



## Directive Speech Acts as a Communication Strategy in the Social Media Posts of Traditional Medicine Providers in Southwest Nigeria

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**Abstract.** Since the arrival of Europeans and the subsequent adoption of western methods in medicine, Traditional and Alternative Medicine (TAM) Providers in Nigeria have not received adequate patronage, credibility and acceptability as their orthodox counterpart. Based on this, this study examines how Traditional and Alternative Medicine providers in Southwest Nigeria project their knowledge, competence, and practice through the engagement of directive speech act on social media. Using Searle's (1967) and Kohlen's (2008) models of directive speech acts as the theoretical orientations, ten (10) TAM providers, who are independently managing their practice and craft, are purposively selected on Facebook to facilitate the analysis for this study. The findings reveal that TAM providers employ various pragmatic strategies to project themselves and their services to their audience on Facebook. Specifically, this study identifies that legitimisation, cultural contextuality and identity construction are strategies engaged by TAM providers to project knowledge, give credence, and dissuade scepticism surrounding traditional and alternative medicine in Nigeria.

**Keywords:** Traditional and Alternative Medicine (TAM), Southwest Nigeria, Pragmatic analysis, Directive Speech Acts, Healthcare System in Nigeria

### 1. Introduction

Language plays a vital role in every activity human engage in, and the field of medicine is not an exception. Medical discourse in all its entirety centralises on discourse in and about ailments, healing, curing, managing, prescribing, and taking medical histories of patients. As a mode of social activity, language helps in constituting and constructing medical institutions, curative practices

and healing encounters. It is expedient to note that merging language (humanities) and medicine (science) espouses how culture is discursively constituted within a group of people. As cited by Hodge et al (1996), effective intervention in medicine requires insightful assessment of communicative practices in social cultural contexts, therefore, discourse in Traditional and Alternative Medicine (TAM) plays a role in African cultural promotion, production, reproduction, and sustainability. According to John Hopkins Medicine, there are many areas of specialisation that make up the practice of TAM. The major ones mentioned are Traditional Alternative Medicine (acupuncture, homeopathy, naturopathy); Body Touch (massage, body movement therapies, yoga); Diet and Herbs (dietary supplements, herbal medicine); Mind therapy (meditation, hypnosis), sensual therapy (dance, music, guided visualisation focus)

Before the introduction of orthodox medicine in Africa, people have been using traditional and/complementary medicine to treat their ailments. Traditional medicine (TM) was the main medical source to Africans in rural and most urban cities. Romero-Daza (2002) maintained that it was the only source of medical care for a greater population of people in Africa and other parts of the world. The healers are known with various names in Africa, for instance, in Nigeria, traditional healers are known as Babalawo, Mamalawo or Onisegun in Yoruba land, Boka in Hausa land and Dibia in Igboland. Hillenbrand (2006) asserts that in most African communities, traditional healers are attributed with treating their patients holistically taking the mental, social, psychological and spiritual factors into cognizance. Most times, they act as intermediary between the physical world and the spiritual world towards bringing their patients back into normalcy.

This is in total departure from orthodox medicine which only treats diseases in patients, with little or no belief that there is connection between the spiritual and the physical.

In Nigeria for instance, TAM can be described as traditional knowledge and practice, systems and values which have been generated and developed over centuries within specific cultural contexts. Sofowora (1993) opines that some people refer to TAM as Traditional medicine or Native medicine or Folk medicine, depending on the cultural context it originates from. In the Southwest region of Nigeria, some families have what they refer to 'Account' (a book where cure or preventive measures to certain diseases are documented and passed down from one generation to the other) in which they record all traditional practices of healing ailments and diseases. WHO (2000) asserts that Traditional and Alternative Medicine, which is also another name TAM is being referred to in this paper, is a total combination of knowledge, skills, and practices which are based on cultural beliefs used in diagnosing, preventing or curing a physical, mental or social disease and which may exclusively rely on past experiences and observations handed down from one generation to the other, either verbally or in writing. This practice is usually carried out either through the use of herbs or animals or acrobatic exercises, rituals, spiritual baths or through the combination of all, depending on the severity of the individual's health challenge(s). However, WHO notes that the National Health System and Strategies have not fully integrated the millions of traditional practitioners and their health facilities in Nigeria, despite the throngs of people patronising them.

