the fracture to wash it* (TH3B, in-depth interview, 15th February, 2025).

This reveals the Sissala bone setter's deeper understanding of nature's role in restoration and purification. The flow of water through the sprout to wash the fracture symbolizes the cleansing power of water to purify both physical and spiritual conditions and restore balance. The practice reflects a worldview where healing occurs in harmony with the environment, suggesting a sophisticated knowledge of how natural processes can assist in health restoration in the Sissala setting. The specific role of architecture in Sissala tradition healing emphasises the

imperativeness of architecture in contemporary African traditional medicine as noted by Maimela (2023).



a: Sprout of traditional architecture



b: Pot

Figure 3(a & b): Artifacts used by some Sissala bone setters
Source: Fieldwork (2025)

For the Sissala, spiritual fortification, protection and harnessing of good will are integral to health and well-being. As such, a number of artistically crafted objects are said to be used to shield individuals from spiritual attack, prevent sickness relapse or court good will or fortune. Some of these objects included local smock fabric, local basket, rings, surrogate dolls, leather char etc. (refer to table 2). According to one of the herbalists:

> *In traditional healing, when the condition becomes critical, we prepare a charm for the patient to wear to give the patient spiritual protection* (TH8H, in-depth interview, 9th March, 2025)

This statement articulates a worldview that combines material symbols with spiritual power to confront human vulnerability, and underscores the interaction between the physical and metaphysical in traditional healing practices. This phenomenon of the Sissala aligns with the notion that medicine in Africa is surpasses what deals with somatic symptoms (Curnow, 2021; Ibrahim, 2023). To heal and prevent a surviving twin from illness and death, the Sissala use surrogate dolls as mediators. An indigenous wood carver remarked:

> *When a twin dies, a surrogate doll is carved, spiritual fortified and handed over to the mother as the soul mate of the living twin to provide spiritual companionship and protection otherwise, he or she may fall sick or also even die* (IVA3, in-depth interview, 9th April, 2025).

The extract emphasizes the significant role of material or physical objects as conduits for metaphysical forces. It underscores the profound connection between beliefs about life, death and health in the Sissala culture and emphasizes the significance of ritual. Another herbalist noted that:

> *We have other herbs that when we burn it into charcoal, we put it in a pene (a small sack-like smock cloth) with strings at the ends for hanging. This medicine is for protection from spiritual attacks, misfortune and fear* (TH7H, in-depth interview, 9th March, 2025).

This practice illustrates the combination of physical materials like herbs and crafted objects to meet spiritual needs, highlighting the holistic nature of Sissala traditional healing that transforms natural elements into protective talismans. It reflects the belief that tangible objects possess spiritual power to shield individuals and spaces against evil forces. The quote summarily highlights the connection between natural remedies, ritual craftsmanship and protective symbolism within the Sissala traditional healing systems. The Sissala healing embodiment of spiritual protection and goodwill seeking is in tandem with the findings by Curnow (2021) and Moffor (2020) about African medicine going beyond biomedically healing with herbs.

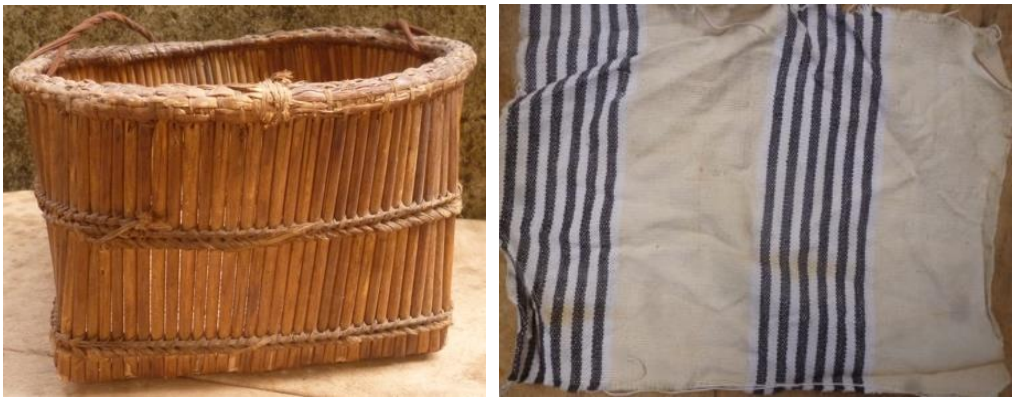
a. Surrogate-twin Doll **b.** Cloth Sack (Pene) **c.** Gourd

