

**THE INTELLIGENCE OF HEALING: BLACK AMERICAN ETHNOMEDICINE AS  
ALTERNATIVE KNOWLEDGE**

**By**

**Aron Shields Patton**

**A THESIS**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**African American and African Studies – Master of Arts**

**2015**

## **ABSTRACT**

### **THE INTELLIGENCE OF HEALING: BLACK AMERICAN ETHNOMEDICINE AS ALTERNATIVE KNOWLEDGE**

By

Aron Shields Patton

The aim of this research is to investigate and identify the ways in which African descendants in the Diaspora utilize a medical lexicon to place their discourse of healing and health within larger sociopolitical structures and to examine how African American conceptions of health and healing expands widely held beliefs about what is and what is not 'political'. It seeks to explore and analyze the following questions: How do African Americans practice traditional healing within a larger sociopolitical context? Do their medical practices take into account larger community and social issues? If so, do they view community and social issues as contributing to individual well-being?

Using ethnographic interviews and participant observations of African American practitioners of traditional medicine in Detroit, Michigan, this study is designed to illuminate the intersections between the medical and the political and the ways in which these two ideas are in constant flux with one another. I seek in part to utilize performance theory to examine how African-Americans practice traditional medicine. I will combine this framework with an ethnomedical framework in order to emphasize social roles, health beliefs and practices, and the culture in which such healing is taking place.

## TABLE OF CONTENTS

Chapter 1 Introduction	
Healing and Knowledge Production.....	1
Research Problem.....	4
Research Questions.....	6
Theoretical Framework.....	9
Overview of the Thesis.....	12
Chapter 2 Literature Review.....	13
Early African American Health.....	15
Biomedicine and African American Folk Medicine.....	19
Healing, Political Knowledge and Intellectualism.....	24
Summary.....	31
Chapter 3 Interviews.....	32
Karla Mitchell.....	32
Kimberli Boyd.....	43
Tissheama Pizzimenti.....	50
Leppel Payne.....	57
Discussion.....	63
Scene: Structural Poverty, Race and the Loss of Ethnomedical Knowledge.....	63
Act, Agency, and Agent: The Performance of Ethnomedicine.....	66
Black Ethnomedicine and Biomedicine.....	74
Purpose: Significance of ethnomedical practitioners.....	81
Chapter 4 Summary and Conclusion.....	83
REFERENCES.....	87

## **Chapter 1**

### **Healing and Knowledge Production**

In the introduction to her book *Body and Soul: The Black Panther Party and The Fight Against Medical Discrimination* sociologist Alondra Nelson (2011) argues that Black Americans and women have obtained social rights primarily through civil rights; health benefits were most often received through employment. Because the social inclusion of minority groups and the rights that come with it rest so heavily upon civil rights granted via powerful institutions and organizations, normative assumptions undergirding social inclusion and rights are not critiqued. Nelson terms this phenomenon *citizenship contradiction*. Many Black Americans

possess an emaciated citizenship that may be 'conditional on political whim' or the vagaries of the market...we can understand the organization's [Black Panther Party] health politics as an effort to provide resources to poor blacks who formally held civil rights, but who by virtue of their degraded social status and social value lacked social and economic citizenship and thus the privileges that accrue to these, including access to medical care (Nelson, 10).

Nelson's words give cause for concern. If citizenship and the rights and resources therein are acknowledged solely through institutions, what do people who have been historically excluded from and abused by these institutions do to secure resources such as healthcare? Touted as a pure science, biomedicine is the dominant form of medical care in the United States and in many places around the world. Biomedicine's reliance on science as empirical, logical, and objective ignores the ways biomedicine is a culturally based practice not so easily separated from the histories and sociopolitical realities of the individuals and groups that compose it. Black Americans' ethnomedical practices have stood outside biomedicine

and have been denigrated or all but erased. A number of scholars (Mitchem, 2007; Fett 2002; Chireau 2006; Mitchem and Townes 2008; Long 2012; Fontenot 1994) have given great insight not only into, what has been termed by some, Black American “folk” medicine, but also into Black Americans’ engagement with dominant biomedical knowledge and institutions. Many Black Americans have engaged biomedicine in a myriad of ways while also retaining use and belief in traditional ethnomedical practices.

This paper examines the ethnomedical practices of four Black ‘healers’ in the Detroit metro area. Previous research on the ethnomedical practices of Black Americans have often highlighted what is traditionally considered to be ‘folk’ practices. These practices range from the practices of African descendants in the United States such as conjure, hoodoo, and voodoo as well as those practices of other African descendants throughout the Diaspora – Candomble, Santeria, etc. The pronounced African influence of these ethnomedical practices often justifies scholars’ use of the term ‘folk’ alluding to a notion or essence of Africanness, that, while syncretized, is predominantly practiced by Black people and widely understood to be a Black ‘thing’. However, the extent to which some Black Americans have combined other forms of healing – Reiki, Sukyo Mahikari, homeopathics – with Black Christianity and Black cultural ideas of health, illness, and healing do we then not consider these authentically Black? How can we speak of Black healers in way that validates the inevitable process of hybridization Black Americans have been forced to undergo in various social, cultural, and political spaces while acknowledging the authenticity of their healing practices?

Thus, in one sense, this thesis seeks to push against the tendency to view Black American ethnomedical practices strictly through the lens of ‘folk’ practices. Viewing Black

American ethnomedical practices in this way assumes a type of authentic Blackness separate from the myriad ways in which Blackness manifests and is practiced across class, gender, and sexual lines. Instead, the idea of hybridization frames my analysis of these healing practices and conceptions of health. The interactions between Africans, African Americans, Native Americans, and White Americans, in many cases characterized by coercion and force, inevitably lead to the incorporation of different ideologies, practices, values, and beliefs into Black American ethnomedical practices. Ethnomedicine examines different societies' and cultures conceptualizations of health and illness "including how people think and how people act about well being and healing" (Quinlan, 381).

Utilizing ethnographic interviews of four Black healers in Detroit and field notes acquired from my time spent in these healing spaces, I find a thriving community of practitioners who believe in the medical and spiritual efficacy of their ethnomedical practices. Perhaps equally important to note is the community within which these practices occur and how members in the community seek the counsel and expertise of the Black healers. Each of the interviewees offers a critique of Black social, political, and economic inequalities and of the dominant system of biomedicine in one way or another.

My interest in this thesis topic in part derives from the historical and contemporary fact that Black Americans' experience the social, economic, and political realities of the United States fundamentally different due to a stain of racism and white supremacy. Deeply iniquitous, "the American Republic in its founding and in the ordering of its institutions was consciously set up to place the enslaved Africans in a situation of dis-ease and imbalance, a most unhealthy situation"(Mitchem & Townes, 39). These systemic realities bear most notably upon the Black being. Here, I place 'being' in opposition to 'body' to draw attention

away from the body and towards the being - the mind, body, and spirit connection. Healing and health have always played a central role for Black Americans however, schisms between Black American understandings of health, illness, and healing and those of the dominant, biomedical model contribute to the negative relationship many Black Americans have with biomedicine.

### **Research Problem**

The continued use of ethnomedicine amongst Black healers suggests a level of continued relevance that has implications for biomedicine and its claim to authoritative knowledge. Secondly, the fact that Black ethnomedicine extends past the individual to view health and illness as deeply connected to community and society (Mitchem 2007; Chireau 2006; Mitchem and Townes 2008) suggests a critical awareness of and engagement with social structures, socially constructed ideologies and politics to then address individual health. Thus, healing knowledge entails a political knowledge and a potential intellectual quality that allows for a questioning of the ways we conceptualize knowledge, how it is obtained, who possesses it and how it is known.

Black Americans have carried with them an interpretive framework of health and illness providing a culturally salient way to understand and address health and illness. Religion and spirituality are nearly inseparable from ideas of health and healing in much of the Black American community. This contrasts with much of Western, European culture where the body and the mind are often seen as separate entities. Rene Descartes asserts this belief in his theory of 'Cartesian Dualism' in 1641 where he "separates the natural from the supernatural, and the world of ideas and actions from the physical (visible, touchable) world...Biomedicine conventionally divides pathologies into mental illness and physical

disease” (Quinlan 387). In many African-based healing religions the spiritual realm is not viewed as separate from the physical, but often as interwoven with the physical. Yvonne Chireau (2006) in her book *Black Magic* defines ‘magic’ as the ability of the spiritual to affect change in the physical world. Yet, Chireau suggests the term ‘magico-religious’ to refer to the intimate connection between magic and religion in the Black American conjuring tradition. Chireau’s explanation speaks to a linking of aspects of the physical world - health and healing - as ideologies with larger cosmological understandings. Political scientist Anthony Bogues (2003) examines two important strains within African political thought: the heretical strain and what he terms the *redemptive prophetic* strain. This redemptive prophetic strain of Black political activists is characterized by a deep spirituality and an episteme existing outside of Western rational and political thought. Black ontological beliefs cannot be separated from religion and spirituality. These Black thinkers form political thought and intellectual engagement outside of a traditional Western and European episteme challenging us to conceptualize social organization in new and revolutionary ways.

On one hand, the findings in this thesis offer a critique of and challenge to biomedical authoritative knowledge and hegemony. Key findings highlight the importance of aspects of healing such as an emphasis on the mind, body, spirit connection, emotional accessibility, and the role of community that are largely absent from biomedicine. Thus, many of the findings within this study would positively contribute to increasing the potential for biomedicine to reach, help, and understand diverse populations where historical and contemporary tensions have prevailed. However, this thesis calls attention to other forms of knowledge operating simultaneously with biomedical authoritative



knowledge and resists the occlusion and erasure of Black American healing knowledge and practices.

### **Research Questions**

Given the fact that many Black Americans have a tortured relationship with biomedical institutions and practitioners, this thesis explores the ways Black Americans take matters of health into their own hands in culturally specific ways. How do we understand contemporary ethnomedical practices as occurring within a larger sociopolitical context? How do these ethnomedical practices constitute alternative forms of political and intellectual knowledge? As a result scholarship on biomedicine and its relationship with Black Americans we know the ways in which the lives and realities of Black Americans have been excluded from the creation of biomedical systems with the ability to address and alleviate debilitating medical issues and used as experimental objects for the advancement of medical science.

Black American's health experiences in the United States cannot be separated from the slave experience and from the subsequent legacy of white supremacy and anti-black sentiment. Under the condition of slavery, poor sanitation, improper shelter from the environment, a nutrient deficient diet, and the cramped conditions of slave cabins where families of three or more cohabitated lead to serious illnesses amongst slaves (Savitt, 1978). Serious, debilitating diseases such as cholera and venereal disease were viewed as 'Black' diseases. The white belief in an increased immunity and reduced susceptibility to various diseases amongst slaves served to justify inhumane treatment of slaves. Importantly, health and illness amongst Black slaves was only important insofar as a

concern with these issues appealed to the dominant sociopolitical and cultural structure of the United States and the central role of slavery to the economic functioning of the country.

Prior to the late 19<sup>th</sup> century, medical care, for both Black and White Americans, was unsystematic and largely guided by a moral and spiritual understanding of health and illness. The subsequent rise in objective, rational, and empirical scientific thought transformed medical care in the United States and can be viewed as the beginnings of biomedicine. Yet newly emancipated slaves and other free Black Americans were excluded from receiving biomedical care. The realities of war and the turbulent shifting of social, economic, and political institutions in the United States during emancipation and reconstruction placed many Black Americans in a medical abyss. Jim Downs (2012) analysis of Black American health post-1865 finds that

the distress and medical crises that freed slaves experienced were a hidden cost of war and an unintended outcome of emancipation. While sickness and epidemics certainly existed in the South before, the Civil War, like many major wars throughout the nineteenth century, gave rise to explosive epidemic outbreaks and inordinate mortality and suffering. (Downs, 7)

This exclusion from biomedical care as well as noted biomedical abuses against Black Americans have contributed to much of Black America's skepticism concerning biomedicine. Regardless, Black Americans have realized the importance of having access to biomedical care. Accessing biomedical care has been central to Black American struggles for equality. Importantly, this does not imply the nonexistence of a Black American ethnomedical practice, rather it implies Black Americans' recognition of biomedicine's

many benefits and the belief that many forms of healing exist and have a place in obtaining general health and well-being.

Social worker and researcher Joy DeGruy Leary (2005) reminds readers that the perceived inhumanity of Black people has undergirded objective, rational and empirical science in disciplinary fields such as medicine and anthropology. Thus, for a significant portion of United States history Black Americans, through force of circumstance, have had to address health issues within the Black community with little reliance on outside forces. Yet, the perceived reality of Black inhumanity did little to stop medical experimentation on Black Americans. Beyond the often cited Tuskegee experiments and 'Mississippi appendectomies', biomedical experimentation on Black bodies ranged from instances of individual doctors' abuses to implicating the United States government in grotesque nuclear radiation testing on Black subjects (Washington, 2008).

Any examination of Black ethnomedical practices cannot be separated from historical and contemporary events. These events occur within multiple and specific sociohistorical, sociopolitical and cultural concepts forming the backdrop of these practices. Thus it is plausible to assume that Black healers acquire knowledge of the world and the ways these phenomena impact Black health. In many of the cases presented here, the healers are not anthropologists, sociologist, political scientists or the like. Their awareness of larger social forces and its impacts on people is largely experiential in nature but also acquired and deepened through their ethnomedical practices. Knowledge for these Black healers then does not always occur through institutions and channels widely considered normal and acceptable. Their knowledge of larger societal happenings plays a crucial role in the ways they formulate their explanatory models regarding health and

healing. Further, diagnoses and patient interaction amongst these healers is socially and culturally mediated and politically charged. Thus, this thesis draws attention to notions of embodied knowledge, spiritual knowledge, faith, and intuition. These ways of knowing exist in contrast to the confluence of objectivity, rationality, logic, and empiricism characterizing science and scientific thought. Additionally, the emphasis on text as the primary medium through which knowledge can be transmitted, received, and comprehended stands in contrast to the ethnomedical practices examined by this thesis.

The interviews with Black healers suggest an ethnomedical practice that is not deeply mired in the physical body. Rather, diagnoses and symptoms exist in different spheres of being – mind, body, and spirit. Similarly, the formation of these practices have existed within and across institutions at times remaining intact and other times shifting, transforming, and melding with other interpretive frameworks and healing practices to not only remain relevant, but also effective.

### **Theoretical Framework**

To gain a more comprehensive insight into the ethnomedical practices of Black Americans, I utilize Performance Theory. Much has been made about Performance Theory lacking clear theoretical and methodological boundaries, however, while true that the theoretical and methodological boundaries are flexible, this does not suggest a lack of structure. Rather, Performance Theory contains a necessary permeability allowing much more subtle inquiry into the ways social, political, and cultural realities are expressed through the everyday experiences. For the purposes of this thesis, Performance Theory embraces the existence of alternative knowledges – embodied knowledge, intuition, tradition, and those knowledges and practices existing outside of key, Western knowledge

producing institutions. The emphasis on the everyday and its ability to reveal the existence and practice of alternative forms of knowing becomes all the more important when dealing with Black Americans as well as other people of color. Given that biomedicine did not arise in a vacuum, but rather was formed within and in relation to other aspects of society, it is no surprise that by and large biomedicine reflects racism, sexism, and other socially constructed barriers. Anthropologists examining the rituals and sacred healing practices of other cultures note how many cultures take on the spirit and resemblance of an animal, spirit, God, or ancestor. With regards to Hmong healing ceremonies, Conquergood (1992) characterizes these sacred rituals as performances providing psychosomatic healing by embodying disease and illness through the use of culturally relevant religious stories. By doing so, the healer provides relief and assurance to the afflicted. In *Suburban Shaman*, Cecil Helman (2006) paints biomedicine as a performance. These performances are about transformation for Helman.