In most developing countries, TAM is a social phenomenon that is gaining more attention globally, but the negativity attached to this form of medicine has posed a big hindrance to its general acceptability. However, the availability of social media has brought the social activity into the public glare, whereby, anyone who has access to the internet can access information on TAM for his/her benefit. Even while orthodox medicine practitioners have brought up criticisms on the inadequacy and ineffectiveness of TAM, interested users are generally adopting it considering its level of visibility on social media. Considering the number of comments and testimonies that some TAM providers have on social media platforms, it has become evident that patients now make recourse to internet, particularly the social media platforms to obtain information about one ailment or the other. Even while these new methods of finding treatment lacks orthodox regulatory norms and professional supervision, they cannot be wished

away. The concept of TAM is increasingly gaining relevance on the social media platforms because users are the actual uploaders of treatment contents, who out of experience or conviction, share information in virtual communities.

## 2. Traditional and Alternative Medicine

As we have mentioned elsewhere in this paper, the concept of Traditional and Alternative Medicine is also known and regarded as "Traditional (indigenous) Medicine", Native Medicine' 'Folk Medicine' (Sofowora, 1993) in Africa and other climes. It describes the medical knowledge, native beliefs and practice systems which were developed and passed from one generation to the other within various societies before the arrival of orthodox medicine. In her description of traditional medicine, the World Health Organisation (WHO) affirms that it is the total combination of knowledge and practices used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experiences and observations handed down from generation to generation, whether in written or verbal form (WHO, 2005).

Egharevba, Ibrahim, Kassam and Kunle (2015) posit that the history of traditional medicine in ancient ethnic Nigeria as in most West African countries is shrouded in cultural myths and folklore tales most of which have not been well documented. It is however obvious from traditional relics and folklores that these ethnic communities used one form of traditional medicine or the other since the ancient days. Also they observe that in most parts of Africa, the concept of traditional medicine encompasses such knowledge on the original concept of nature as including the material world, the human environment, whether living or dead, and the metaphysical forces of the universe. Thus, Sofowora (1993) asserts that traditional medicine is health practices, approaches, knowledge and beliefs incorporating plants, animals and mineral-based medicines, spiritual therapies, manual techniques and exercises, which is applied singly or in combination, to diagnose, treat or prevent illness or maintain total well-being of a person. The methods of a traditional healer encompass using medicinal plants/vegetable, herbs, bark of trees, animals and other mineral resources to provide cure to his/her patients. Sofowora (1993) contends that these methods are grounded in the socio-cultural and religious backgrounds as well as knowledge, attitudes and beliefs that are prevalent in the community regarding the causes of a disease and/or disability, and the care/cure of the physical, social, mental and spiritual well-being of the clients/patients. He further

buttressed the fact that the other forms of cultural practices in traditional medicine most times include the use of ritual rites and incantations which are sometimes used for atonement and other mystical rites. In the same vein, Balogun (2021) posits that Alternative Medicine indicates the treatment and health care practices and systems outside the conventional medicine utilised by individual cultures throughout the world.

### 3. Existing Studies and Problem Statement

Plethora of research exist on TAM, but most emphasise on how the experiences, attitudes and practices of practitioners and users form the foundation on which Traditional or Alternative medicine have been built and theorised. Siahpush (1999) has argued that some studies are users' oriented, that is, espousing why users subscribe to TAM in the first place. And he has been able to expatiate that users take on TAM for different reasons, which are but not limited to: dissatisfaction with orthodox medicine outcomes because of related adverse effects; dissatisfaction with doctor-patient interaction, which is usually asymmetrical in nature; the caring and listening nature of TAM practitioners; heterogeneity of a TAM provider; social network; attraction to the new philosophy around nature and holism; psychological fulfilment afforded through alternative therapies.

In Nigeria, several scholars have worked on medical communication, (Idowu, 1973; Sofowora 1982; Adegbite, 1991 &1995; Oloruntoba-Oju, 1996; Odeunmi, 2003; Adegbite & Odeunmi, 2003 & 2013; Abdullahi, 2011), and these studies have focused on historical, linguistic, medical and sociological investigations. Abdullahi (2011) examined the impact of colonialism on Traditional medicine and also looked at the trends and challenges of African traditional medicine with emphasis on the efforts towards the integration of TAM into the mainstream of health care systems from the sociological point of view. He concluded that to minimise the current distrust between modern and traditional doctors and to achieve the objective of regulation, standardisation and cooperation, both traditional and modern doctors must acknowledge their areas of strengths and weaknesses from which they operate and be genuinely concerned about the difficult but necessary task of being human. From the linguistic perspective, Adegbite and Odeunmi (2013) carried out a comparative study of face-threatening acts (FTA) in doctor-patient interaction in orthodox and traditional medical practice among the Yoruba in Southwestern Nigeria. Using data base