Figure 4 (a, b, c): Artifacts for spiritual protection
Source: Fieldwork (2025)

The Sissala also belief in reincarnation which is usually accompanied with rituals for the sustenance of the life and failure to perform the needed ritual could result in illness and even death of the reincarnated. A community elder in Lambussie narrated:

> *When a child is said to be reincarnated, the ritual involves providing items he/she used or elements of the type of craft the person practiced in the first life. These items mostly include baskets, locally woven cloth for a female and smock, walking stick for a male child* (ER2, in-depth interview, 1st June, 2025).

The use of objects such as baskets, sacred cloth, smocks, walking sticks etc. relative to the child's first life symbolizes the child past identity reflecting how material culture connects the past and embodies memory, identity and healing. The presentation of such crafts or artifacts associated with the child's past life illustrates respect for community and intergenerational ties emphasizing ubuntu's notion that individual identity and health are interconnected within social and spiritual relationships.



a. Basket **b. Local Cloth (Pene)**

Figure 5 (a & b): Artifacts for reincarnated children
Source: Fieldwork (2025)

In the Sissala culture, when someone dies and the spirit (ghost) of the deceased is believed to be hovering around the household and worrying them, a black medicine is used to mark a plus (+) sign on the doorposts and other entry points of the deceased family. This is believed to repel the spirit (ghost) of the deceased and provide spiritual protection to the rest the family members. The application of this black medicine is done by a senior undertaker in the community. According to an elder in Lambussie who doubles as a senior undertaker:

> *This medicine is used to mark a cross sign on the door posts, walls, windows and other vantage points around the house of the deceased to expel the spirit (ghost) and evil spirits. The mark is made as a cross sign to cover all directions (North, South East and West) from which the bad spirit could emerge. Even witches and wizards cannot stand its power* (ER1, in-depth interview, 7th March, 2025).

This affirms the phenomenon of symbols serving as powerful conduits of spiritual energies for protection in many African cultures. The Christian-like symbol represents a convergence point covering all cardinal directions (North, South, East and West), thus symbolically sealing the space from spiritual intrusion. These symbolic acts and ritual objects are integral to African healing systems for protection and spiritual cleansing.

Figure 6: *Wall sign for repelling deceased (ghost) spirits*

Table 1. Classification of Artifacts, Objects and Material into Visual Artforms

S/N	ARTFORM	TOOLS AND MATERIALS
1	Pottery	Pots, broken pot pieces, hearth
2	Calabash art	Calabashes, ladles, gourds
3	Textile	Locally woven fabrics, smocks, medicine bag
4	Metal Sculpture	Bells, chameleon image, metal pots, rings
5	Painting	Body painting with herbs, wall painting, pot and calabash painting
6	Architecture	Mud roof spout, walls as surface for painting to ward off evil spirits
7	Wood Sculpture	Mortar and pestle, wooden splints, hoe-handles, twin dolls, diviner's wand
8	Stone Sculpture	Grinders, divination stones
9	Basketry	Baskets, wrappers for fractures, ropes chan-na/chemo (zither)
10	Leatherwork	Skins, charms, skin bags amulets

Source: Fieldwork (2025)

4.2 Norms and Taboos Governing Sissala Healing Practices

Norms in Harvesting herbal plants

The outcome of the study has shown that there are strict taboos and cultural norms that guide the harvesting of herbal plants to protect the spiritual potency of the herbs and maintain harmony with nature and the spirit world. These rules are integral to the Sissala traditional knowledge system and proved essential for the effectiveness and safety of healing practices. One of such restrictions relates to the specific times for collecting herbs as it is believed that picking the herbs at inappropriate times weakens the potency of the herbs. All the twelve (12) traditional healers agreed that the most appropriate time for collecting herbs is early mornings. A herbalist explained that:

> *I consider early mornings and evening as the best times for harvesting my herbs based on my faith* (TH4H, in-depth interview, 7th March, 2025).

Similarly, a TBA added that:

> *For the time of harvest, it is usually morning or late in the evening, but in times of emergency, I can go in the afternoon. I don't go to harvest the herbs on Fridays* (TH11BA, in-depth interview, 20th June, 2025).