Although surgical masks are worn solely for a practical purpose – to reduce the threat of infection to the patient – I believe they may also have another, more subliminal role. To my anthropological eye it seems that, in addition to the merely technical procedure, something else is going on during a surgical operation, something rather akin to those tribal ceremonies. For with their fixed rituals and choreography, their standardised costumes, and rigid rules of behaviour and speech, surgical operations can also be seen as a type of masque, an allegorical performance carried out by masked actors. In this setting, the mask helps transform an ordinary mortal doctor into a type of archetypal superhero, someone daring and brave. In this cool green, disinfected operating ‘theatre’, with its beeping machines and low

murmuring voices, this masked hero is now ready to confront the forces of Disease and Death – and defeat them; to impose, with the help of all the powers of Science that he incarnates, Order onto Chaos. (Helman, 40)

In this case, when the surgeon ceases to be understood solely as a surgeon, he or she becomes an actor, a person who performs but whose sole being is not tied to this performance. The surgeon performs many roles in life and all of these roles play a part in the surgical process. In a way, Performance Theory does away with the idea that people ‘leave their baggage at the door’ when they step into professional spaces. Instead, the multiple roles a person plays manifest in words and actions. These words and actions emerge from and simultaneously influence sociopolitical, cultural, and historical realities. Marsha Quinlan’s explanation of ethnomedicine helps to clarify my use of performance theory:

Cultural ideas – about the nature of the body and illness, but also pervasive cultural philosophies about morality, responsibility, autonomy, powerful forces, and so forth – converge to form an ethnomedical system. This convergence of notions forms a system of ‘internal logic’ for understanding illness. What may be a logical medical determination according to one set of beliefs may seem like a bad idea in the logic of a different ethnomedical system, because each system has its own internal logic...Explanatory models are often so intertwined with other cultural beliefs that identifying ethnomedical theories can be challenging. (Quinlan, 383)

Thus, both the surgeon and patient cease to be understood in such narrow and limiting terms. They bring to the biomedical encounter many nuances which Performance Theory is poised to ascertain through its focus on the *being* and *doing* of human interaction.

Similar to Helman, I view the ethnomedical practices of Black Americans as well as biomedical interactions as performances. Through their self-described interactions with other, their discussions of spirituality and its impact on their healing, and their understandings of larger social forces bearing upon Black American health, these Black healers perform healing. They take on the role of healer, embodying its various meanings, practices, and implications while combining it with a Black aesthetic and worldview that is also embodied.

### **Overview of the Thesis**

Chapter two of this thesis provides a review of relevant literature including work done by scholars examining Black ethnomedicine and a review of key definitions and ideas surrounding performance theory. Also reviewed is literature that defines and characterizes aspects of biomedicine that will be engaged in the discussion section of this thesis. Chapter three presents interviews with four Black healers in Detroit as well as the discussion section with relevant themes. These themes lead to a discussion on the political and intellectual character of Black ethnomedical practices. Chapter four gives a summary and conclusion of the thesis, including contributions to biomedicine and research on knowledge production. Suggestions for further research are also presented in the fourth chapter.

## **Chapter 2**

### **Literature Review**

For examining the ways in which contemporary African American ethnomedical practices constitute an alternative form of intellectual knowledge and critique, both Dwight Conquergood's (2002) essay *Performance Studies: Interventions and Radical Research* and Paul Gilroy's (2003) essay *Jewels Brought From Bondage: Black Music and The Politics of Authenticity* lay important theoretical groundwork for examining the ways in which not only alternative forms of knowing and knowledge exist outside, and quite independently of, written text, but also how the myriad manifestations of human communication can be ignored and erased via overemphasis on discursive practices. Conquergood (2002) addresses the erasure of other ways of knowing and communicating at length arguing that an overemphasis on textuality represents an 'epistemic violence' (p. 146) because academicians and others ignore the extent to which marginalized peoples are not afforded the same avenues of expression and communication given to privileged groups. The extent to which those marginalized people express and experience the world through the workings of the physical body – embodied knowledge – is lost to those operating within an epistemic framework of textuality and effectively limits the intelligibility of those practices and forms of knowledge.

Orality, dance, and music constitute other important forms of human communication and knowing which Performance Studies primarily concerns itself with. Paul Gilroy's (2003) analysis of the aesthetics of Black music demonstrates how Black musical aesthetics are not simply artistic, but intellectual creations and endeavors most clearly articulated as such through their critique of Modernity. Gilroy makes this abundantly clear in his essay wherein Black musical traditions and aesthetics have "supported the formation of a distinct, often priestly caste



of organic intellectuals whose experiences enable us to focus upon the crisis of modernity and modern values with special clarity” (Gilroy, 141).

Considering the contributions of both Gilroy (2003) and Conquergood (2002), not only can Black American musical traditions represent a form of intellectual knowledge and a political critique outside of more traditional institutions and normative modes of communication, but I assert the contemporary ethnomedical practices of African Americans similarly represent intellectual and political knowledge and critique. My thesis then compels a few pertinent questions: how do Black American ethnomedical practices act as intellectual and political knowledge? What is the relationship of these ethnomedical practices to the dominant biomedical model? Do Black American ethnomedical practices offer, if anything, not only to biomedicine, but also to larger, mainstream societal understandings of health and healing or to political policy making? Relatively little literature exists in medical anthropology on Black American ethnomedical practices as a form of *intellectualism*. Similarly, connections between performance theory and conceptions of health and healing remain nascent. A review of the literature from Performance Studies provides a fresh theoretical lens through which to examine and analysis contemporary Black ethnomedical practices.

## Early African American Health

The poor treatment of Black American ethnomedical practices in scholarly writing can in part be attributed to Robert Voeks (2009) argument that within the fields of ethnobotany and ethnomedicine scholars have made various erroneous assumptions about the ways in which ethnomedical knowledge is acquired. Key amongst these assumptions is the notion that African Diasporic peoples lack the long-term residency in the Western Hemisphere necessary to sufficiently acquire medicinal knowledge about the surrounding flora and fauna. He states,

Most ethnobotanical narratives, whether stated or implied, assume that knowledge profiles are the outcome of long-term residence and gradual cognitive familiarity with the floristic environment. Particularly in the tropical realm, where biological diversity is extreme and plant frequency low, the ability to recognise, label, categorise and especially learn the material and spiritual values of individual plant species is take to be a glacially slow process...Native people are characterised as repositories of ancient plant wisdom handed down as sacred oral text from generation to generation. Diaspora communities, on the contrary, are often portrayed as part of the problem rather than the solution. Their relatively recent arrival in a protean landscape is seen as inconsistent with the acquisition of significant ethnobotanical knowledge, and their alien worldviews and modes of subsistence are perceived as threats to the ecological balance developed over time by indigenous societies. Nowhere is this dialectic more strikingly apparent than among the descendants of African slaves in America's humid tropics. (Voeks, 276)

The fact that Black Americans, as well as, in the case above, those within the Diaspora have traditional rituals, social healing practices, and explanatory models of disease and health to say nothing of a *history* of ethnomedical practice, eludes researchers and scholars operating

within a narrow interpretation and understanding of ethnomedical knowledge and practice. However, various scholars examining Black American ethnomedicine have disrupted this understanding and provide a view of the healing beliefs and practices amongst Black Americans (Fett, 2002; Long, 2012; Covey 2007; Mitchem, 2007). The examination of these scholars' works focuses heavily on Black American ethnomedical practices in the antebellum South. Their work, like that of Voeks (2009), serves as a historical corrective through its attention to the existence of alternative medical systems paralleling biomedicine and gives much needed attention to African American medical knowledge providing a roadmap to ask deeper and more pertinent sociohistorical, cultural, and political questions.

Slavery represents a crucial historical period in the analysis of African American ethnomedical practices. As an economic system controlled by white plantation owners, slavery morphed the Black body into a tool used for labor and the enrichment of the United States. Subsequent functions of the Black body such as reproduction as well as its needs, like healthcare, were controlled and monitored by White slave owners. In *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*, Margaret Long (2012) states that the majority

of African Americans spent their entire lives enslaved in the rural South, and an array of laws granted their white owners control over their bodies. This control extended beyond labor to sexual access and to medical treatment that could include decisions about everything from amputations to whether to rely on allopathic or homeopathic practitioners. (Long, 2012)

Laws determining the care of or disregard for enslaved Black bodies ensured White control of the labor force. Sharla Fett's (2002) in depth examination of antebellum slave

medicine *Working Cures: Healing, Health, and Power on Southern Slave Plantations* examines the doctrine of ‘soundness’ and how it guided Southern plantation owners’ assessment of their slaves’ health. In contrast to health, the doctrine of soundness referred to the capacity of a slave to continually provide revenue to the White slave master. The plantation-based Southern economic system wholly depended upon the health and longevity of the enslaved. However, this doctrine not only assessed physical health, but also

extended to mental and moral dimensions of slave health as well...The objectification of black health under slavery was thus not simply a matter of persons reduced to physical bodies but also of minds and personalities subjected to market assessments. (Fett, 20).

The principles and interests of the emergent capitalistic endeavors of the state guided any diagnosis of illness among slaves. Fundamentally, whether or not a slave was ‘sound’ determined the basis of transaction between buyers and sellers and the ability of either to make a profit. Yet Fett (2002) states that with the commodification of the Black body also came “the objectification of African American health” producing a limited definition of “slave health permeated by concerns of slaveholder status and wealth. Questions concerning slaves’ mental and physical health influenced the very nature of economic transactions in slave property” (Fett, 18). Thus, the principle of human property profoundly shaped the development of practice and theory in Southern medicine.

Racist notions of the Black body contributed to slave owners’ perceptions of illness and health amongst enslaved African Americans. For example, determining whether or not an illness was feigned was a prerogative of the slave master and mistress. Largely founded upon racist beliefs about the capabilities and constitution of the Black body, enslaved Black Americans were believed to be more susceptible to certain diseases and possess an increased immunity or

resistance to others. Conveniently, these beliefs rarely examined the impact of such realities as the grueling working and living conditions, nutrition, or proximity to malarial swamps on the general health of enslaved Black Americans (Savitt, 1978). In *African American Slave Medicine: Herbal and Non-Herbal Treatments*, Herbert Covey (2007) highlights how the health of slaves deteriorated during the Jacksonian and antebellum periods; the mortality rate of Black infants was four times that of white infants (Covey, 2007).

As enslaved Black Americans served as exploitable, free labor in the construction of the United States, similarly, their bodies became the experimental site upon which nascent biomedical breakthroughs would take place. Consistent with the belief that enslaved African Americans did not feel pain to the same extent as whites, Black bodies were subjected to horrific and deadly experimentation in the name of medical advancements. Harriet Washington's (2006) book *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Time to Present* documents in excruciating detail the untold abuse on Black Americans through biomedical experimentation. As one painful example, Washington notes how during the 1850s, James Marion Sims, now a medical icon, experimented upon slave women with vesicovaginal fistula (an abnormal opening connecting the vagina to the bladder) to discover a cure to be used on white women. His surgical procedure sought to "close the unnatural openings in the ravaged vaginal tissues; he had to make the edges of these openings knit together. He opted to abrade, or 'scarify', the edges of the vaginal tears...he then closed them with sutures and saw them become infected and reopen, painfully, every time" (Washington, 65). Though Black slaves were considered in every way inferior to whites, ironically, the belief in Black inferiority did little to deter white physicians from using Black

bodies as test subjects for the benefit of white health. In many regards Black bodies were expendable or valuable only insofar as they advanced the health of white bodies.

### **Biomedicine & African American Folk Healing**

The interaction between Whites and enslaved Blacks regarding health and well-being was one of control, violence and exploitation wherein enslaved Blacks provided White plantation owners with free labor to acquire untold wealth and capital and, critically, to advance biomedical knowledge. Not easily disconnected from the violent realities of the slave economy, enslaved Black Americans viewed biomedicine with extreme mistrust and doubt. More importantly, through the 1800s science was often used to justify Black enslavement. Scientific literature detailing so called “Black” diseases and illness conferred legitimacy to the slave system as well as the concomitant ideology of White racial superiority. Text, then, becomes the vehicle through which the authority of scientific knowledge and the authority of White supremacy is expressed and disseminated.

In his examination of biomedicine within an African context, author David Baronov (2008) theorizes biomedicine as occurring within three ontological spheres: 1) as a scientific endeavor wherein biomedicine reflects the ascendance of scientific reason within the physical sciences during the late 18<sup>th</sup> and early 19<sup>th</sup> centuries, 2) as a symbolic-cultural expression revealing the “material-ideological contours of Western capitalist societies”, and 3) as an expression of social power owing to biomedical institutions and their relative compatibility with corporate powers (Baronov, 2008). Biomedicine can then be understood as the

summative achievement of four hundred years of Western Enlightenment thought. Thus beholden to an Enlightenment ethic of ceaseless, utilitarian progress and innovation, biomedicine embraces medical practices that follow the strict empirical norms of the

experimental sciences. Human health or disease is defined as any variance from the normal statistical ranges for the species's regular physiological functioning, and the human body itself is laid before biomedicine as a soulless, multifunctional machine whose detailed internal structures require precise probing via a sophisticated complement of capital-intensive biotechnology...As a scientific enterprise, objectivity, standardization, and the peer-reviewed rigor of the scientific method provide biomedicine with the only conceivable investigative techniques for its phenomenal forms. (Baronov, 34-35)

The integration of science with medicine is largely attributed to the work of Abraham Flexner. Abraham Flexner's report is considered one of the most influential documents effecting biomedicine. Published in 1910, the Flexner report called for the incorporation of the scientific method found in the natural sciences into the medical sciences (Chapman 1974). Flexner also pushed for more rigorous educational requirements for those wishing to become doctors and criticized the inadequate curricula that existed for many medical students. The far-reaching effects of his report still deeply shape biomedical practice today. Currently within biomedicine "theoretical, scientific knowledge formulated in context-free and value-neutral terms is seen as the primary basis for medical knowledge and reasoning. This knowledge is grounded in the basic sciences; the academy accommodates less comfortably the practical skills and distinct moral orientation required for successful practice in medicine" (Cooke, David, et. al 2006). These objective, rational standards of the scientific method were met with wide acceptance by both scientists and non-scientists and used for overarching claims of universality and superiority. Such a conception of health and wellness limits health and illness to observable and measurable data - physical phenomenon, things easily apprehended with sight.