tape recorded conversations collected from doctors and patients in selected hospitals and from traditional medicine practitioners and their patients, their findings revealed that language use in interactions between practitioners and clients in Yoruba traditional medicine and orthodox medicine features instances of FTA with redress (positive politeness) and FTA without redress (bald-on-record). Furthermore, Li, Odedina, Agwai, Ojengbede, Hou and Olopade (2020) carried out a cross-sectional study to investigate traditional medicine usage among adult women in Ibadan. Using the interview responses of 748 adult women recruited from selected communities in Ibadan from 2013 to 2015, they found out that the overall proportion of traditional medicine was 81.6%. The findings also revealed that women from Ibo and Hausa ethnic groups were significantly less likely to uptake traditional medicine than the majority Yoruba group. Additionally, they found out that educated women were also less likely than their non-educated counterparts to use traditional medicine. However, this current study is interested in examining how TAM providers engage directive speech acts in projecting expertise, affirming efficacy of their traditional methods, and projecting competence through the avenue of social media.

### 4. Research Methodology

the data, ten independent TAM providers were purposively selected on Facebook, with emphasis on those from Southwest Nigeria (those who code-mix with Yoruba language). We selected the following: Sex, Relationship and Marriage Advice; Sure Truth; Women Empowerment Conference; Mums Globe International; Natural Health Tips; Healing Herbal; Herbal Doctor 1; Health is Wealth; Natural Remedies (Adepoju Abdullah Adedeji); and Traditional Practitioner (Awotope Fatoyinbo). These TAM providers selected specifically posted their expertise in curing the following diseases: ulcer treatment, easy birth delivery, breast cancer, slimming therapy, blood purification, cysts and tumors, ear infection, toilet infection, hepatitis B and so on. The data were qualitatively subjected to Searle and Kohnen's models of Directive Speech Acts where we analyse the directive speech act verbs used by the TAM providers in describing, explaining, prescribing and affirming the knowledge and efficacy of their herbal methods to the audience. The next section examines the theoretical orientation.

## 5. Theoretical Orientations

### 5.1 Directive Speech Act

Historizing the concept of speech act, one would agree that a major difference between Austin and Searle lies in the assignment of illocutionary force of an utterance. For Austin, it is speaker oriented while for Searle, it is listener oriented; while Austin based the action of an utterance to the intention of the speaker, Searle based his on the product of the listener's interpretation. Austin was able to propose a grouping for his performative verbs into five major classes, they are: *Verdictives* which are exemplified by a jury, arbitrator, or umpire where verdicts are given. e.g. acquaint, grade, estimate etc. *Exercitives* which is exemplified by the show of authority, influence or rights e.g. appoint, order, warn etc. *Commissives* which commits the speaker to doing what has been said e.g. promise, guarantee, bet etc. *Behabitives* which is concerned with the attitudes and social behaviour of interactants e.g. apologise, challenge, bless, criticize etc. *Expositives* deals with how utterances fit into ongoing discourse. e.g. postulate, argue, concede etc.

However, Searle saw the need to improve on these grouping due to the problems he identified with Austin's categorisation. He discovered that there is no clear-cut principle that guides Austin's grouping, therefore, a lot of verbs did not have a place to fit in. Based on this, Searle proposed his own classification of illocutionary classes which are referred to as macro classes. They are as follows: *Representatives*: these are utterances where the speaker fits his words with his world using his belief. According to Coulthard (1977), the degree of belief can obviously vary from 'swear', 'suggest' to 'hypothesize' and affective features can be incorporated as in, boast and complain (Pg. 24). *Commissives* was lifted from Austin's classification which is closely related to directives which is concerned with altering the world to match the words, but this time it commits the speaker himself to act. *Expressives* has no definite relationship between the words and the world, there is no psychological verb but there is an illocutionary point which is to express the psychological state specified in the sincerity condition. Examples are to offer 'thanks' and 'apologies'. *Declarations* include many of what Austin initially described as performatives. They require an extra linguistic institution such as the church, and the court. Otherwise, it could be the special case of using declaration concerned with language for instance 'I define', 'abbreviate' and 'name'. *Directives* deal with the attempt to get the listener to do something. In this

case, there is an anticipated future action the speaker expects from the hearer in which the world will match his words. This class includes 'requests' and 'orders' but not strictly, because it could subtly include 'challenging', 'daring' and 'inviting', 'advising', 'ordering', 'giving cues' 'suggesting', 'commanding', 'urging', 'begging', 'asking'. This study adopts Searle's account of Directive Speech Act which defines directives as an attempt by a speaker/writer to get an addressee to carry out an act (Searle, 1976:11). Furthermore, Searles posit that these acts are used by speakers to try and encourage an audience to carry out an action. In order for this to happen, a speaker or writer usually assumes the position of power or authority.