The impulse of these excerpts is diverse and multifaceted. The statements underscore the integration of empirical observation regarding plant potency with cultural and spiritual practices in traditional healing. Harvesting herbs in the mornings and evenings reflects Sissala traditional healers' practical knowledge of plants containing optimal levels of active compounds during cooler hours of the day. Other factors such as ease of cutting or uprooting herbal plants due to low temperatures or dew presence could account for these practices. This corroborates the study by Wadah and Asase (2012) among the Sissala where some traditional healers choose to harvest medicinal plants in the morning for ease of uprooting the plant material. The non-harvesting of medicinal plants on particular days is possibly linked to traditional beliefs or spiritual considerations highlighting the Sissala spiritual cosmology that governs appropriate interaction with nature. This belief situate healing within a spiritual-ethical framework as asserted by Gyasi, et al. (2016) that African traditional healing merges physical and spiritual realms.

The collection of the medicinal plants from the wild equally demands particular behavioural actions from the collector so as to maintain the healing power of the herbs. 80% of study participants comprising healers, elders and indigenous artists alluded to this phenomenon. A traditional bone setter explained that:

> *When you are going to harvest the herbs, you don't talk to anybody, you don't even rinse your mouth before going. In fact, there some herbs that are harvested in the night and you are not supposed to be seen or meet anybody else that medicine will spoil* (TH7H, in-depth interview, 9th March, 2025).

A community elder remarked that:

> *In some cases, the healer will have to take a backward walk and barefooted from the bush to the house* (ER5, in-depth interview, 21st June, 2025).

These practices embody a worldview where nature, human behaviour and spiritual forces are interconnected. The practices portray harvesting of herbs as a spiritual ritual that demands purity, secrecy and specific conduct to maintain the herb's potency and spiritual effectiveness. The epistemological perspective emphasizes that the Sissala healing knowledge is based on traditional, ritualistic and experiential sources rather than empirical evidence which highlights the importance of symbolic acts and rituals in preserving the herb's sacredness. The axiological perspective underscores values such as respect, humility, and responsibility towards nature and medicinal plants, illustrating a commitment to ethical conduct that protects the healing process. The practices reflect a traditional worldview that integrates healing with spiritual laws, consistent with ethnomedical understandings across African cultures (Mokgobi, 2014; Ozioma & Chinwe, 2019). Belief in animism is central to the cultural fibre of the Sissala people. Thus, the trees or plants from which medicinal herbs are collected are believed to be inhibited by spirits. Due to this, harvesters often performed rituals to ask for permission and blessing from the spirits before collecting the herbs. These rituals may include prayers, libation or offerings at the site of the plants. Below are the narratives of the traditional healers:

> *Before digging, cowries are placed under trees to attract the spirit. The cowries can be placed under the tree or in the hole after digging, depending on the type of tree* (TH8H, in-depth interview, 9th March, 2025).

> *When you are going for the herbs, you send cowries or coins and place it under the tree before you dig or cut the roots. Meaning you have come to beg for its part to go use. So, that is show of gratitude to the tree* (TH10D, in-depth interview, 22th June, 2025).

These excerpts illustrate the integration of respect, gratitude, and rituals in the sustainable and ethical collection of medicinal plants within Sissala traditional herbal medicine. A traditional Birth Attendant added:

> *I always pray to God Almighty that; 'my God I want to break (cut) this and go and heal someone. I don't know an evil tree and this tree that I'm breaking should be a good tree for me to go and give this pregnant woman to bath for the baby to lie in its right place'* (TH11TBA, in-depth interview, 20th June, 2025).

This statement emphasizes that effective healing relies on both spiritual guidance and the use of medicinal plants. The practice of praying before harvesting herbs signifies the necessity of divine approval which legitimizes the healing process and shows respect for the sacredness of the natural resources. It reflects the traditional birth attendant's specialized knowledge in

pregnancy and childbirth within traditional healing systems manifested in the combination of empirical practices with metaphysical elements in prenatal care. Such performative acts are congruent with the findings by Wodah and Asase (2012) that some Sissala traditional healers perform rituals before harvesting some medicinal plants in order to obtain permission from the spirits inhabiting the plants. Similar norms and taboos have been documented in African traditional medical systems across the African cultures as strict guidelines for harvesting medicinal plants (Chebii et al., 2023).