Biomedicine, then, stood in contrast to traditional Black American ethnomedical practices. Margaret Long (2012) argues that “slave healers relied primarily on their own traditional methods and worldview, and slaves experienced mainstream medicine, with its harsh treatments, largely at the behest of their owners” (Long, 22). Stephanie Y. Mitchem and E.M. Townes (2008) in *Faith, Health, and Healing in African American Life* place traditional Black American ethnomedical practices in a larger sociohistorical and political framework. They remind us that as slaves Black Americans existed as human beings only within their slave communities. The healing process within enslaved communities

“cannot be that of private health because the slave possessed no privacy and while the institution of slavery was a public and legal institution, the enslaved person had no public persona. Thus, the health of the enslaved always redounded to the situation of the owner. Only within the orders of a moral community created by the enslaved themselves does a self or soul as the human locus requiring compassion, care, and concern appear.” (Mitchem & Townes, 41)

Slaves became human beings rather than property within their respective communities and thus, their bodies, minds, and spirits became objects of health and well-being. Conceptions, knowledge, and traditions of health and healing within slave communities arose from traditions from their respective African ethnic orientations and blended with North American indigenous knowledge of the surrounding flora and fauna. Syncretism of healing and health knowledge occurred between enslaved Africans, Native Americans, and Europeans within a context of systemic racism, sexism, domination and imperialism. (Fett, 2002; Covey, 2007). Particularly important are the similarities between Native American and African conceptions health. The merging of “Native American with traditional African medicinal practices made the most sense



because both emphasized the importance of spirituality in the healing process and relied on prevention and the use of natural substances, such as herbs and plants.” (Covey, 27).

Fett (2002) points out that enslaved Africans not only in North America, but throughout the Diaspora have maintained distinctively African-centered healing and health practices which are inseparable from their religious practices and beliefs. These ‘cultures of healing’ ranged throughout the Diaspora from

“Haitian Vodou to Brazilian Candomble to North American hoodoo, Black Atlantic religions of healing, still thriving today, reflect their particular place within the history of enslavement and forced migration. African American healing traditions, while deeply embedded in the regional history of the American South, must also be understood in this context of the African diaspora.” (Fett, 3)

A central aspect of these African-based healing traditions is the centrality of the community. While stressing balance between mind, body, and spirit, the community played a pivotal role in individual health. The individual did not exist alone, but was rather made into a complete human being through the relational aspects of the larger community. Moreover, the connection between healing, spirituality, and religions such as the syncretized, African-based religions of hoodoo, conjure, and voodoo (Anderson, 2008; Mitchem, 2007) was pivotal to a holistic conception of health and healing. Mitchem (2007) identifies religion and spirituality as being important areas in which African American Folk healing arises. Through religion and spirituality, African Americans placed greater value upon the afterlife. This relational and spiritual view of health and healing with its emphasis on the health of an invisible soul stands in stark contrast with a biomedical focus on the visible, material, and mechanical view of the human body. African American healing practices

“insisted on a collective context for both affliction and healing; it honored kinship relations by bridging the worlds of ancestors and living generations; it located a healer’s authority in the wisdom of elders and divine revelation. In these respects the relation vision of health carried forward important dimensions of West and West Central African religions and worldviews.” (Fett, 6)

The self then, is comprised of many interpersonal relationships and is neither made nor sustained through a strict adherence to individualism. Therefore, traditional Black ethnomedical practice conceptualizes health and illness as either resulting from the imbalance or illness in either the mind, body, spirit, community or any combination of these.

In contrast to this idea of health, biomedical models generally seek to locate illness and disease as emerging in a single point of origin. In *Bordering Biomedicine* (2006) James Davies’ essay “The Anthropology of Aetiology” examines the reductionist trend characterizing biomedicine since its emergence in the late eighteenth century. Davies argues that even given various biomedical practitioners acknowledgement of the complex nature of causality in human illness and disease, there is still an emphasis on ‘first cause’. According to Davies, this is due in large part to the social context in which biomedical practitioners and biomedical structures are forced to compete for resources and status. (Davies, 2006)

Black American ethnomedical practices have fundamentally sought to achieve the overall health of the Black body; yet, when these practices occur within an extremely racist and oppressive system, they often act as modes of resistance. Fett (2002) argues that the extreme abuse and control enacted upon the Black body, specifically the body of enslaved African women, created a context in which health practices and healing epistemologies of enslaved women constituted a form of resistance to systemic white supremacy and patriarchy. These

practices challenged the view of enslaved Africans as perpetual laborers and chattel. Most notable in this view are the ways enslaved women, charged with the healthcare of children, taught rituals of protections and preventative health measure to ensure safety. (Fett, 2002). Yet Mitchem (2007) resists the view that Black American ethnomedical practices were solely or primarily meant as resistance against White supremacy and the slave system. Resistance

“cannot be considered the singular motivation for folk healing’s continuance. Certainly, although racism is still experienced, Black Americans proactively used religio-cultural forms such as folk healing to construct views of life that advance their own humanity. Black views of humanness can simultaneously be more positive and more complex. African American folk healing encompasses these nuances of resistance with construction, and this adds depth and texture to our study.” (Mitchem, p. 78)

### **Healing, Political Knowledge, and Intellectualism**

In *Domingo Alvares, African Healing, and The Intellectual History of the Atlantic World* James H. Sweet (2011) examines the figure of Domingos Alvares as an African healer with significant influence and power who was captured and enslaved in Brazil. Sweet’s examination of this African figure seeks to disrupt the fact that much Atlantic world history revolves around American and European empires and aspirations. These historical narratives rarely factor in the role Africans have played in the formation of an Atlantic history. The "Black Atlantic" tends to be described in terms of Eurafricans, or through those African-descendants within the diaspora who speak European languages and participate in Euroamerican institutions (Sweet, 2011). James argues that Domingos performed critical functions with his setting in which he was able to glean larger political and social meaning from the concept of illness and impart this knowledge to believers and patients such that he transformed and created new communities around concepts

of well being. Domingos's version of political discourse was firmly grounded in an African epistemology of health and healing that served as an alternative to the imperialist discourses of his time. As Sweet argues, Domingos's healing discourse conflicted with

Western and Atlantic "modernities" – capitalism, colonialism, monotheism, state formation, biomedicine, and so on...Healing retains its salience and remains thoroughly "modern" through negotiation and adaptation to the changing world; yet as a part of these transformations, certain "bundles of meaning and practice" from the deep past survive across the *longue duree*, providing a persistent and durable resource for mediating change. (Sweet, 227)

These 'bundles of meaning and practice' to which Sweet refers are the cosmological and epistemological orientations dictating how one is to view and approach the physical world. Even while the world changes, some cosmological, ontological, and epistemological understandings remain relevant while others must change. Thus, Sweet regards African and African-descended healers as intellectuals who offered

an alternative language of health and healing that simultaneously defied the socioeconomic outcomes of imperialism and sought ingenious translations of them. The ambiguities and apparent contradictions embedded in this discourse were the natural outgrowth of political conflict and compromise that emerged in new communities. (Sweet, 230)

These political discourses challenged the mercantilistic and expansionistic trend within imperialism and revealed the extent to which the emerging capitalistic empire contained its own ambiguities and internal anomalies.

In a similar vein to Sweet's analysis of Domingos Alvares, Paul Gilroy's (2003) *Black Music and The Politics of Authenticity* argues that Black American critiques of modernity are anchored in a "continued proximity to the unspeakable terrors of the slave experience" and creates an ambivalence amongst Black Americans with regards to modernity. This ambivalence has been critical to the formation of Black Atlantic political culture. However, Gilroy asserts that though the terrors of the trans-Atlantic slave trade were unspeakable, they were not therefore *inexpressible*. The continued expression of these terrors contributes to the "volatile core of Afro-Atlantic cultural creation" (Gilroy, 138). Music served as an avenue for communication of the Black Atlantic experience and is both modern and modernist. Their creolized, hybridized nature as well as their resistance to cultural appropriation undergirds his assertion; furthermore, it is this character – being of the West and resisting through critique Western society and structure – that constitutes Black music as decidedly modern and modernist. Gilroy further states that "the anti-modernity of these forms, like their anteriority, appears in the (dis)guise of a premodernity that is both actively reimagined in the present and transmitted intermittently in eloquent pulses from the past" (Gilroy, 139). Black American musical expression and aesthetics remain deeply connected to the slave experience and insist that the reality of slavery continues to shape the contours of modernity. Black American's collective memory of slavery as well as the larger Black experience (i.e. Jim Crow, Segregation) places Black Americans along the margins of modernity in ways that allow for a sharp critique of the systems and functioning of modernity. According to Gilroy, Black musical traditions serve as alternative avenues for these critiques and perspectives to gain voice as opposed to more traditional, perhaps Eurocentric, routes of intellectual and political expression. Thus, Gilroy asserts that the study of Blacks within the Diaspora and their musical aesthetic have

supported the formation of a distinct, often priestly caste of organic intellectuals whose experiences enable us to focus upon the crisis of modernity and modern values with special clarity. These people have often been intellectuals in the Gramscian sense, operating without the benefits that flow either from a relationship to the modern state or from secure institutional locations within the cultural industries. They have often pursued roles that escape categorization as the practice of either legislators or interpreters and have advanced instead as temporary custodians of a distinct and embattled cultural sensibility which has also operated as a political and philosophical resource. (Gilroy, 141)

For many Black Americans the distance from key cultural institutions renders any intellectual and political insight or critique unintelligible and subject to dismissal by those within those institutions and those whose understanding of intellectual and political pursuits occurs solely through these cultural institutions. Nonetheless, Black music, both in the U.S. and outside, remains an area of Black life wherein both a close examination and deep understanding of modernity and the state is firmly rooted in a Black aesthetic and possesses political and intellectual knowledge often times unknown, erased, and marginalized.

Gilroy (2003), Sweet (2011), and Bogue (2007) go far in advancing an understanding of the ways in which political and intellectual knowledge need not, and many times do not, manifest in simply one way. Their research provides an apt framework to answer a key question of this thesis: how are we to understand Black American ethnomedical practices as a form of social and political knowledge distinct from more standard or mainstream political knowledge as these practices occur within a larger sociopolitical context? To answer this question, I will use performance theory. Richard Schechner (2002) maintains that performance theory has the ability to highlight the significance of the ordinary or everyday actions through its ability to

mark identities, bend time, reshape and adorn the body, and tell stories.

Performances – of art, rituals, or ordinary life – are made of “twice-behaved behaviors”, or “restored behaviors”, performed actions that people train to do, that they practice and rehearse...Social action – politics, protests, revolutions, and the like – are large-scale collective efforts either to maintain the status quo or to change the world. The whole span of individual human development can be studied “as” performance. This includes large-scale events such as social actions, revolutions, and politics. Every action, no matter how small or encompassing, consists of twice-behaved behaviors. (Schechner, 22-23)

Performance scholar Eric Striff (2003) echoes Schechner’s description of performance stating that performance draws our attention to how we “represent ourselves and repeat those representations within everyday life, working on the assumption that culture is unthinkable without performance. The theatricality of everyday activities...can be analyzed in terms of performance studies” (Striff, 1). In his examination of funeral performances in the Black Atlantic, Joseph Roach (2003) is concerned with the ways in which cultural performances act as routes to collective memory. Utilizing Richard Schechner’s concept of ‘restored behavior’ or ‘twice-behaved behavior’ Roach maintains that the cultural performances of African descendants as collective memory is transmitted via the body and acts as a kind of bodily, or kinesthetic, awareness and knowledge. Roach’s term ‘genealogies of performance’ is useful in thinking about this thesis’s examination of contemporary Black American ethnomedical practices. These practices are part of a larger cosmological and epistemological thread shared amongst many

African-descendants throughout the diaspora. Their continued use and relevance demonstrates the ways these ethnomedical practices take

into account the give and take of transmissions, posted in the past, arriving in the present, delivered by living messengers, speaking in tongues not entirely their own. Orature is an art of listening as well as speaking; improvisation is an art of collective memory as well as invention; repetition is an art of recreation as well as restoration. (Roach, 136)

Performance Theory emphasizes an embodied knowledge that differs insignificant ways from a textual knowledge, which dominates knowledge production generally, and Western laws, policies, and institutions more specifically.

Dwight Conquergood (2002) states this observation most succinctly in *Performance Studies: Interventions and Radical Research* arguing that the emphasis on textuality within academia mirrors other Western forms of knowing (i.e. empiricism, evidence-based) such that other ways of knowing and being, most often associated with social “Others”, become marginalized. Only knowledge based in text is considered legible, knowable, and valid due to

the visual/verbal bias of Western regimes of knowledge [which] blinds researchers to meanings that are expressed forcefully through intonation, silence, body tension, arched eyebrows, blank stares, and other protective arts of disguise and secrecy...subordinate people do not have the privilege of explicitness, the luxury of transparency, the presumptive norm of clear and direct communication, free and open debate on a level playing field that the privileged classes take for granted. (Conquergood, 146)



The overemphasis of textuality represents an ‘epistemic violence’ in which academicians and others ignore the extent to which marginalized peoples are not afforded the same avenues of expression and communication given to privileged groups. The extent to which those marginalized peoples express and experience the world through the workings of the physical body – embodied knowledge – is lost to those operating within an epistemic framework of textuality and effectively limits the intelligibility of those practices and forms of knowledge.

In his work on Hmong shamans, Conquergood (1992) demonstrates the complexity of Hmong shamans. Within this context, performance highlights “the interplay between sickness, calling, and curing in the context of shaman and patient is a highly complex set of doublings and transformations” (Conquergood, 49). Moreover, Conquergood asserts that Hmong shamanism represents

A series of applications, contacts, and adjustments to other cultures. Shamanism is a theatrically sophisticated, complex, and contextually nuanced performance practice enmeshed in the current cultural politics of Hmong people struggling to cope with the post-Vietnam War devastation of refugee of people, displacement, disbursal, and domination. (Conquergood, 43)

The performance of a displaced religion amongst the Hmong takes on new meanings and becomes highly politicized via their healing performances when performed in a situation of exile and displacement within a hegemonic structure in which they are perceived as Other. Critically, Conquergood connects this experience of “othering” amongst the Hmong with other ethnic minorities who are represented “in print and electronic media as exotic performers [and] is a contemporary response to and containment of the ‘problem’ of diversity, difference, and demographic change which is transforming the sociological landscape of late twentieth-century

America” (Conquergood, 60). The social and cultural context in which Hmong minorities perform healing practices makes of these practices not only a type of healing addressing illness, but also a type of political intellectualism largely unread and unintelligible within a context of strict textuality.

### **Summary**

This chapter presented a review of pertinent literature to the subject and analysis of African American ethnomedical practices. Much of the work done on African American ethnomedical practices, aside from a few works such as Stephanie Mitchem’s (2007), has been historical in nature. Moreover, these works have not analyzed these ethnomedical practices in terms of performances and performance theory. The next chapter examines the ethnomedical practices of a number of contemporary Black healers in the Detroit metro area and considers the ways in which these healers have both retained various traits, practices, and behaviors of earlier Black American healing practices as well as departed from these practices in significant ways.