Following Searles (1976), Kohnen (2008) defines directive speech act as an attempt by the speaker or writer to get the audience to carry out an act. In Kohnen's manifestations of directives, these acts can be categorised under four class which are performatives, modal expressives, imperatives and indirect manifestations. Performatives, being the focus in this study, are directives speech acts verbs which co-occur with first person singular or plural indicative active, an object referring to the addressee and the action requested of the addressee. In this study, a lexical item is considered directive if it is directly aimed by a speaker to an addressee to carry out an obligation, that is, cause the addressee to perform some action, or give an instruction or guideline that indicates how to perform an action or reach a goal.

## 6. Analysis and Findings

After subjecting the data to Searle and Kohnen's models of Directive Speech Act, it was discovered that TAM providers use the following pragmatic strategies to project competence and affirm the efficacy of their traditional methods: (1) Legitimization of authority- voices of expertise, altruism, rationality. (2) Cultural Contextuality as explanatory tool; (3) Identity Construction Strategies.

### 6.1 Legitimization of authority

Legitimation of authority strategy is used in projecting knowledge and competence of the TAM provider, that is, competence to care for their addressee. Most times, these TAM providers position themselves as native scientists who use traditional methods in solving health problems. This strategy is engaged to sustain the authority of their knowledge. The providers project their knowledge on all the ailments they can efficiently treat and the outcome

the patient is expected to see. The provider uses this strategy to project an authentic self-expression which connotes a positive, revered, and coveted status. Positioning oneself as being knowledgeable and being an authority is used to persuade and convince

their target audience. They tend to use source credibility, persuasion by association and exaggerated claim in legitimising themselves as being an authority.

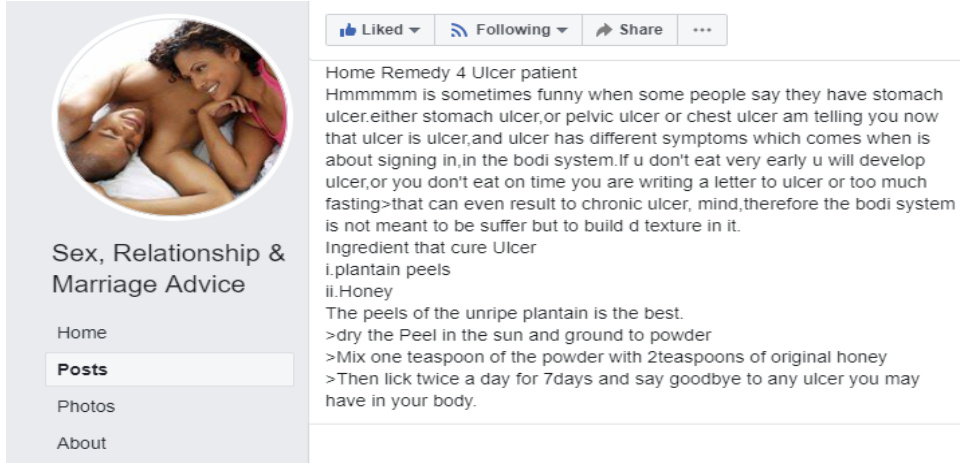


Plate 1

In Plate 1, the TAM provider supplied information about ulcer ailment, and that defined him/her as having the knowledge of the ailment. Having a first-hand knowledge cum information on the symptoms that one can experience with ulcer, necessarily projects the person as being knowledgeable on ulcer ailment. The directive speech acts verbs engaged are all pointers to the TAM provider’s way of legitimising her authority to the audience. They employ directive speech acts of commanding, where there is a supposed task directed from the speaker to the hearer. The supposed task implies that there is an obligation for the hearer to carry out sequentially and finish what the speaker has said or written. Focusing on the ‘commanding’ lexical items used ‘dry the peel’, ‘mix one teaspoon’, ‘lick twice a day’ indicates the asymmetric power relations in the post and which significantly project his expertise in the subject matter and also create and increase awareness on the traditional practices and belief system. The reassurance ‘say goodbye’ extended to the addressee legitimises their proclaimed ability to care for the patients.