Norms and Taboos in the Preparation of Herbal Remedies

It again emerged from the study that among the Sissala people, herbal medicine preparation is governed by strict and cultural norms aimed at ensuring the spiritual integrity and therapeutic efficacy of the remedies. During preparation, healers and all those involved adhere to ritual purity rules which could be physical or spiritual cleansing. A traditional bone setter Affirmed:

> *When I'm preparing to for the harvesting and preparation of the medicine, I have to abstain from sexual affairs* (TH9B, in-depth interview, 20th June, 2025).

This reflects the significance of ritual purity and self-discipline in Sissala traditional healing, suggesting that the healer's personal behaviour affects the efficacy and spiritual integrity of medicinal preparations. It demonstrates how Sissala traditional healing integrates ethical and ritual codes, positioning the personal discipline of the healer as essential for herbal medicines efficacy. This is comparable to observations by Isiko (2018) that male traditional healers in Busoga are prohibited from performing healing ceremonies immediately after having sexual affairs.

Certain taboos like talking to people or fetching of fire from hearth upon the herbs are boiled are upheld during preparation. All traditional healers engaged in this study agreed unanimously on that. This is to protect the spiritual power of the medicine from individuals with evil intentions. Community folks, traditional healers and patients all emphasized that:

> *When they are boiling traditional medicine, in the house, nobody particularly a stranger is not allowed to remove any fire from there. It is a taboo that is why the herbs are usually boiled separately* (ER3, in-depth interview, 8th March, 2025).

> *When I went to collect the herbs for my baby, I was strictly instructed not to allow anybody to come and fetch fire from it when boiling it, particularly strangers. So, I had to boil on a separate hearth in the yard* (PNT1, in-depth interview, 20th February, 2025).

This practice emphasizes the need to protect the medicinal process from external interference that could undermine the effectiveness or spiritual integrity of the healing preparation. The prohibition reflects the Sissala cultural beliefs in the sacredness and vulnerability of healing and separately boiling the herbs allows for control and preservation of the medicine's potency and purity. It demonstrates how cultural norms shape the herbal preparation context for effective outcomes. It illustrates protective rituals and social regulations that ensure the integrity of medicinal process is Sissala traditional healing and calls for a worldview that values both spiritual and botanical knowledge.

Norms and Taboos in the Healing of illness

During the treatment period, the healers themselves are expected to adhere to strict norms about their conduct. Healers are expected to perform healing ceremonies with focused intent and maintain ritual purity without negative emotions or intents. A traditional healer noted that:

> *I'm supposed to remain pure in body and mind while rendering the healing service if not, the healing will fail and if I do something for someone to go and harm an innocent person, the spirits will reverse the consequences to me* (TH10D, in-depth interview, 22nd June, 2025).

The study further observed that interferences or disruptions during healing ceremonies are prohibited as it is believed to nullify the effectiveness of treatments. For instance, community or family members are expected to honour the sanctity of the healing space by refraining from disturbing during healing ceremony like steam bath. A snake bite patient noted that:

> *When bathing or using the medicine, people don't wonder around. They greet or you the patient don't respond to any greetings or interactions* (PNT4, in-depth interview, 20th June, 2025).

These comments strengthen the fact that ethical behaviour is an imperative in ensuring that a purified environment is created to optimize the full potency and effectiveness of the healing process emphasizing the holistic worldview in ethnomedicinal practice that healing strives within the realms of spiritual purity (Mokgobi, 2014; Ozioma & Chinwe, 2019). It was observed that in the administration certain medicines, the decoction is not supposed to come in contact with specific body parts of the patient. This is considered a taboo. The mother of a baby patient recounted that:

> *The herb is very powerful, so if the decoction touches the genitals, he will be rendered impotent. That is why we always use clothes to tie around the lower part of the baby* (PNT2, in-depth interview, 20th March, 2025).

While this demonstrates the Sissala herbalist's practical knowledge in the potency and risk inherent in herbal medicine, the protection of the reproductive organ (often valued in traditional societies) reflects a broader cultural awareness of the body's vulnerability. This practice corresponds with African traditional medicine literature that affirms the inseparability of healing and ethical responsibility (Chaitanya et al., 2022). It was also observed from the study that patients were expected to observe specific behavioural taboos during the healing process. These may include abstinence from certain diets, refraining from sexual activity or travelling out of the jurisdiction of healing. The excerpts below affirm these assertions:

> *Some medicine when they do it for you, you don't eat fish, fresh meat especially goat meat, groundnut, crippling plants and also you drink* (ER1, in-depth interview, 2nd June, 2025).