### **Chapter 3 Interviews**

In chapter three of this thesis, I present interviews with four Black healers in the Detroit area. To exemplify the themes that arose within each of the interviews, relevant sections and paragraphs have been taken from the larger transcript while endeavoring to maintain a level of flow and coherency in the presentation of the interviews. I provide commentary throughout the presentation of the interviews, however a larger discussion of the significance and deeper meanings within the interviews is reserved for the discussion after the interviews.

#### **Karla Mitchell**

Located in North Detroit, Karla Mitchell's business is dedicated to the improvement of overall health through the use of natural remedies. The business description reads "a natural and holistic healing center where health is improved using natural methods and remedies. Home of whole health raw juice and the urban apothecary." The area where her business is located is a lower income, predominantly Black area of Detroit. One can find many long closed businesses with graffiti on the outside as well as soul food restaurants and corner stores. From the street, Exhalation Integrative Wellness is a non-descript building and one would not assume the cozy and inviting healing space inside. Upon entering the building, patients are met with a decorative glass table upon which are advertisements and announcements. Behind the table is the name of the business painted on the wall. The building contains a large space for group exercise and healing activities as well as multiple smaller rooms in which not only Karla, but others who rent the rooms conduct their various healing practices as well. Karla notes the diversity of the individuals who practice healing in the space including a woman who identifies strongly with her South American indigenous heritage endeavoring to keep alive their specific ethnomedical practices. For Karla, a Detroit native, healing was not always her primary profession.

My background has not always been natural health and medicine and I worked in the automotive industry because in the city of Detroit, that's all that there is. And I started out working at GM and eventually evolved a pretty accomplished career as a senior level sales business development and marketing professional. So what that means is my job, I managed about a 140 million dollar book of business where we make manufacture car parts. I work for a tier two supplier so we manufactured car parts for the big three. All kinds - the turn signal switches, the head lamp switches, window lift switches, door locks.

Karla's business began simply with her determination to save money and the help of friends and community members. She housed her healing practice in small office housed in a secure facility in downtown Detroit while continuing to work a full time job in the automotive industry. However, after encountering a situation wherein clients were told to wait outside of the facility when she was absent, Karla began to look for alternative sites. One of Karla's clients gave her the number to a building as a possible site of relocation.

I had that phone number for probably seven months before I even thought about coming up here, because she told me how big it was. So one day I was playing hooky from work, drove past, "let me go and just see." I see the building and whatever so I said 'Hi I got your number from such and such you know are you in the building' she goes, 'well I am not there but I can be there in five minutes you want to see the inside?' I said 'ya!' Walked over here, came in here and was just like it looked like somebody threw a bomb in here from the 1960's and it was, you could just tell, her husband was a dentist and he retired and they had just used it for a storage facility. And it was just all this old panel furniture and it was just hideous so it was giraffes and elephants and monkeys everywhere it was crazy and then too I was intimidated by the size. How am I going to

pay this, and you know it was too much. So as she was walking me through the space literally talking about this and talking about that she was going on and on, something came up in my spirit said, ask her does she know your father. out of the blue this thought came. So I asked the lady I said, 'did you know Carl' and she stopped dead in her tracks, her eyes welled up with tears, and she said, 'he took me to my prom.' And I said, 'ok', and she said, 'wait a second, are you Carla?' And I said 'ya my father was a dry cleaner and he used to clean dry clean band uniforms for a lot of the Detroit public schools.' And she said, 'I remember you' and she was the athletic director at Redford High School, and she said, 'your father used to have you with him all the time' she said 'you would be running around the gym and me and him would be picking up bag up the uniforms' and it was just that kind of kismet moment that said, ok, then she said 'wait a second. What are you trying to do?' And I said 'well...' and she goes 'well you can do it just whatever you do, you come on in here and just do what ever you need to do. And we can talk about paying me later and so she gave me like a six or seven month head start, and I invested in relaying of the space and new textures and stuff.

Karla's deeply established connection to the Detroit community enabled her to move her business to a site that would readily allow her to accommodate her growing number of patients. While currently Karla's business is firmly established and looking to expand in significant ways, her experience with and belief in alternative medicine and ethnomedical practices has not always been the case.

A number of personal health events and experiences with biomedicine involving herself, her son, and her father have led Karla to examine alternative and natural medicine. Karla's father was diagnosed with Glioblastoma multiforme and underwent an experimental surgery to

remove the tumor. Unfortunately, the tumor returned prompting Karla to research alternative therapies to help her father. Through a continuing education class at a community college, Karla took classes in Reiki with a registered nurse who took particular interest in Karla's ability to sense energy.

She started doing things with me like um sending me letters and numbers telepathically. So we would be sitting just like this in the class and she said 'I'm going to send you a number and you're going to tell me what it is. And this is how she honed my "sixth" sense for lack of a better word. She said 'I'm going to send you a number' and ..... and it was funny ... and she would be like go, I would be like seven and she'd be like oh! But as I am doing this I'm like, 'this is crazy' how am I doing this cause I couldn't...then she taught me to kind of hone in to how I was receiving that message because I wasn't seeing it like a thought I wasn't hearing it, you know what I mean? It was just I could literally sense something in there and so then she went from letters to numbers to colors to colored shapes and we kind of did that. And it was really phenomenal and I ended up going through all levels of her Reiki training and I adopted those techniques in working with my father.

In using Reiki and energy work on her father, Karla remembers God speaking to her: "I just remember him saying, 'your dad's healing is not physical you're doing exactly what you're supposed to do. His healing is not manifesting in the physical. You're cleansing him spiritually; keep doing what you're doing.'"

After obtaining an abnormal pap smear, Karla's doctor advised her to seek biomedical treatment. The doctor pressed upon Karla that more than 60 days without biomedical care would lead to proliferated cells to the point that a hysterectomy would be the only option. After

researching various herbal remedies and options Karla began to teas, tinctures, and other herbal preparations.

I made tonic that I soaked tampons in and I would wear those tampons that I had soaked in this herbal preparation; I made poultices which are biodegradable clay which would look like hotdogs and you just roll it in the dry herbs and when I wasn't wearing tampons I would wear these dissolvable poultices inside. I did hot alternating Sitz baths.

Upon her return to the doctor, no abnormal cells were present. Importantly, Karla attributes this success to God answering her prayers. Following this event, Karla became pregnant against the advice of her doctor. Her son was diagnosed with Markonium Aspiration Syndrome; Karla explained that due to the excessive scar tissue resulting from a previous cervix examination, her son was late and her labor had to be induced.

It was traumatic labor, I hemorrhaged, I almost passed out. I think my hemoglobin had gotten down to four. And so when he was born they suctioned so much the neoncologist said I have never seen this much having to be suctioned; he wasn't breathing when he was born. So I didn't get a chance to hold him. They whisked him down to Children's Hospital and that was the testimony right there because at that moment I said, 'Lord, alright I am in this bed, I need you to hurry up and get me together because my son cant be without me for more than three days.' That third day, they released me, I went down there and I just started laying hands on my son; and at the time I was using essential oils a lot and I was rubbing essential oils on his feet and I would just lay there and hold his feet and I would say this is where you are supposed to be, come on in, I'm gonna live around you. And I want to say after about a week he started pulling his

feeding tube out of his mouth. They told me he would never be able to breast feed and the first time I breast feed, he breastfed for 45 minutes; they thought that he was going to have developmental delays that he would not have suck-swallow-breath reflex, they told me he would have to leave the hospital on oxygen and again it was just exercising these techniques that I had learned in Reiki... by the time my son was born, I had begun that technique as well so I just employed those techniques and engaged my prayer partners and we worked around my son. They thought he was going to be in the hospital for months and he came home in three weeks and today my son is 4 years old, in kindergarten, he reads just like he is very bright and so what they thought he would turn out to be, none of that stuff came to pass. I think that when you disrupt the energetic flow or or when you work in ether, you can change a lot of things cause that's where the blueprint resides.

Karla's experience with her father's health issues, as well as her son's and her own served as important gateways into alternative healing practices. Through each of these experiences, the validity and efficacy of practices such as prayer, energy work, and the use of herbs were proven time and again. Importantly for Karla, these practices do not exist in a vacuum but rather are effective in that they address 'deeper' or alternative aspects of health and healing that address the 'blueprint' mentioned above. For Karla, this blueprint comprises three important aspects, which she addresses.

I think about everything realizing that there is absolutely a correlation between what you think and experience, how you feel about it, and how not accurately processing thoughts and experiences can manifest itself physically in the body. And i kind of looked at that through theories in bio-energetic medicine I've come to understand that there's



absolutely no way that health exists without recognizing that connection between those three things, that's why we are a trinity right? Mind, body and spirit. Period, period.

The blueprint to which Karla refers can be viewed as the key to optimum health and overall well being. Referring to the blueprint relates to the spirit and the mind as being integral to health as opposed to the biomedical model which gives priority to addressing the physical aspects health, disease, and illness.

However, while these three aspects play an integral role in Karla's explanatory model about health, she emphasizes the role of community and her participation in that community as an aspect of health and healing.

So if I had to describe the way my business is organized, it is through primary care, naturopathic primary care, substance abuse treatment, community outreach and education which is kind of where I go and establish partnerships in the community that teach people...let me back up and say more along the lines of community and public health. I go into communities and teach people how there are alternatives to vaccines, or how there are alternatives to managing asthma. Instead of over medicating your kids with the inhaler there are alternatives to flu shots. How can you boost your immunity? So there is community outreach and education and then there's work that involves social responsibility... So, I do that so, naturopathic primary care, substance abuse treatment, community outreach and education and social responsibility, I just think that those are the four pillars of my work.

Karla describes her work by the saying "with great power comes great responsibility". Her dedication to community empowerment and improvement via her alternative health business connects individual health with the larger community. Karla describes this as building a

collective consciousness around health in the Black community. In relating her participation in the Detroit Black community, Karla describes the work as occurring amongst 'her own' or with her own people. She addresses larger systemic and social issues that affect Black health "... when you look at what is happening in the city of Detroit right now, there is this resurgence of the city, the city is being rebuilt. But if you look at the factions who appreciate and don't appreciate that, the distinction between that is privilege and color." Gentrification and structural poverty are reoccurring issues in the city of Detroit. As with many metropolitan areas in the United States, phrases and words such as 'beautification', or 'resurgence' carry with it the implication of the removal of poor residents and residents of color; in this specific instance, this is translated to the removal and replacing of Black residents. Larger, systemic realities such as these negatively impact Black health. In articulating these phenomena, Karla highlights how many Black residents exist within spaces of general negativity.

It does not.....out of one comes many, and if the prevailing consciousness is not positive, then that is where geo-pathic and environmental stress comes in. It has an influence on every living thing. That's why I am...and there's a relation...and the other parallel I want to make is, think about media programming and the images that we are constantly fed. And social engineering; perception is reality is reality, and if the prevailing perception is the man got us down, we don't have access to stuff, then you not going to go and look for it, cause you don't think it's available to you. Do you know what I mean? So I absolutely, it's hard to describe there being, a direct connection because the concept is so vast; like this conversation that you and I are having, I can't have it with an every day person without having a series of conversations because it is hard to conceptualize how collective conscience effects us on an individual level.

To Karla, the connection between not only the mind and body, but the *collective* mind and the individual as well as the social body is vast, intricate, complex and not always easily relatable. She identifies the media and everyday life within many Black communities as being a powerful force in molding the collective consciousness. Importantly, the location of Karla's business allows her to intervene in the shaping of collective consciousness and influence the knowledge being produced and disseminated. In doing so, Karla engages in a series of conversations, as stated above, with every day people in order to arrive at a deeper level of conversation with individuals about health and its connections with collective consciousness.

However, while many may not possess the knowledge Karla possesses, Karla nonetheless labels knowledge on healing and achieving optimum health as innate to all. Within her narrative she uses the image of a grandmother and the preparation of certain medicinal teas as emblematic of this innate quality of healing knowledge.

It was funny about a month and half ago, I was at home making a hot toddy because I was not feeling well. And I mean really in the process of making the hot toddy is very similar to making an elixir. You preserve it with brandy; and um you boil down your herbs, you boil down whatever you're going to put in it, and you use raw honey to make the flavor easier. And I said to myself, well I'll be damned, my grandmother was formulating years ago, because we used to drink hot toddies as a kid and be sweating to death, but be fine the next day. No cold. You sweat it out That is natural medicine. And then she used to give us Senna leaf tea at the beginning of summer at the beginning of fall, and we would be in the house going to the bathroom all day like this is killing us, but i understand now why she did it. That is native medicine. That's resident medicine. That

is trans-generational. It is that simple. It is not that complex. But you know pharmacology feeds medicine and medicine feeds the economy, and there it is.

The presence of Karla's grandmother is significant not only because it occurred in other places within her interview, but more importantly because it reflects a knowledge that spans generations. As Karla would say, it is 'resident medicine'. This type of medical practice is often juxtaposed against the dominant biomedical model and viewed as a lesser form not only in terms of efficacy, but also in terms of the knowledge base associated with it. Karla describes the ideology behind alternative healing methods.

These are diseases that you guys create. Just because a person has a propensity to develop that, or genetic miasma where their DNA structure has the likelihood to develop, doesn't mean they ever have to get it. Just because your mama had high blood pressure doesn't mean you have to get it. Medicine is presumptuous, because they don't think you are smart enough to do something different than what your parents did. They think that just because your mother had fat back and greasy greens, whatever she had you're going to eat it therefore you gonna get it any way so let's just put you on a path to hypertension. This is something you're going to get. So that when you do start having some little bit of issues, we not going to tell you to back off your diet, we just going to give you a pill. That's the difference between naturopathic medicine and bio-medicine; in naturopathic medicine, we focus on vibrational frequencies and resonance; a large part of my work is bio-energetic. Palmeopathy; like balances out like; so the idea then is everybody, your body is one big electrical circuit and if your body is not functioning at an ideal frequency, then we have to counteract that frequency with the frequency of a natural substance that balances that out to bring you back to a healthy vibration. That's

the difference. Modern medicine or conventional medicine is focused on symptomatology, not root cause; Naturopathic medicine is focused on root cause.

## **Kimberli Boyd**

*Spiritual dance is a way to express and exalt God through our body temple. The ultimate union of mind, body and spirit is attained when the power of God is expressed through the spoken word, magnified through music, and finally, anchored in the physical body through spiritual dance and sacred movement.*

Upon first meeting Kimberli Boyd, I immediately noticed her earrings which contained a picture of a Black woman with an Afro. Her earrings had an Afrocentric feel to them and in some ways alluded to the slogan ‘Black is beautiful’ used during the Black Power Movement. Kimberli presents herself with a calm, confident energy and her knowledge of her craft comes from a mix of formal education and spiritual acumen. As CEO and founding artistic director of “Dancing Between the Lines”, Kimberli approaches healing from dance and body movement.

“So I have been a professional dancer for a long time and, for me, the practice of dance is very much a healing practice and historically for certain cultures, or groups of people, to move the body in celebratory ways or creative ways is very much a part of a healing modality or a healing practice. And so I have always balanced the two. And sometimes the story that I tell young people sometimes is that I danced all of my life until about middle school when, for various reasons, I stopped dancing and a whole bunch of other terrible things started to happen and suddenly I really couldn’t find myself and was getting into all sorts of trouble I had never gotten into before. So I guess one answer to the question is that I came into the practice of healing through movement as a way of healing myself. So in addition to modality of movement, I came to the practice of yoga very much from the place of needing some emotionally healing for myself.”