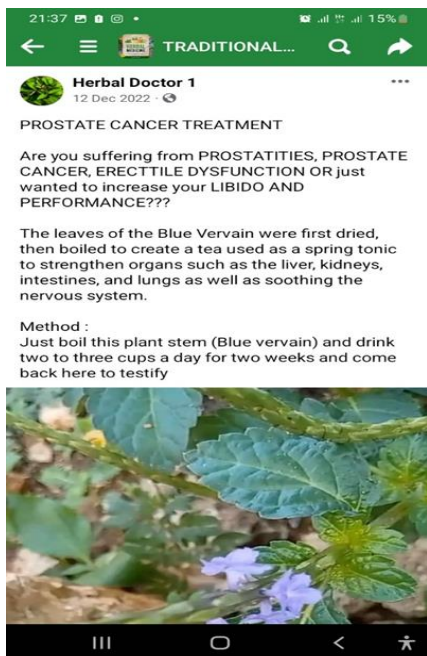


Plate 2

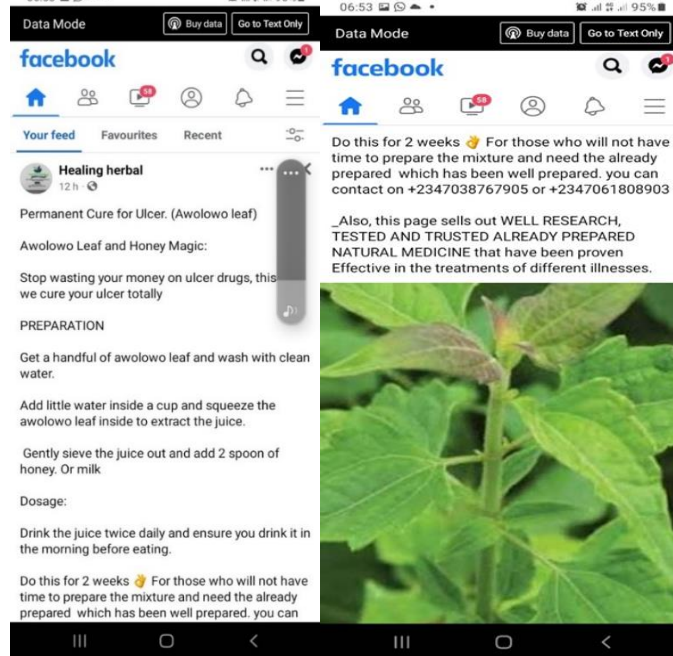


Plate 3

In Plate 2, the Herbal Doctor legitimizes his authority by engaging the diagnostic questioning pattern. The opening of the post, ‘Are you suffering from prostatitis, prostate cancer, erectile dysfunction or just wanted to increase your libido and performance?’ The opening diagnostic question portray the poster as an authority in the field of herbal discourse. Having the knowledge of the various things that can go wrong with male reproductive system, genitals and sexual performance legitimizes the authority of the speaker. After the diagnostic questioning, the poster uses directive speech verbs to instruct the audience on what to do. ‘*Boil the plant*’, *drink two or three sups a day for a week*’ and *come back to testify*’ are all indicative of the poster’s knowledge on herbal medicine. The specificity of the lexical verbs, ‘boil’, ‘drink’ denotes knowledge of the ailments and the solution to them. The poster also engaged the pract of ‘boasting’ to command the audience to ‘come back and testify’.

### 6.2 Cultural Contextuality as Explanatory Tool

Herbal medicine is usually practised in Africa in line with the sociocultural context of the people- the speaker/poster and the audience. This makes it very intimate part of their existence. In this study, we consciously look at the sociocultural environment and the positionality of the provider in considering the authenticity of message. This explanatory tool is employed by Traditional Alternative Medicine Providers to project the fact that there is a connection between the cultural space (environment) and the self (an individual), which is an indirect way of saying that some ailments can defy orthodox medicine. TAM providers leverage their knowledge of their immediate culture and environment to project their knowledge of traditional practices. Even when some say they are unregulated and illegal, TAM engage directive speech acts to bestow credibility on themselves through their display of raw knowledge on their culture, experience and environmental background. Furthermore, it was observed that the providers engage lexemes which project the cultural contextualised activity involved in the traditional methods they project on the social media. They consciously conceptualise the sociocultural angle to the traditional methods they post on Facebook. At times, recourse is made to code switching/mixing which is understood by the audience who have the same mutual background knowledge with them.