This indicates that the Sissala traditional healer understands how particular diets interfere with treatment processes and that healing is understood as a comprehensive process that extends beyond application of medicinal herbs to include careful regulation of the patient's consumption and lifestyle. It illustrates that Sissala traditional healing includes medicinal substances along with guidance on diet and behaviour, highlighting a holistic approach to health that merges physical, cultural and spiritual aspects. This dietary obstinance reflects the food taboos common to ethnomedicinal practices and the domain of the sociocultural life of most African societies (Tugume et al., 2024).

According to the leader is the Gwollu bone setting center, it is a taboo for a fracture patient to travel out of the town with the splints on the fracture. He noted:

> *In the treatment process, the patient is not expected to go out of town to another community whilst the fracture is splinted. It is to prevent evil people from rendering the treatment impotent* (TH5B, in-depth interview, 7th March, 2025).

Failure to observe the taboos and norms is believed to affect the effectiveness of healing or provoke spiritual retaliation. Ignoring these norms may lead to the patient experiencing prolonged illness. The senior traditional bone setter added that:

> *If you don't stick to the norms and taboos, the medicine will not work the way it ought to work for you* (TH5B, in-depth interview, 7th March, 2025).

This emphasizes a holistic approach to healing that integrates moral and spiritual dimensions with pharmacological remedies and highlights norms and taboos as essentials for effective treatment. Violating these principles leads to disruptions in ontological balance necessary for health restoration.

Disposal of Herbal Waste and Return of Herbal Utensils

The study's finding revealed that in the Sissala healing system, the disposal of herbal waste such as ashes, feathers and used leaves from herbal preparations is governed by strict cultural taboos and norms. When the healing process is done, the herbal waste ought to be disposed appropriately since in the view of the Sissala this has implications for a complete restoration of health to the patient. These practices are meant to respect the spiritual essence in healing materials and ensure that the medicinal power is preserved and used appropriately. Improper disposal of herbal waste such as indiscriminate throwing or burning is prohibited and believed to cause spread of illness among community members or bring more harm to the patient. A TBS warned that:

> *If the herbal residues are allowed to be burnt, the patient will be experiencing intermittent rise in body temperature which is another sickness* (TH9B, in-depth interview, 20th June, 2025).

This means that the Sissala traditional healing practice involves comprehensive protocols for the disposal of medicinal residue that must be adhered to for a successful restoration of health. To avoid such consequences, the study discovered that there are three designated points where patients were directed by healers to dump herbal waste. These dumping sites included the ant mound, a water-way or at a cross-road.

A community elder emphasized that:

> *There are three main spots where herbal residue is usually disposed off, a waterway, ant mound and a cross-road* (ER5, in-depth interview, 21st June, 2025).

This practice reflects the belief that natural spaces such as waterways, ant mounds and cross roads are active aspects of the life cycle of medicinal substances. These locations are believed to possess spiritual or symbolic power. The selected disposal sites hold metaphysical importance underscoring the spiritual closure in the medicine's life cycle. This perspective illustrates a philosophical approach where herbal waste handling intertwines with a cosmological understanding of nature, spirituality and human responsibility. Similar practices are documented among other ethnic groups such as the Ewe, Asante and Dagomba in Ghana

and the Yoruba in Nigeria (White, 2015; Ozioma & Chinwe, 2019). While specific practices may vary based on local beliefs and ecology, the core principle of sacred disposal and responsible custodianship of healing tools are prevalent across cultures.

These protocols extend beyond the disposal of herbal residue to include the handling of herbal preparation utensils such as clay pots and calabashes. The study's findings indicated that improper handling of these utensils after healing ceremonies could equally lead to contamination or relapse of the illness on the patient. In some instances where treatment is done at homestead of the patient, the herbal utensils such as the pots, calabashes and ladles are returned to the healer marking an end of the healing process. Seven out twelve healers (58.3%) confirmed this. As a cultural phenomenon, all community folks understood this. A patient recounted that:

> *When the treatment was done, I took the pot used to boil the herbs and the calabash ladle back to the healer as he requested. That is the norm of medicine* (PNT1, in-depth interview, 20th March, 2025).