Healing for Kimberli initially was a way to heal and return to a healthy state of being for herself. Referring to her dance and yoga healing work as a ‘movement modality’, she realizes the importance of body movement ‘in celebratory ways’ as being intimately tied to various cultures. This characterization reflects a trans-generational and potentially diasporic aspect of healing. Through the physical practices of healing such as yoga and dance, Kimberli notes the ways these practices gave her the ability to emotionally heal.

Kimberli notes the ways in which her healing practice through movement can heal the individual and also heal the community.

So now I have access to movement and healing that is either creative, through the creative process, because when I work in movement settings, my particular expertise and passion is not so much in leading a traditional dance class for technical purposes, but it is in facilitating people into a creative process which often times ends up being very illuminating and healing personally, emotionally. In terms of community, we find out a lot by moving our own bodies and moving together as a community, as a whole. So I practice movement as a way to bring...to understand issues of diversity of, you know, you name it. There is a way that you can approach movement as a way of learning about yourself individually, or the community as a whole... I would say this, there is a lot, once again taking it to science, there have been a lot of interesting studies, and the reason why the yoga therapy program I am in is being embraced by the Beaumont Center and by the same Charlie Health Center and others is because there are a lot of interesting studies that have found that when people who find themselves in community or have some sort of connection to others, or prayer, or meditation, or reflection, do better. That you’ll feel better.

Kimberli steers away from the technicalities of dance in order to highlight and utilize the creative aspect. It is in the creative aspect of dance that the healing aspect is to be found. Described in this light,

healing is a creative process that has the ability to heal communities from social issues that inhibit group and individual well-being. Moreover, Kimberli convincingly states that healing in a community setting promotes individual health; these two aspects are profoundly interconnected.

Through her work she has come to see many patients that complain of chronic pain often summed up in the simple statement ‘I am stressed’. Interestingly, using science to explain how pain becomes lodged in the body and can toxify the body leading to illness, Kimberli turns to a more biomedical explanation. She emphasizes the ways in which the amygdala allows human beings to respond to danger, real or perceived, in order to protect the self.

“So there is this deep place in the brain that just takes over when it senses threat and what it...when it tells the body that there is a threat then what it starts to do is dump into our blood stream what are called stress-response hormones. And the stress-response hormones, or cortisol, start to tighten certain muscles, start to tighten certain muscles in the body that can cause us to run really fast or punch really hard, or freeze and kinda, you know, hide in the landscape... but when we live in a chronic state of stress, then that hormone becomes toxic to the overall system, and then when that hormone, enough of it has toxified the system, then we become imbalanced. And then we start to break down. Our immunity goes down, we start to get sick, we are tired, all kinds of other things. So if you go to the doctor, they are going to look at three things. They are going to look at what you eat – nutrition is a whole other conversation – they are going to look at your level of exercise, and your level of stress, what you are naturally predisposed to. So there is a way in which understanding how to move the body can literally help to de-stress it.

Kimberli views her work as revolutionary. She realizes the importance of taking her patients from a place of chronic, and in some cases, debilitating pain or illness to a place in which they are able



to regain the ability to think. Importantly, for Kimberli this is accomplished through a bridging of biomedical and natural healing practices.

“What the practice of yoga invites you to do is to sit and breathe and be, or stand and breathe, because when you calm that deep place in the brain that I was talking about before what happens is that you can regain the ability to rethink critically and creatively because what happens is it comes down to survival, there is not creativity in that. It just is what we have to do to stay alive... But even getting people to do that much, you know getting people to be aware of something going on in my body that I don’t necessarily have to live with chronically, I can do something about it. And then giving permission to do so is revolutionary. It’s a revolutionary act. I was talking to somebody else in describing to them what I do, and he said ‘oh you break people out of prison’.”

However, though Kimberli and others view her movement and healing work as being revolutionary, a way to create and think critically, according to Kimberli there are many African Americans who are resistant to her healing methods. Christianity presents a conceptual barrier for some Black Christians who believe that they are potentially worshipping other gods.

So when I leave practice in the city of Detroit, in and around the metro area then typically yes, because mine is, admittedly, an urban practice. And part of what I came to it with was, you know what, Black people in particular because we tend to be primarily Christian in terms of religious orientation, whether we are practicing or not, got a lot of questions about whether yoga is a religion. Does practicing yoga mean I am praying to some other God because there aren’t words, and there is chanting, what is that? So my practice is making it okay to enter the practice of yoga and demystifying it, but, in a way that honors the tradition of yoga.

Kimberli rejects much mainstream yoga practice that strips it of its philosophical, cultural, and spiritual roots. She sees much of the spiritual and philosophical aspects of yoga to be complimentary to or aligned with some of the best aspects of Christianity. “And there is a deep connection to perhaps a spiritual power in a way of being that honors things like compassion, and felt study, and being reflective, and being nonviolent, and for me, the best aspects of Christianity are also asking you to do that. New Testament Christianity.” This emphasis on the spiritual in healing the physical body is something that Kimberli stresses consistently. Moreover, she also remains acutely aware of how emotional health can effect our physical state.

Healing is typically what we go to the doctor for. Fix this, make it better. As a series of scientific protocols where I know I can be admitted and take medication and it’s well, or take it to surgery or some other protocol and we can fix the issue. But it is possible to be cured of the thing but you’re not healed. Right? Because often what will happen is you will go to the doctor, you get fixed and part of what they call to mind is, okay, now we fix the heart, physically what was wrong with it, but we need to take a look at your relationship to stress. Because some of what might be stressing you out is relationships of unforgiveness... And so then, so that’s the physical stuff you can get an emotional space if you are tight and constricted because of something that happened in 1932 that you were still holding on to and you are waiting for that apology from that person who is going on with their lives or maybe even died, it is unresolved.

The best type of healing one can receive, according to Kimberli, is the healing that we can give ourselves. This type of healing is based in balance wherein we work in accordance with our bodies natural ability to heal itself. However, the reality for many inner city people, especially Black Americans, is a lack of access and knowledge. “So I’m just curious about is there some way we can

practice everyday being well so that we don't get to those places where you know there is a dialysis center on every corner, liquor store, dialysis store. Check cashing place... You know, pick an urban center and that is probably what you see. Check cashing center and the fast food joints. More fast food places than grocery stores." Healing and health in this context, specifically teaching self-healing in a balanced way, constitutes a political act.

"Well you asked if I was a revolutionary and there comes a point where that being healed is a revolutionary act because you realize that you can take care of yourself. You know, it's really interesting watching what's happening in the political landscape, watching the affordable healthcare and so I think that the most affordable kind of care you can give yourself is to take care of yourself so that you don't have to rely on emergency room as you're well-visit which tends to happen in urban centers where people can't afford to be sick. But, unfortunately, you're engaging in behaviors that are not doing anything to keep them well because there's more fast food and you can feed the whole family for a few dollars on the bucket of chicken or whatever. It's going to clog the arteries or its going to exacerbate whatever else is going on as opposed to taking the time to create a fresh meal because sometimes it comes down to a dollar. There's a real challenge like Detroit went through with the whole water thing and people's water being shut off and they had to march and help people understand that water is a human right. Eating is one thing, but when you cut off people's access to clean and safe water, we got a real problem. So I think that the most affordable kind of care you can give yourself is to take care of yourself so that you don't have to rely on emergency room as you're well-visit, which tends to happen in urban centers where people can't afford to be sick. But, unfortunately, you're engaging in behaviors that I'm

not doing anything to keep them well because there's more fast food and you can feed the whole family for a few dollars on a bucket of chicken or whatever it is. It's going to clog the arteries or its going to exacerbate whatever else is going on as opposed to taking the time to create a fresh meal because sometimes it comes down to a dollar."

Key to Kimberli's narrative is the influence and mentoring she received from an older Black woman. Kimberli characterizes this woman's work as not only transformative but also healing.

She was born in Wyoming. Her father was a buffalo soldier. She was in Oberlin College in the school of Social Work because although she has the heart of a dancer certainly her parents thought that was no career path so she went to the school of Social Work. But there was a dance department at the school and so she danced at the same time that she was doing her studies in Social Work. Her name is Margerie Wit Johnson. What she did was put together her love of dance choreography with her work in the field of Social Work. So she worked in Cleveland Ohio at a place called the Caribou Settlement House and it was one of those places that was funded by revolutionary, I guess you would call them, Caucasian people, who were socially minded enough who wanted to find a recreational center in an urban environment. So she works for them both as a social worker, but because of her love of dance she brought that into her therapy. So she started to put together what she learned, the social worker protocols with choreography, and started to develop dances that came out of the experiences of the young people she was working and gave them voice to who they were and what they were experiencing, get them off the street and build the community. Her work was absolutely healing, and transformative and revolutionary. Because in the 30s and 40s especially, I don't know

what history would say about when for African Americans the whole idea of coming into college became a part or desire that was a part of the broader community rather than the few that had means or had a passion for it but that was in and of itself was revolutionary. The healing for that community, in terms of giving the students that she worked with a sense of themselves, a sense of possibility.

### **Tissheama Pizzimenti**

Tissheama Pizzimenti's herbal shop is connected to her husband's chiropractic practice on one side and on the other an all natural and organic vegan café serves fresh meals and smoothies to customers. Tissheama explains her rationale for opening her own herbal shop.

I got into herbs because conventional medicine – don't persecute me – I believe is killing people. Not killing people, but sometimes can do more damage than good. And you don't know how many people I see who get on one medication and then the side effects from that medication actually puts them on another medication and by the end of it all they are taking 12 – 15 medications. I mean, like, think about it. That is depressing in itself.

Tissheama laments the reality that many patients taking medication for one ailment must often times take a series of other medications to address and control the adverse side effects of one medication. Taking multiple prescriptions drugs to address one problem is commonplace. Tissheama's son's bout with an incessant fever and the inability of biomedical care and practitioners to address it lead Tissheama to search for alternative care methods.

Nope, other way around, no, no, no. So with my experience with herbs, my first true experience was when I had my first son, who is 14 now. He had the most stubborn fever ever. I mean it just would not quit. Before, I was using Motrin, I was using Tylenol, and I went to the doctor and the doctor came in and he had like this rash on his face. I'm like

‘why should I listen to you about ANYTHING’? You see me right? I was like, uh OK. He was like, yeah you can take like the Motrin and Tylenol together, you could use both of them. I was like, that sounds dangerous, my son is 2. I was like, should I be missing this? He’s like, you can use as you need to. I really thought that then, so this isn’t going to go away? You know, I really felt, like, hopeless cuz he wasn’t giving me no answers. And plus I couldn’t get past like, you’re a doctor, why do you have that big rash on your face? So, I took him home and I was using that medicine, and it still wasn’t breaking. And what did I think of using on my baby? I went to the store, the health food store, and got some Echinacea, some drops, and I just kept dropping that in his little juice, dropping it, giving it to him. And eventually the fever broke. He did break into a rash, which was fine, but that was his body releasing all those toxins, probably from the medication. Who knows!?

Despite Tissheama turning to herbal treatments for her son, she notes the ways in which she continued to utilize conventional medicine because of a general fear. Considering she had grown up with biomedicine as the dominant form of care in her household, Tissheama attributed this fear to a fear of the unknown. Placing her past fear of alternative medicine within a larger social understanding, Tissheama addresses the lack of knowledge amongst patients of alternative methods to health and healing.

What we don’t understand is that there are alternatives out there. We’re not really taught that. We’re not taught to look in our backyards and say ‘oh’. We’re not even taught that plants in our backyards can heal us, OK? Let alone go in the back yard and say, this is good for this and I can take that. We’re taught, oh dandelions are evasive cut them down. Let’s shoot chemicals on them and kill them so we can have nice pretty yards. When

dandelions is the very thing we need to detoxify our liver. And get half the chemicals and metals out of our bodies.

Tissheama's narrative concerning the lack of knowledge on alternative and natural medicine becomes more of a narrative about loss throughout her interview. Framing natural medicine as a part of Black American culture, Tissheama, like other Black healers in this examination, paints a picture of an older, Southern Black existence wherein natural medicine was practiced.

This is our culture. You know? I can't believe that we have been so dumbed down that we don't even remember where we come from. We don't know that this is really innately inside of all of us. We have been so bombarded with the culture that tells us that medicine, conventional medicine, is the way to go. You know, that's dirty, don't do that, don't let your baby touch this, don't let that baby put that in his mouth. We've been so just bombarded by these theories that don't even apply to us. It's our culture. I mean, our grandmothers grew up on the farm. They knew, you know, certain things to go out pick, and mix, and slather on your body if you had the measles, or the chicken pox. They knew to throw you in the bathtub full of, you know, maybe comfrey. You know when you were itching and the chicken pox were upon you. So we're kind of like, we've lost that.

Important to Tissheama's narrative is the emphasis on Black women. She specifically notes grandmothers as being keepers of natural medicinal knowledge. Yet, herbal knowledge, for Tissheama, is encompassed within a larger view of health wherein the mind and spirit play an integral role.

Because holistic, I mean, because healing is holistic. It's not just about, oh let me come and get these herbs to heal. That is not what life is about. Life is about, when you wake up Saturday morning, how are you feeling? Are you happy that it's Saturday? Or are you dreading that it's Saturday because you don't wanna go to work. Are you dreading that it's Saturday because your husband is beating you? Are you dreading that it's Saturday because your kids are home? OK, that takes a big big effect on your psyche, your emotions, and therefore the cells in your body. What you're thinking and how you're feeling is what your cells are thinking and feeling. So have you ever seen like a person who's hunched over and has a scowl on their face. That comes from how they're thinking, ok? How their feeling about life, you know? There are only assistants to health. Really your health comes from you. How you're feeling, how you're looking at life, how did you take in what that person said to you that wasn't so positive. How did you digest that? You know, how are you digesting life on a daily basis. That's really what health is about, in my opinion, 80% of health is about that even more so than diet, even more so than herbs, even more so than body work. How are you feeling emotionally, you know? I tell people, 'close your eyes', think of something that you just really don't like about yourself and feel how that feels in your body.' And then I'll say, 'now think of a time when you were just happy, ecstatic, life was going right, what were you doing, where were you?' 'What people were around you?' Just that really glorious time in your life where you just felt high. Two very different feelings in the body, right? Two very distinct...differently, just different. The first one where you're just thinking low about yourself, you feel like, you know. That's what health really is. How joyful you're feeling. Now when you're thinking about that time when you're just really high on life, you don't



feel the aches and pains in your body, you don't feel what's going on, you're like this, oh my God, feels good! So imagine if you could that way all the time? That's really what health is.

Herbal medicines are but one aspect of Tisheama's healing practice and philosophy. Equally important, if not more so, is the way one's thinking, emotional state, and physical environment can deeply impact health and overall well-being. Without considering these aspects Tisheama's practice and dedication to alternative health would not be holistic and therefore less effective.

However, the loss of traditional modes of healing in Black American communities is a real issue for Tisheama, who characterizes such practices as being innate and a part of Black American culture. Tisheama attributes this loss to a 'bombardment' by biomedical institutions.