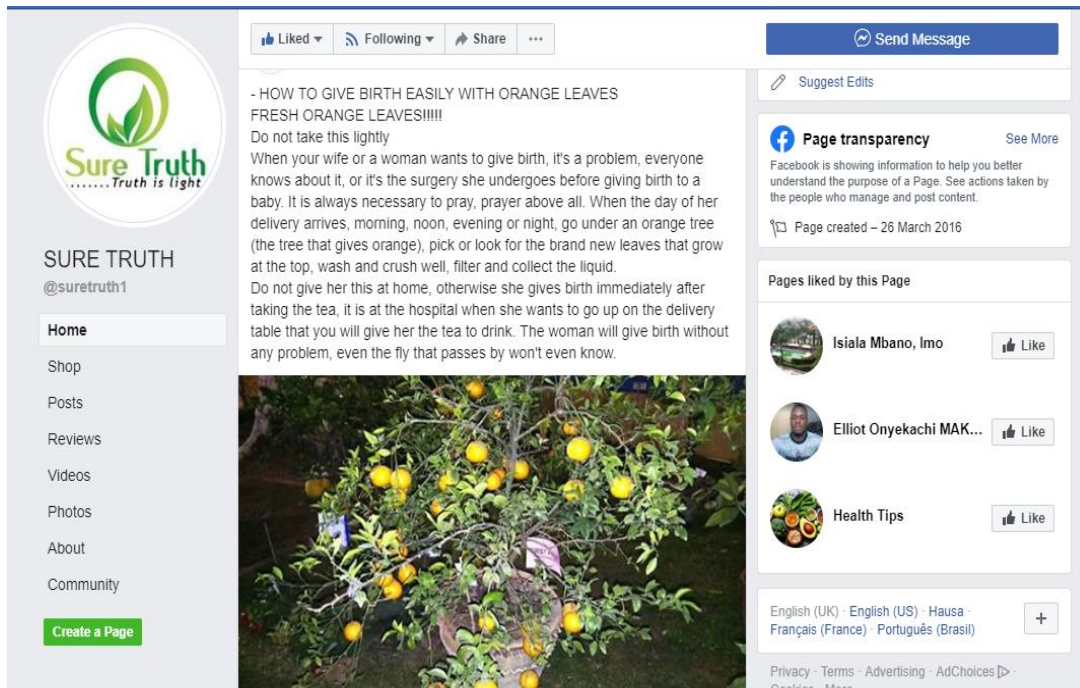


Plate 4



Plate 5



Plate 6

Plate 4 exemplifies what we regard in this study as ‘native science’. We say ‘native science’ because it is almost mystical. The post is on giving birth easily with orange leaves. Orthodoxically, the correlation between fresh orange leaves and child delivery is something that transcends human knowledge. The narration given by the TAM provider indicates that he/she has a knowledge of the methods he is giving out and even used the pract of ‘boasting’ to tell the audience not to take the method lightly. The provider engages the verbal items such as ‘pick’, ‘look’, ‘wash’, crush’, ‘filter’, ‘collect’ and ‘give’ to explain how the process is to be done to yield the desired outcome. These verbal items are carefully chosen by the provider to describe how the audience is supposed to systematically follow the process from the beginning to the end. There is even the engagement of pract of order’ in the post, ‘Do not give her this at home’. The efficacy of the traditional methods is suggested in the tone of the message. In Plate 5 and Plate 6, the analysis reveals that there is recourse to linguistic code which is both understood by the posters and their audience. Tagiri (a melon-like fruit also known as Christmas melon, which is used to wade off diseases from homes), Somuroro (a Yoruba code for Breast Cancer) and Ewe Ibepe (Pawpaw leaves) are all Yoruba codes that only Yoruba speaking audience might know their meanings. This recourse to a particular linguistic code is usually to allow people to communicate ideas without overtly saying them. The intra-sentential switching is a subtle projection of cultural inclusivity between the speaker/poster and the audience. The sociocultural and ideological influences of the language switch shape the discourse of the Traditional and Alternative Medicine providers.

### 6.3 Identity Construction Strategies

Under this sub-section, focus is on how the concept of identity is constructed towards shaping the understanding of the traditional treatment. The perception regarding the identity of a poster is usually needed to determine the efficacy of the treatment and/or medication. The analysis reveals that traditional medicine providers frame their methods in a convincing narrative to the audience. Also, TAM providers oftentimes use directive speech acts to construct ‘expert’ and ‘burden-bearer’ identity to their audience. This ‘expert’ and ‘burden-bearer’ identity is constructed through the engagement of independent vocatives, diagnostic questioning, experience-oriented jargons, modality, self-reference and self-inclusion and linguistic markers of politeness. They explicitly use language to construct these identities in their Facebook posts. The expert identity constructed connotes absolute authority, superior expertise in the field of native medicine and some reflect asymmetry relationship between the TAM providers and their audience. In the plate below, the poster mentions that ‘*try this simple magic and give me feedback*’, This denotes that the TAM provider is constructing an identity of being the expert in that field.