From an ontological perspective, this indicates that the healing objects possess spiritual significance beyond their physical use and their return is crucial in order to maintain their potency and prevent misuse. This process underscores a holistic approach to healing that prioritize the relationship between the patient, healer and sacred objects. It contrasts traditional views with mechanical medical perspectives, giving prominence to the integration of material culture, spirituality and ethical responsibility in Sissala healing practices.

Figure 7; Herbal waste disposed-off at an ant mound
Source: Fieldwork (2025)

Table 2. Uses of artifacts, objects and material Sissala traditional healing

S/N	ARTFORM	TOOLS AND MATERIALS
1	Pots	Pots of different kinds are used mainly for boiling herbs.
2	Broken pots	Pieces of broken pots are used for smoking herbs and for grinding smoked herbs into powder.
3	Hearth	Serves as the preferred fireplace for boiling herbs instead of coal pot and gas/electric cookers.
4	Calabashes, ladles	Calabashes are used for soaking herbs and calabash ladles are for bathing or drinking decoctions.
5	Gourds	Gourds are used for storing smoked and powdered medicines.

6	Chan-na/chemo (zither)	A musical instrument for making musical sounds to invite the spirit of deities.
7	Locally woven fabrics & smocks	For housing medical herbs for spiritual protection and healing.
8	Bells	For divination processes.
9	Metal pots	For boiling herbs.
10	Rings	Worn in the fingers, wrists, ankles for spiritual fortification and protection.
11	Painted wall symbol	To drive away ghost and evil spirits. Painted symbols on pots and calabashes serve as signals to keep people away from going near herbal preparations.
12	Mud roof spout	For letting out water to wash fractures during healing.
13	Walls surface	For mystical painting to ward off deceased & evil spirits.
14	Mortar and pestle,	For pounding or crushing roots, stems and leaves.
15	Twin doll	Presented to a living twin in place of a deceased partner for emotional & spiritual healing.
16	Wooden splints	For supporting fractures during treatment.
17	Hoe-handles	For harvesting medicinal plants.
18	Grinders	Usually are small and rounded rocky stones of about 8-10cm diameter for grinding smoked herbs on a broken piece of pot.
19	Divination stones	Usually about 3 or 4 pieces thrown or arranged on the ground to serve as the purported intentions or insinuations of possible causes of the problem during divination.
20	Diviner's wand	For communication between the spirits or deities and the diviner/consultee.
21	Small local baskets	Presented to female reincarnated children as a sign of their first life profession.
22	Local basket wrappers & ropes	For tying fractures.
23	Skins, charms, skin bags, amulets	Skins as mats for some diviners during divination, charms & skin bags for spiritual fortification and protection.

Source: Fieldwork (2025)

5. Conclusion

This study has explored the interconnected roles of indigenous visuals and cultural beliefs in Sissala traditional healing practices. The traditional healing system of the Sissala is a blend of science (herbs), arts and culture. The artistic elements are not merely decorative but deeply therapeutic, facilitating communication with the spiritual realm and restoration of balance. The cultural beliefs are embedded in the Sissala cosmology, ancestry and communal identity providing the framework through which illness is understood and treated. The arts function as both a medium and a method of healing, whereas the cultural beliefs legitimize and sustain the practices across generations. In spite of pressures from modernization and the dominance of biomedical system, these traditional practices remain resilient and relevant, particularly in Sissala communities where biomedical health facilities are limited and cultural identity and spirituality are central to well-being. The study therefore recommends that government through

cultural institutions like Ghana Museum and Monuments Board (GMMB) should conduct a systematic documentation of traditional healing practices focusing on their artistic components and underlying beliefs systems. This will help safeguard indigenous knowledge that is at the risk being eroded by globalization and generational shifts. The study further recommends that policymakers and stakeholders like the ministry of health and non-governmental organizations in healthcare should explore culturally sensitive ways to integrate beneficial aspects of traditional healing into formal healthcare systems. Regular training programmes designed for both traditional and biomedical practitioners will promote mutual understanding on ethical and safety standards and cultural competences respectively thus, improving health outcomes and patients trust. The study finally proposes that scholars in the field should conduct comparative studies across different regions and ethnic groups in Ghana to identify the unique cultural signatures in healing practices, examine the impact of globalisation on the traditional healing arts and cultural beliefs and also explore how digital technologies could be employed in preserving and promoting traditional healing rituals and artforms.

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