I really think that it has a lot to do with the medical field. Because before, even marijuana, which is an herb, which is really used for natural medicinal purposes. Even that was kinda taken from us. Because the medical industry and the pharmaceuticals, they wanted to get those first and sell those and patent those, you know, so you push aside the medicine that really works, you know what I'm saying, and give to the people things that really don't work as well. Really it's just a superpower is what I'm getting at. The medical industry is a superpower and whatever they say, goes. OK, so then that gets pushed to the side and we get bombarded by, you know, 'go see the doctor, go see the doctor, go see the doctor.' Eventually you gonna lose what's natural. So, same thing, if people just sang in the streets all day and danced, and then when they put TV in their homes, we're gonna stop being creative, cuz we're sitting down watching other people be creative.

Tissheama argues that the ubiquitous nature of biomedicine prevents the knowing of alternative methods of healing. Often times, biomedicine becomes the only option to address everyday aches and pains to debilitating ailments. Any knowledge that exists outside of biomedicine is absorbed into existing biomedical institutions and sold to consumers for profit. Relating to an earlier quote by Tissheama, she argues that many people don't know that oftentimes what is needed to address health concerns exists outside of biomedicine in our backyards and is free.

Importantly, it is not just biomedicine that plays a role in the loss of traditional medical knowledge amongst Black Americans. Tissheama speaks at length about the role of structural poverty in Black American health and ethnomedical knowledge.

Basically, we really have to look at what we're doing. And it's like, I don't see, like I live right here in the middle of the hood and I don't see any access to the children here, or to the moms here, or to the dads in this community that say this is the human body, and guess what, this is how it works. And if you want it to run efficiently, this is what you put in it. You put premium gas in there, you don't put crap. You see what I'm saying? What happens when you go to some of the stores around here filled with liquor, chicken, and pop, gum, donuts and whatever else, OK? The grocery store over here the meat is rotten. But people don't even know. They don't even know that when they go in there that smell that they smell is rotten meat. The eggs are expired, the bread is expired. OK so this all in our community as Black people. We're not being taught how to be healthy. How to be upright. How to be, you know? The wonderful, strong people that we are, it's being taken from us. And what's on the corner over here? The crackhouse. You see what I'm saying. The liquor stores are there. The schools with holes in the ceiling and where

the kids have to share textbooks. It's there. So all that is happening in our community so health is like, the last thing, that people are thinking about. You know, so no wonder why we're filled with diabetes, cancer, stress, high blood pressure, you know? It's just not being taught to us. It wasn't taught to me!

Importantly, Tisseama and her husband Bob have strategically placed their business in an impoverished, Black area because of their belief that this area constitutes a higher need of their healing practices. Tisseama's knowledge of herbal remedies, and, as evidenced above, her knowledge of the Black community in which she resides allow her to impart knowledge of alternative healing. Tisseama argues that some of this alternative knowledge contains aspects of Black American heritage and culture lost to many Black Americans as a result of 'biomedical bombardment'.

## Leppel Payne

Leppel Payne is a practitioner of Sukyo Mahikari and a friend of Tissheama Pizzimenti. Sukyo Mahikari's healing philosophy emphasizes giving light to yourself and others as a way to spiritually cleanse and heal. Though currently a practitioner of Sukyo Mahikari, Leppel characterizes himself as a healer before he became aware of Sukyo Mahikari.

When I was 21, my cousin, I had moved back to Ohio and my cousin, my little cousin Andrea had fallen down the stairs and broke her arm. And when she fell down the stairs and broke her arm, well, I automatically took her to the hospital and they put a cast on her arm and said she was gonna be in the cast for probably 6 months. You know, then the cast would come off. And I used to babysit Andrea a lot when my cousin May was out. My cousin May was her mom. And one day we were sitting there on the couch, just me and Andrea in the living room and something told me, the spirit of God, the universe, told me to put my hand on her cast and pray. And I did! I was obedient, I listened. And I put my hand on the cast and I said my prayer and I asked God to make her whole again, and two or three weeks, that cast was off.

Important in Leppel's narrative is the emphasis on Christianity and God. Leppel describes himself as obedient to the word of God and to the power this obedience gave him to heal his cousin. The practice of 'layin on hands' is well known in Black Baptist worship.

So that's when I kinda recognized that there was something to this energy, but it's something that I have seen practiced in the Baptist church of layin on hands. It's part of the spiritual practice that we as Black people have always done is laid on hands, or transferred that energy, or used that energy. It kinda got lost along the way and the light work that I do, or the energy that I work with Sukiyo Mahikari, it's been passed over to

the Asians. It was passed over to the Asians, like I told you earlier, 3,000 years earlier during the Jung period. That's when the practice was actually handed to them and it was probably handed to them because we probably misused it in the past, so they transferred the spiritual practice somebody I guess. We as Black folks, indigenously, during the time of, or in the period of ancient Kemet, when we were the parent race, which we are, when we were the only melanated race on the planet, we practiced that back during the time. That's how the pyramids got made, is with this transfer or this use of that energy. They had a higher use of the energy because basically the Egyptians, everything they did was dealing with the spirit, and the universe, and the astrology, so that the combination of those, that knowledge kinda gave them the force and the energy to build the pyramids and to do the things that they did. The architecture. Some things that they're still trying to figure out and they can't even explain but, it was all done through the use of vibration and with this prayer. What this prayer, this Sukiyo Mahikari, when I'm giving energy or I'm giving light to someone there's the energy and vibration that comes from the word. There's an ancient prayer that I have to say before I even do the prayer in order for that chi to open up and really do its work. It's always there. It's in you, it's in me, it's in everybody.

An afrocentric worldview deeply informs Leppel's characterization of Sukyo Mahikari. Not only does he connect the spirit work of Sukyo Mahikari with the Black Baptist practice of 'layin on hands' but he goes further in connecting both of these phenomena to ancient Africa, specifically Egypt or Kemet. The architectural feats of ancient Egypt are attributed to their strong spiritual foundation and practices.

In Leppel's explanation of Sukyo Mahikari, he describes the relationship between the body and the spirit.

To get me, or anyone that's giving light, focused in on just the spirit of the individual. Because we are not dealing the body. We're not dealing with the body at all. We're dealing with the spirit. So we're unblocking passages in the body. There are certain passages in the body when they become blocked you cannot receive signals or information from the universe. Or kinda, I put it like this, kinda stunts our growth, spiritually.

The passages in the body that allow spiritual energy to flow struck me as chakras. Upon asking Leppel to further explain, he gave a detailed answer.

But it's not just our chakras. We have, well I guess they would be considered chakras or meridians, because some of the same points that we give light to are some of the same points that they do when they are giving acupuncture to release or to, to set forth energy, or to bring, make energy manifest in the body. They're just electrical currents. Yeah, just like with the chakra situation. So even, like with the chakras. And you're dealing basically with chakras because, I don't know if you've read anything or studied anything about chakras where they claim that we only, we have nine chakras, there's nine chakras, from the root up until here. Well there is seven here. But there are chakras that go past. Actually we have more than 20. Sukiyo Mahikari, they don't even speak of chakras, but we're still dealing with chakras. All they speak of basically is just dealing with unblocking passages or those points that we give energy to. But dealing with chakras, there is never no mention of chakras, mentioned in Sukiyo Mahikari period. They're only

dealing with the spiritual aspect of it. They're not dealing with the physical-spiritual aspect of it.

To do this work, Leppel again compares it to the Black church where nurses are spiritual practitioners who “had to pray and get prayed up before they would even go out in the space or the room to help with the situation of somebody fallin out when the spirit hit them or whatever”. Importantly, there is much more emphasis on spiritual healing than physical healing even though the two are certainly connected.

Oh yes there has to be a connection the between two, because when one is sick the other is sick. So we're dealing with the spiritual. We're trying to unblock that path and you're trying to help purify the spirit. We're not trying to purify the body. Period. It has really nothing to do with the body. That takes place with the individual, after the healing takes place with the spirit. That's on the individual to handle or to take care of. So we're not looking at the physical, we're not trying to be physical doctor. I look at it like being a spiritual nurse. You're helping to take care.

While acknowledging the connection between the body and the spirit, Leppel maintains a sort of prominence with the spirit. Through spirit work, physical work and health then become possible. Practitioners of Sukyo Mahikari heal the spirit so that the individual can then find physical health. However, through spiritual healing, physical healing can manifest also.

My individual experience is knowing that I sat there and I prayed someone and I've given them energy and I helped them make a breakthrough on even a pain in their body. I had one, the last lady that I remember giving, I've done it in here a couple time, but I think the last time I gave light to a lady, a young lady that came in for the first time that was having trouble with her shoulder. She said I can't sleep, I can't even sleep on this side, it

won't even go away. She couldn't have been no more than 45 years old, maybe if she was that old. Anyway, I did the prayer, I did the prayer and I did the work and right after she said, my God this really works! She said it's gone! And she grabbed me and she hugged me, it's like OK, I'm glad but, it's not me that's doing the work. It's the presence of God that's doing the work. That's the energy, but me recognizing the presence of God and her God awakening up that presence. That's the humbling part of the whole thing, is that we are able to sit down with the individual one on one and pray with the individual and use our spiritually energy to help them get a spiritual breakthrough and help them to achieve spiritual cleansing. And it's all for spiritual cleansing, it has like I repeated and said before, nothing to do with the physical. The physical is going to take care of itself if the spirit is right, but the spirit has to be right in order for anything physical to take place.

When I asked about the role of the mind in healing, Leppel answered, “The mind has nothing to do with it.” Instead, Leppel spoke of ‘divine consciousness’ as having a more important role in spiritual healing. The ability to understand one’s divinity and “the understanding that you're energy and your breath is God. And that's what we're dealing with is energy. And breath, which is God so everything else is not relative.” While the mind may not play a role in the actual healing process, it can lead to impediments to spiritual health creating “blockages [which] manifest in thought, one. Our very thoughts are things, so when thoughts manifest, blockages can take place or disease or dis-ease, disease and dis-ease can take place and a lot of it comes from thought.”

Because much of his explanation about the spiritual healing in Sukyo Mahikari centered around parallels with the Black church and Christianity, I asked about the concept of the Holy Trinity and how it may or may not relate to his spiritual practice.



Well you know all of that, you know the Trinity is part of the whole thing. The father, the son, the Holy Spirit. And it's the spirit God within us that is actually doing the work, it's not us. It's not us. We, it don't have nothing to do with us, it don't have nothing to do with me. When I give someone light or energy and they get a breakthrough, it's because I helped them spiritually to get the breakthrough. It's the God in me that's doing the work. So when we do this type of work you have to leave ego and self out the way and you have to be an open vessel and allow the spirit and the energy of God in us to do the work and not be big-headed about it. You know it ain't, you know if it was all that possible, I would be walking around here perfect, well I give myself light, too.

Leppel's last statement about giving himself light is important in his narrative as it highlights the role of the community in healing. In Sukyo Mahikari, one does not only give light to others, but through that process light is also given to the self and vice versa. Leppel

I'm getting it back. I'm receiving. When I'm giving you light, that is bouncing back at me. It's bouncing back at me. When I'm focusing in on, energy on your heart a lot of people when you hear them chatter, chatter, chatter, chatter, well what I found out is that's heart asking and looking for attention. So when I'm giving light to your heart, when I'm giving light to your heart I'm giving light to my heart. So if there's any healing that needs to take place in your heart, that healing is also going to be taking place with me. We're one spirit. We're one spirit. So, like I said, when I told you earlier, when I'm doing that prayer for me and it's effect you, but its not just effecting you, its effecting your ancestors.

## **Discussion**

### **Scene: Structural Poverty, Race and the Loss of Ethnomedical Knowledge**

To structure a discussion about the ethnomedical practices of Black healers in Detroit I use Kenneth Burke's (1945) dramatisic pentad. Burke proposes we examine human activity through five terms of dramatism: act, scene, agent, agency, and purpose. Within this framework, Black healers are agents whose healing acts and performances have a purpose and occur within a certain social scene or setting. Equally important is Victor Turner's (1982) understanding of all performances as occurring within what he terms 'antistructure' and 'structure'. As used by Turner, structure refers to a larger social system and order where concepts such as authority and hierarchy operate. Antistructure refers to human action occurring outside of these concepts.

The scene against which these Black healers perform their healing is one of structural poverty and biomedical authoritative knowledge. Structural poverty was strongly linked to not only the loss of ethnomedical knowledge amongst Black Americans but also the ability to gain knowledge on health and healing. Karla Mitchell's story about her work in the Black communities of Detroit (see p 44 – 45), Kimberli's emphasis on the political realities of Black Americans in Detroit (see p 55), and Tisseama's experience with food deserts in Detroit (p 62 -63) demonstrate the sociopolitical structure with which their healing practices must contend in order to adequately address and understand individual manifestations of health and illness.

Kimberli illustrates an urban landscape with signs of poverty and an inability to access nutritious foods (see p. 55) Moreover, she places these signs of urban decay within larger examinations of the affordable care act and Detroit's relatively recent debacle where

residents were cut off from the water system. Similarly, Karla speaks of “privilege and color” in the gentrification of Detroit as central to Black American health issues (see p 44). The renewal of certain urban areas of Detroit distinctly privilege those of certain class statuses and racial backgrounds such that many African Americans find themselves priced out and excluded from major redevelopment of the city. Furthermore, Karla mentions her work in community gardens in Detroit. In one experience, Black residents in the garden expressed extreme mistrust of a white woman who Karla invited to help tend to the garden. It was not until Karla gave her stamp of approval to the woman in front of the Black residents that they accepted her presence. For Karla, this represents racial tensions with deep historical roots in the city of Detroit. According to Karla, for Black residents in Detroit “the prevailing perception is I can't trust somebody else that's not me. To have an ulterior motive...how do I know that the seeds that ya'll are planting in my garden ain't going to kill three generations of my kids down the road. Are these GMO Seeds? What is this? Have you sprayed these seeds with something? You know what I'm sayin'?”

Tissheama argues that as result of structural poverty in many Black neighborhoods of Detroit, health is often the last thing that people are concerned about until health issues becomes serious and debilitating. Perhaps most powerful in Tissheama's narrative is her observation that for some Black residents even the smell of decaying meat is unidentifiable because it is ubiquitous and many have become accustomed to this way of life. The stores that are available to many Black residents in Detroit do not often sell the kinds of foods and provisions conducive to total health and well-being. Moreover, Tissheama connects her discussion of inadequate food to the existence of substandard textbooks in many urban, predominately Black schools and crackhouses in Black neighborhoods (see pp 62 – 63).

Gentrification and the displacement of Black residents, food deserts, drug addiction, and the decay of public education in urban areas have been well documented. These structural issues are not only a problem in Detroit, but occur in major urban areas throughout the United States. Undoubtedly, these realities contribute to the health crisis facing many Black Americans. With these realities in place, it then becomes difficult not only to achieve a true sense of health and well-being, but perhaps most important it inhibits the ability of individuals to gain the knowledge and tools necessary to educate oneself on achieving health. Thus, according to Tisheema, there is a general ignorance surrounding how the body works, what it requires to perform at its best. Independent of this all-important knowledge are the tools – access to nutritious foods and resources, education – needed to achieve health.