**NATURAL HEALTH TIPS**

\*Blood Purification:\* To cleanse your blood from impurities that pollute the system arising to infections and weak immune -  
Try this simple magic and give me feedback.  
👉 Get Carrot, slice and blend to make carrot juice. Add 2 spoonful of honey to ½ of this method a day interval for two weeks and you'll be surprised how your system will be cleansed. Your blood will be so fresh and healthy.  
\_It's also highly effective in curing people with Jaundice.\_



**Sex, Relationship & Marriage Advice**

Home  
**Posts**  
Photos  
About  
Community  
Groups

**Loo Cee**  
Yesterday at 12:1

Like · Comment

**Appointed-Season**  
Yesterday at 09:4

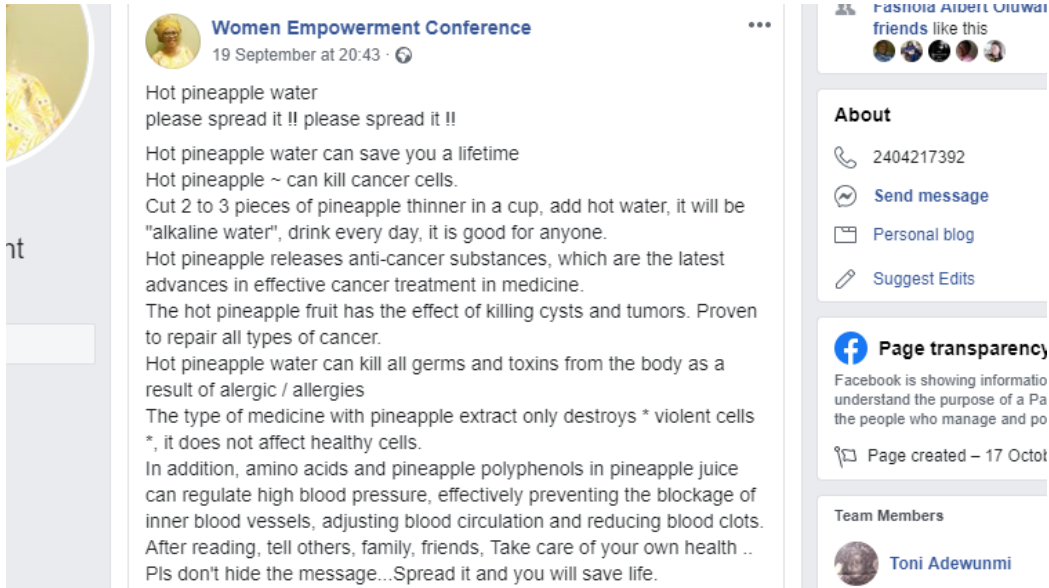
If your name is "JOY" and man and him at night, tell him... See

Like · Comment

English (UK) · English (US) · Français (France) · Português

Privacy · Terms · Advertising · Cookies · More · Facebook © 2019

Plate 7



**Women Empowerment Conference**  
19 September at 20:43 · 🌐

Hot pineapple water  
please spread it !! please spread it !!

Hot pineapple water can save you a lifetime  
Hot pineapple ~ can kill cancer cells.  
Cut 2 to 3 pieces of pineapple thinner in a cup, add hot water, it will be "alkaline water", drink every day, it is good for anyone.  
Hot pineapple releases anti-cancer substances, which are the latest advances in effective cancer treatment in medicine.  
The hot pineapple fruit has the effect of killing cysts and tumors. Proven to repair all types of cancer.  
Hot pineapple water can kill all germs and toxins from the body as a result of allergic / allergies  
The type of medicine with pineapple extract only destroys \* violent cells \*, it does not affect healthy cells.  
In addition, amino acids and pineapple polyphenols in pineapple juice can regulate high blood pressure, effectively preventing the blockage of inner blood vessels, adjusting blood circulation and reducing blood clots.  
After reading, tell others, family, friends, Take care of your own health ..  
Pls don't hide the message...Spread it and you will save life.

**RASHIDA AIDERU OLUWAI**  
friends like this

**About**

📞 2404217392  
💬 Send message  
📁 Personal blog  
✎ Suggest Edits

**Page transparency**  
Facebook is showing information to help you understand the purpose of a Page and who is managing it.  
📅 Page created – 17 Oct

**Team Members**

👤 Toni Adewunmi

Plate 8

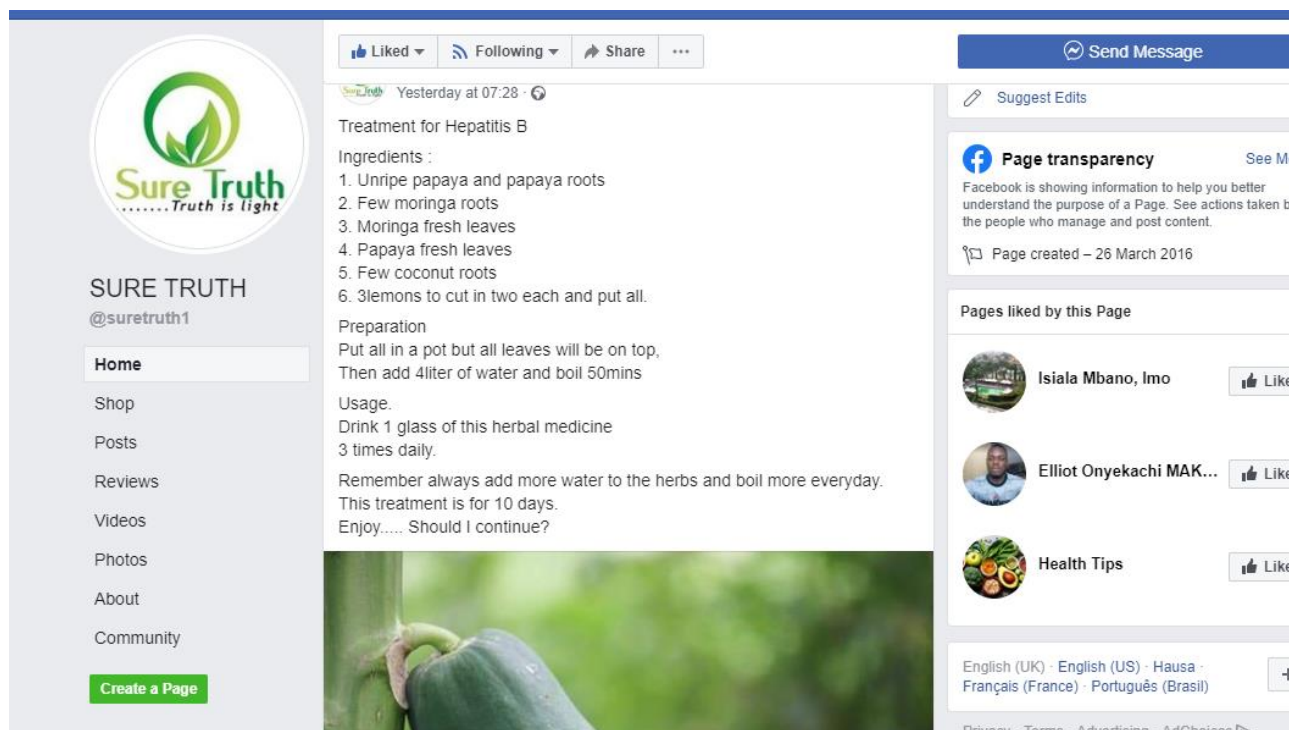


Plate 9

In the above plates, the TAM providers constructed expert identity through modality, experience-oriented strategy and exclusive pronominals. For instance, in Plate 7, the poster of Sex, Relationship and Marriage Advice constructed an expert identity through the directive speech act of ‘request’ engaged. He requested that the audience should, ‘try this simple magic and give me feedback’. He projects his ‘authoritative stance’ in the tone with which he made the request. The declarative statement which also doubles as directive speech act in Plate 8, ‘*Take care of your health. Pls don’t hide the message. Spread it and you will save life*’, is a clear pointer to linguistic marker of politeness from the provider to the audience. The provider in Plate 9 also constructed an authority identity through the use of modality of expectation ‘should’ in the question posed at the end of the post, ‘Enjoy...Should I continue?’. This identity constructed denotes that the provider has more knowledge in her arsenal, which she is willing to provide if given the motivation.

## 7. Conclusion

This paper seeks to examine how TAM providers engage directive speech acts in projecting expertise, affirming the efficacy of their traditional methods, and projecting competence through the avenue of social media. The analysis reveals that TAM providers engage directive speech acts in legitimising

authority, contextualising culture as an explanatory tool and constructing expert identity in describing, explaining, and affirming the knowledge and efficacy of their herbal medicine in their Facebook posts. It is believed in this study that the competence, confidence, and knowledge projected with the engagement of directive speech acts will help project the image, credibility and efficacy of the traditional methods of treatment and also give them more traffic in terms of acceptability. The findings reveal that these strategies as engaged by TAM providers on social media have a great tendency to project knowledge, give credence and dissuade scepticism surrounding traditional and alternative medicine in Nigeria.

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