The loss of ethnomedical knowledge amongst Black Americans can be attributed in part to the existence of deep structural poverty. As noted above, during the Black migration from the North to the South, Black Americans had limited access to the flora and fauna which formed the basis of their ethnomedical practices in the South. Though this knowledge is not lost entirely due to the continued significance ethnomedicine holds for Black communities and the ways in which Black ethnomedicine hybridized with other healing and medical practices and ideologies, it has been limited to small number of individuals who have either retained this knowledge via family and generational routes, or it has been relearned and combined with other healing practices. The move from rural areas to urban environments and the attendant issues of structural poverty have created knowledge deserts in pockets of the Black American communities. Largely, these pockets have been filled by biomedicine.

### **Act, Agency, and Agent: The Performance of Ethnomedicine**

Acknowledging the summative effects of these social inequities on the lives and well-beings of their constituency, Black healers act in ways that resist the effects of structural realities on the health of individuals in the Black community. One way to resist this reality is through acts of remembering. All the healers strive to deliver a type of healing that draws from older historical healing practices, many of which derive from Eastern cultures and philosophies, believing that valuable knowledge and guidance is to be found. Karla's Reiki practices, Kimberli's use of yoga, Tisseama's herbalism, and Leppel's use of Sukyo Mahikari light energy healing serve as concrete examples of Black healers' use of healing practices not necessarily grounded in the African American experience. Equally important in these healers' remembering are the ways these healers make connections between Black American healing, religion, and spirituality and the different cultural practices that compose their healing practice. One notable example of this is Leppel's connecting of Sukyo Mahikari with a Black American tradition of 'laying on of hands'. The 'laying on of hands' has roots in the Black church as a spiritual and religious act of, firstly, spiritual, and subsequently, mental and physical healing. The emphasis on the order in which wholistic healing can take place is reflected in Leppel's narrative (see pp 65-66). More specifically, using the hands as the spiritual conduit and touching the physical body in order to heal reflects a genealogical performance in many Black American communities. The act of laying hands on another with the intent to heal is known without verbal explanation. Healing begins with this gesture and becomes known to the healer and those who witness the healing act; healing is then recreated and affirmed.

Kimberli Boyd's performance relies on what she terms a 'movement modality'. Learning to use, control, appreciate, and experience the spiritual through the body constitutes an act of individual and community healing. According to Kimberli, through movement of the body and the cultivation of compassion and understanding revolutionary acts occur (pp 50 - 52). Like Leppel, Kimberli notes the ways in which movement of the body in celebratory and healing ways is characteristic of many cultures. While her use of yoga is not what one would think of as a Black American practice, she nonetheless uses it to address issues of diversity and structural poverty within Detroit and the Black community. Admitting that her practice is urban and relating her knowledge and beliefs surrounding events in the Black community highlights how Kimberli translates her practice in culturally relevant ways to achieve healing. Importantly, Kimberli connects the religious aspects of yoga with those of Christianity in her discussion of some Black Americans' aversion to non-Christian practices and beliefs (see pp 53).

While an important aspect of Black American ethnomedical practice, the healers interviewed connected these culturally diverse practices with those of Black Americans. All interviewees mentioned an older Black woman as being influential in the maturation of their spirituality and healing practices and philosophies. Thus, the older Black woman can be seen as a keeper of ethnomedical knowledge; however, this theme was most recognizable in Karla and Tissheama's interviews. This theme is significant in that it suggests ethnomedical knowledge and healing practices are significantly gendered. According to Stephanie Mitchem, Black women

have found ways to work around their marginalized status, including use of folk knowledge in the development of new forms of folk healing...Black women's access

to ideas of folk healing is due to the continued existence of embodied spirituality. This spirituality may be nurtured at home or in church. African American women's embodied spirituality is more than charismatic expression. Embodied spirituality is grounded in a different perspective of the human person, a perspective that unifies body and soul within the life of the past, present, and future community in conversation with an ever-present God. This holistic view of the person in community is a ready-made construct for development of, or attachment to, folk healing. This holistic view of the human reflects African cognitive orientations, thereby linking black people across the African Diaspora with religio-cultural patterns from the African continent. (Mitchem, 85)

Black ethnomedicine in Detroit and its healers, through the act of remembering, make the presence of either an older family member, the history of their particular healing medium, or religion and spirituality central to their healing philosophy and practice. All healers interviewed realized the centrality of history and how the knowledge they acquired of healing and health was in large part a type of legacy passed to them.

In performing their respective healing practices and in the ways they articulate their explanatory models of health and illness, Black healers engage in an embodied remembering opposing the loss of ethnomedical knowledge. The above concepts are easily summarized by the concept of 'genealogies of performance' (Madison and Hamera, 2005). Moreover, performance scholar Richard Schechner (2002) uses the phrase 'restored behavior' to describe performances as containing historical continuity. Victor Turner's notion of liminal and liminoid performances as well as the concept of 'mimesis' in performance studies allude to the way all performances use the traditional to create the

new. No performance or performative act is completely new, but responds to the sociopolitical and historical context in which it occurs. Knowledge of the past deemed relevant for the present is reinvented through its use in present situations. The performance of certain behaviors, beliefs, and cultural practices handed down through the generations of a particular cultural practice constitute a historical continuity and lineage. Similarities between Black American healing practices and aspects of various Eastern healing practices and philosophies, steeped in traditional knowledge, are established and applied towards the goal of healing contemporary manifestations of illness and imbalance. Generational practices expressed through behaviors and actions reflect larger Black American spiritual beliefs.

The performing of memory amongst Black healers also entails a type of hybridization. The melding of Black American ethnomedical practices with other traditional healing philosophies and practices represents a process of hybridization. As Stephanie Mitchem points out in her book on African American folk medicine, hybridization has been a salient theme of Black ethnomedicine since the arrival of African slaves. This hybridization has occurred amongst Europeans and Native Americans and served as a key way in which African elements were retained and reinvented. In his examination of the African-Portuguese world, James Sweet (2003) charts the influxes of various African ethnicities that arrived in what is today known as Brazil during the Portuguese slave trade. Key to Sweet's analysis is the way he divides the African continent into four distinct regions in which, he argues, there exists shared linguistic and cultural understandings (Sweet 2003). During various periods, African slaves arrived from different regions to the 'New World'; however, despite the arrival to the Western Hemisphere of a



number of African cosmologies and ideologies, the shared linguistic and cultural understandings outlined by Sweet were sustained throughout the slave trade creating communities in which a cohesive African based worldview thrived. Conceptualizations of health and healing, intimately tied to religion and spirituality, were maintained to a certain degree and practiced in various slave communities. Similarly, in the United States, different regions witnessed the forced migration of enslaved Africans from various African regions. Jeffrey Anderson's (2008) text *Hoodoo, Voodoo, and Conjure: A Handbook* looks at the formation of hoodoo in the in the Southeastern United States and Voodoo in Louisiana specifically. Though differing in terms of the African regions that form their base, these African derived religions nonetheless maintained key, shared characteristics amongst each other.

Certain African-based cosmologies and ideologies surrounding healing and health have survived migration and the slave trade, however their ability to remain relevant and useful amidst social, historical, and cultural changes and upheavals greatly depended on a process of hybridization and syncretism. Newly arrived African slaves were forced to acclimate to a new social and environmental landscape. This landscape differed significantly from the various African flora and fauna which constituted key elements of religious and healing ceremonies. Native American knowledge of the landscape and the inevitable influence of Europeans shaped Black American ethnomedical practices (Covey 2008). Enslaved Africans carried with them knowledge of traditional health care traditions from their respective ethnic orientations and incorporated them with knowledge of North American flora and fauna provided by various indigenous groups. Syncretism of healing and health knowledge occurred between enslaved Africans, Native Americans, and

Europeans with a context of systemic racism, sexism, domination and imperialism. Even so, Fett (2002) points out that enslaved Africans not only in North America, but throughout the Diaspora maintain distinctively African-centered healing and health practices which are inseparable from their religious practices and beliefs (Fett, 2002). These ‘cultures of healing’ ranged throughout the Diaspora from “Haitian Vodou to Brazilian Candomble to North American hoodoo, Black Atlantic religions of healing, still thriving today, reflect their particular place within the history of enslavement and forced migration. African American healing traditions, while deeply embedded in the regional history of the American South, must also be understood in this context of the African diaspora” (Fett, 3).

During the 1950s and 1960s as Black Americans left the South in search of better economic and social opportunities in the North, ethnomedical practices again shifted and changed with the social and political climate. Yet, importantly, the reality of hybridization does not therefore negate the existence and endurance of African based cosmologies and ideologies of health and healing. Rather, hybridization “helps explain the adaptability of African American folk healing. Adaptability is another reason the practices have survived. In the new urban environments, practices changed. The plant life was different and the ability to get herbs and roots was not what it had been in the South. No longer could people walk in the yard to find the plant life needed for certain cures and fixes. Pharmacists became new suppliers of roots and herbals” (Mitchem, 70). Biomedical practice came to dominate the medical landscape in the United States. This is consistent with Tisheema’s observations that biomedicine bombarded the health framework of many African Americans.

Another key element arising throughout the interviews the role of the mind, body, and spirit and how these four elements make healing possible. Karla argues that healing can only happen when mind, body, and spirit are addressed and refers to the 'blueprint' of the person as being the site where healing must occur. This blueprint to which Karla refers is the spirit. It is the basis of being from which healing must occur in order for the other facets of being – mind and body – to be able to function optimally. Kimberli also seeks to heal holistically by taking into account mind, body, and spirit. Through what she terms 'movement modalities' Kimberli addresses health, illness, and well-being. Interestingly, however, is the way Kimberli frames how she addresses healing. From her narrative, the body and movement of the body becomes the gateway through which she accesses the spirit and the mind. This is not unusual given Kimberli's explanation that celebratory and spiritual movement of the body is quite common to various cultures around the world.

Though Tisseama's healing work focuses heavily on herbs, she recognizes the ways in which spirit and mind factor prominently into health and illness. From her consultations, in which she spends a considerable amount of time speaking and communing with clients, to her belief in the spiritual being of herbs and plants, Tisseama acknowledges the deep connection between mind, body, and spirit. Leppel Payne also acknowledges this connection. While his practice privileges the spirit as the focus of healing, when healing does occur within the spirit it can manifest itself physically as evidenced by the woman experiencing pain in her shoulder and finding relieve after receiving light from Leppel.

The above examples illustrate the varying ways these healers conceptualize the connection between mind, body, and spirit and how this connection enables them to

carrying out healing activities both effective and culturally relevant for their patients and clients. Many Black Americans acknowledge the existence of mind, body, and spirit because in many ways it connects with the Christian concept of the Holy Trinity; however, as many healers above have mentioned, this concept does not necessarily translate to one's individual health. Part of their healing work is to address this disconnect and make patients aware of this connection and its vital role in combating illness and maintaining a sense of health and well-being.

Because performances are done in the presence of others, the spectator nature of performances directs attention to the fact that a key element of the performance of healing is the dependence on the audience, or, as I argue, the community. Community remains a key role in the ethnomedical practices of many Black Americans; while many interviewees maintained the importance of the mind, body, and spirit in terms of each individual's health, their framing nonetheless occurred within a larger narrative of the centrality of community in individual healing and their commitment to the improvement of community health. Those community members who witness gestures and behaviors emblematic of varying aspects of Black American culture – style, affect, spirituality, religious – acknowledge these practices. Karla Mitchell and Tissheama Pizzimenti have strategically placed themselves in certain communities they perceive as having the most need of their healing. Community members validate, in part, Tissheama and Karla's healing practices by seeking their services.

In their attempt to educate the Black community about the importance of the mind, body, spirit connection and by their active participation in this community demonstrates the central role community plays within this healing trinity of mind, body, and spirit;

Community composes an often glossed over fourth aspect. Community as a foundational aspect of Black American healing and ethnomedical practice can be traced to parts of continental Africa. The idea of an individual existing as a being separate from society and interpersonal relationships was largely a foreign concept (Mitchem 2007). The individual was thought to be a composite of relationships extending from those still living to those ancestors that had passed on into the next life. Moreover, in contrast with much of contemporary biomedical practice healing was not centered on the physical body but considered an activity that was only successful when viewed as a holistic activity addressing the multiple aspects of the human being. As healing was an activity that addressed the spirit, it could not be accomplished in separation from religion or spirituality; religion and spirituality were communal affairs. Hence, without community and the awareness that interpersonal relationships formed the individual, healing could not take place. These ideas and practices are present in many areas of the Black community, most notably, the Black church. The Black church has historically served as the nexus of the Black community wherein Black nurses practiced primarily spiritual healing and the Black community as a whole found solace from larger social ills and a vehicle through which to organize and address these systemic issues.

### **Black Ethnomedicine and Biomedicine**

In her work on the diagnoses and pharmaceutical management of common chronic illness, Linda Hunt (2012) notes that prescription drug spending in the United States is six times greater than in the 1990s. She notes, “45% of Americans have a least 1 diagnosed chronic condition, and 60% of the most prescribed medications were for hypertension, high cholesterol levels, and diabetes” (Hunt, 452). Moreover, adverse side effects from

pharmaceuticals tripled between 1995 and 2005 and are the fourth leading cause of death in the United States (Hunt 2012). Hunt's article gets at the heart of these alarming statistics considering the factors that undergird these issues as well as how these developments manifest themselves in the management of common chronic illness in biomedical institutions, specifically, primary care. The diagnostic threshold which determine a healthy person from a person who has, or is at risk for, hypertension, high cholesterol, and diabetes has been lowered. Thus, those individuals that were once considered healthy and not at risk for the illnesses listed above, now are pegged as needing care and biomedical intervention. This is exacerbated by the growth of programs within clinical care rewarding physician's performance when their diagnoses are in line with standard quality measures. Hunt argues that a substantial number of "insurance companies assess individual clinicians on the basis of whether their patients meet these standards, often paying substantial bonuses that encourage clinicians to respond to marginal test results with aggressive use of pharmaceuticals" (Hunt, 453). These clinicians often interact with pharmaceutical representatives on a weekly basis and received incentives such as bonuses, free samples, and lunches for their compliance and participation. Hunt found that many clinicians did not questions the aggressive use of pharmaceuticals to obtain desired numbers. Moreover, there is no consensus on whether or not the use of multiple pharmaceuticals to address an illness results in improved outcomes (Hunt 2012).

Without undermining the desire of many biomedical professionals to practice medicine in a way that is patient-centered, the current state of affairs with biomedical institutions, practitioners, and patients is cause for alarm. The desire for increased profit and the perpetuation of pharmaceutical companies engenders neither a patient-centered

clinical experience nor a context of trust. Biomedical professionals with the best of intentions and desires enter dangerous territory where health, healing, and well-being are commodities to be exploited and exchanged.

Mary-Jo Delvecchio Good's (1995) analysis of the global-local dynamic within what she terms 'clinical narratives' between patients and healthcare professionals are influenced by the dynamic between local medical cultures and the political economy, global standards, and technologies of biomedicine. Good, then, suggests a multiplicity of biomedicines operating in a single medical encounter between a medical professional and a patient. However, Good also notes the ways in which the concept of 'local' can itself be a loaded concept. Reflecting on her experience amongst public health professionals from European institutions, such as WHO and the United States, and those from less wealth countries, Good reflected on the ways wealthier nations determined the scientific trajectory of the research – from what questions to ask, methodologies, and the type of science to use (Good, 1995). Transnational flows of capital between biomedical and pharmaceutical corporations sponsoring biomedical research between select wealthy nations determines the route biomedical research will take as well as the premises upon which it will be built. Good's findings led her to critique the breakdown in biomedical professionalism - competence, trustworthiness, and responsibility towards patients.

If biomedicine is indeed characterized in part by larger global inequities based on geographic location, it is reasonable to assume that local aspects of biomedicine will reflect this larger tendency; these same dynamics can and do occur within biomedicine in the United States. Furthermore, the political and social dynamics at play on a global scale between nations does not exclude cultural premises. The historic relations between what

are currently labeled first world and third world nations were undoubtedly premised upon a relationship characterized by an imbalance of power fueled in large part by European White supremacy.

Biomedicine is a cultural system in which illness, healing, and health are culturally constructed. According to Arthur Kleinman (1978) health care systems occur within three social arenas: popular, professional, and folk. Sickness is primarily managed in the popular realm wherein seeking aid, decisions on who to consult, compliance, and efficacy of treatment occur. It then would seem odd that biomedical institutions and practitioners would either denigrate the interpretive frameworks occurring within the popular realm and/or disregard outright its significance. Ultimately this disregard stems from the idea that clinical practice, and more generally biomedicine, is a scientific endeavor that is objective and generalized. As with many professions seeking a level of credibility and authority, claims to science often provide validation due to the widely held perception that science is an objective and rational process primarily translated through the use of numbers. Not unlike contemporary calls for colorblind ideology, an objective and rational science undergirds biomedical impulses to claim homogeneity amongst a diverse patient constituency. Arguable, then, biomedicine reflects larger sociocultural inclinations to flatten diversity in the name of management and understandability. Thus, biomedicine clashes with other interpretative frameworks of health such that “certain obstacles to effective health care, such as major discrepancies between the therapeutic goals of practitioners and patients, are built into the workings of the health care systems...” (Kleinman, 1978).



Encounters with and beliefs about biomedicine are central to the narratives of Black healers in this thesis and influence their healing philosophies and the way they perform their healing. In any endeavor to deliver care to communities that do not have dominant group status, here specifically with regards to Black Americans, understanding the ‘ways of knowing and being’ by which some Black Americans conceptualize and assess health, healing, and illness is paramount to any biomedical institution or practitioner wishing to deliver the utmost in quality healthcare (Kirmayer, 2012).

Taking into account such explanatory models that often diverge from biomedical explanations can greatly improve the quality of healthcare delivered. For example, acknowledging the social determinants of illness and health of Black Americans encourages not only open dialogue and increased medical compliance, but also sheds light on aspects of culture (habits and practices) that influence overall health. Moreover, much of a person’s culture identity “resides in patterns of interaction that depend on families, groups, communities, and institutions including those of global society. Culture, therefore, must be viewed as fluid, situated and negotiable intersubjective systems of meaning and practice relevant to specific social contexts” (Kirmayer, 252). Viewed as a constantly fluctuating yet firmly grounded phenomenon, culture consists of various understandings of symptoms, health, and illness based on larger moral and value systems. Understanding these complexities necessitates an understanding of not only the specific cultural background but also the larger sociohistorical and sociopolitical context in which it operates.

Currently, clinical knowledge and practice in biomedicine are based on a narrow and normalized population (i.e. middle-class, white, educated) and generalized to fit diverse populations creating skewed and at time spurious findings. This fact has led some

towards a person-centered care practice in which patients with their understandings of health and illness become the focus (Kirmayer, 2012). This move towards person-centered clinical practice affirms the existence of culturally diverse interpretive frameworks with their own ideas of authority, knowledge with regards to health, and *how* knowledge can be acquired and known. These interpretive frameworks encompass ideas of health and healing which in some cases are “important expressions of traditional forms of spirituality, social organization and worldview. Traditional systems of healing were grounded in a specific cultural ontology...the loss, disruption or displacement of traditional healing practices went hand-in-hand with the undermining of worldviews and the destruction of a way of life. Revitalizing culture and community then can be achieved in part by reinstating, strengthening and investing in culturally grounded healing practices” (Kirmayer, 253).

Importantly, the interpretive framework in which these conceptions of health and healing occur may not place a high value on text as a means of social communication. Betty-Anne Daviss’ argues that players within the health care system operate on a system of varying logics (scientific, clinical, personal, cultural, intuitive, political, legal, and economic) and assume that these logics are then logical. Accordingly, “different types of people using different systems of logic will arrive at differing perceptions of how to manage birth” (Daviss, 443). Interestingly Daviss notes how some Inuit viewed “the white need for hierarchical power structures as immature” (Davis 447). Within these hierarchical power structures a type of knowledge becomes authoritative in that it possesses the ability to promote and perpetuate itself and subdue, objectify, and devalue other forms of knowledge that exist outside of it and its concomitant institutions. One of the most central aspects of this piece is the author’s admittance to practicing midwifery without official recognition

from a government. Undoubtedly, this recognition would have manifested in the form of certification, a paper document asked for by those wanting verification of skill and knowledge and submitted for the very same reasons. This example clearly demonstrates the reliance on text within Western medical and biomedical institutions and frameworks. Simply stated, text validates knowledge.

Thus, knowledge about health and healing may not be readily known to biomedical professionals and those existing outside of the cultural community. The ways in which knowledge is known, transmitted, and put into practice may differ significantly from what much of Western society is accustomed to. While many may argue that such an interpretive framework diminishes the likelihood that knowledge can be preserved over a long period of time and utilized, it is important to remember that within our current biomedical system based heavily on text and textuality, there are numerous instances in which not all research is valued the same and receives less attention and decreased chances of dissemination.

The significance of ethnomedical practitioners in Detroit is in part seen by their narratives about biomedicine. Tisseama's first comment when beginning the interview stated she believed conventional medicine, or biomedicine, was killing people. Later in her interview she remembers visiting a hospital and realizing that biomedicine was not really helping people in crucial ways; nonetheless, Tisseama does realize the importance and place of biomedicine in the lives of all people. "You know, and I'm not going to sit here and say that I don't believe in conventional medicine, because that would not be the truth. There is a place for all forms of healing. If I go out on Woodward and get hit, don't put no herbs on me. You better call the ambulance!" Within Tisseama's explanatory model, all forms of healing have a place. Significantly, Kimberli's explanatory model melds

ethnomedical explanations and views with biomedical and scientific explanations. These two healers see the value in biomedicine, but realize biomedical hegemony occludes the benefits of ethnomedicine practices and erases the very possibility that other forms of healing exist outside of a biomedical understanding.

Though Karla and Leppel's narratives do not speak of biomedicine in a similar manner as Kimberli and Tisseama, their narratives nonetheless correlate by highlighting the belief in the inability of biomedicine to provide a key aspect of health – emotional accessibility and healing. Historically, Black American ethnomedical practices encompassed divination and conjuring as key aspects of healing (Chireau, 2003). In some examinations of these ethnomedical practices, healing, divination, and conjuring more generally are viewed as magic in nature. Yet, a strong spiritual and religious basis often accompanies these practices. These aspects can be described as addressing the psychosomatic aspects of health and well-being with relevance to the Black American community. These historical aspects of Black American ethnomedical practices have continued to the present day and lead many interviewees to argue for the continued use of alternative medicine. In contrast, biomedicine often derides emotional aspects of health and healing in favor of a strict focus on the physical manifestations of illness.

### **Purpose: Significance of ethnomedical practitioners**

Black healers in Detroit perform healing in a way that honors Black American ethnomedical traditions as well as the traditional healing practices of other cultures. Gaining this knowledge and imparting it amongst community members both so the community can learn and heal can be viewed as a performance of embodied remembering. Through this remembering, Black healers ensure that cultural knowledge around healing is

kept alive and relevant to those they serve. Importantly, the healers profiled in this thesis are aware of larger structural and social realities adversely effecting Black health. Their knowledge of these issues compels them to become active in the community and communities they inhabit. A lack of understanding of these social inequities would surely limit their ability to perform healing or limit the human connection between healer and healed which, as I argue, forms a crucial aspect of healing.

Thus, through the act of healing, Black healers embody knowledge of both healing and society implying an intellectualism often ignored because it exists outside of biomedical institutions and conceptions of health and illness. While their performances of healing contain knowledge and awareness of larger social issues, when presented with people who seek their healing they remain cognizant of the individualized nature of healing. This fact is important in that it demonstrates the many levels of knowledge and awareness operating simultaneously in any given healing encounter. Healers must fine-tune their practices and knowledge to the particular situation at hand.

Moreover, as stated by Kimberli, these healing acts and performances are politically revolutionary because they address the effects of social inequality by providing people the tools to heal themselves without reliance on either biomedicine or the healer. Through their healing practice, Black healers provide people the tools to be self-sufficient in maintaining health through preventative measures and also addressing illness at multiple levels (i.e. mind, body, spirit). By unearthing, embodying, and imparting a memory of wholistic healing to their communities, Black healers subvert hegemonic biomedical claims to universal knowledge of health and illness. Furthermore, Black healers resist the erroneous assumption that optimal health is only to be found within biomedicine.

## **Chapter 4**

### **Summary and Conclusion**

The objective of this thesis was the examination and exploration of contemporary Black American ethnomedical practices. Central questions within this examination were how do Black ethnomedical practices occur within a larger sociopolitical context and how do these ethnomedical practices constitute alternative forms of political and intellectual knowledge? Ethnographic interviews with four Black healers in the Detroit area were conducted to give their voice prominence within this thesis. I utilized Performance Theory as a theoretical framework emphasizing embodied knowledge and the social and political implications behind our actions and everyday realities. Schechner's concept of 'restored behavior' allows me to draw important connections between Black ethnomedical practices both historically and politically (Cite)

The review of literature first examines Black American health and healing in the early years of the United States during slavery. The mortality rate of both adult slaves and infants were extraordinarily high. Lack of access to clean water, inadequate housing, grueling work conditions, and lack of nutrient rich foods made slaves much more susceptible to diseases such as cholera, yaws and pneumonia than whites. Though some whites attempted to treat slaves using white doctors, the prevailing belief that Blacks were fundamentally different from whites physically, culturally, and spiritually lead many white physicians to erroneously infer the existence of distinct, Black diseases and illness. Unsurprisingly, these illnesses and diseases attributed to enslaved Black Americans mirrored the larger U.S. sociopolitical landscape and often served to perpetuate the system and ideology of slavery.

While the Black American ethnomedical practices manifested within the crucible of enslavement wherein Black people served as free labor, Black American conceptions of health, illness and healing constitute existed. The distinct African elements of these ethnomedical practices and can be viewed as continuations of an African worldview. Healing practices such as conjure, hoodoo, and voodoo can be linked to Central and West African religions and healing practices. The hybridization with European and Native American conceptions of health and healing is significant. As North American biodiversity was largely foreign to both Africans and Europeans, knowledge of the flora and fauna in various regions of the U.S. undoubtedly came from Native American indigenous knowledge.

Largely determined by racist ideology, the medicalization of Black bodies occurred during a time when forced human labor was the linchpin of U.S. economic development and sustainability. Biomedicine, then, similarly developed within this context. The rise of scientific thought, characterized by the scientific method and an insistence upon objective, rational, and material results, rejected previous beliefs in the connection between morals, spirituality, religion and medicine. Moreover, biomedicine's experimentation and exploitation of Black Americans placed biomedicine in stark contrast to the ethnomedical practices of Black Americans. Characteristic of the contrary and illogical nature of racism, Black Americans were simultaneously barred from biomedical care and practice while serving as experimental subjects in the name of biomedical advancement. Thus healing practices amongst Black Americans often served as the first line of curative and preventative care.

My examination of these practices is guided by a key question: how does Black ethnomedicine constitute a form of knowledge that is both intellectual and political? Key

texts relevant to my analysis of Black ethnomedical practices are Dwight Conquergood's (2002) essay *Performance Studies: Interventions and Radical Research*, Paul Gilroy's (2003) essay *Jewels Brought From Bondage: Black Music and The Politics of Authenticity* and Anthony Bogues (2003) *Black Heretics and Black Prophets*. Both Gilroy and Bogues' texts examine the ways political and intellectual knowledge production occur within Black communities. For Gilroy, Black music was an important vehicle entailing sociopolitical knowledge and producing critique of dominant and normative structures. Similarly, Bogues' examination of Black political activists and critics characterizes the action and works of Black activists whose political critiques derive from spirituality and religion as part of the *redemptive prophetic* tradition (Bogues, 2003). These two works parallel Dwight Conquergood's work in which he argues against the tendency of normative, Western institutions' inclination to erase other ways of knowing and communicating that do not hold text to be the sole legitimate way for knowledge to be known.

A key theme identified throughout all the interviews is the emphasis on the mind, body, spirit connection and health. For these healers, wholistic healing occurs at these three levels. Similarly, the root of some illnesses can occur in one of the three aspects and cause dysfunction in the others. Communicating this understanding of health and healing to those within their communities is understood as a necessary requirement of their roles as healers. Thus, I argue that community and/or social responsibility constitutes a fourth aspect to healing in addition to the three previously discussed. Beyond giving their community the tools necessary to heal themselves, Black healers recognize that social or community dysfunction can manifest within individuals and cause illness.



Black healers identified structural inequality as a major detriment to Black American health. Healers mentioned racism, drugs, inadequate or lack of access to nutrient rich foods, poverty, inadequate educational resources, and some cultural traditions as having a negative impact on the health of both Black individuals and the community. In an effort to mitigate the effects of structural poverty and inequality some healers have strategically placed themselves in Black communities where they feel their knowledge and practices can have the most impact.

All of the Black healers in this thesis see their call to healing and the practice itself as innate and natural. While all were trained in their respective healing practices, the knowledge of how to proceed about the act of healing and of *how* to heal was described as a form of internal knowing. Thus, these Black healers complicate current beliefs and ideas about knowledge – how it is known, created, and transmitted. The innate and natural quality of their knowledge diverges from predominantly Western and European ideas of knowledge. Authoritative knowledge exists within biomedicine and legitimizes itself while denigrating and in some cases erasing the healing knowledge of other groups.

## REFERENCES

## REFERENCES

- Anderson, J. E. (2008). *Hoodoo, Voodoo, and Conjure: A Handbook*. Greenwood Press.
- Baronov, D. (2008). Biomedicine: An ontological dissection. *Theoretical Medicine and Bioethics*, 29(4), 235-254.
- Bogues, A. (2003). *Black Heretics, Black Prophets: Radical Political Intellectuals*. New York: Routledge.
- Burke, K. (1969). *A Grammar of Motives*. Berkeley: University of California Press.
- Butler, J. (1988). Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory. *Theatre Journal*, 519-531.
- Chireau, Y. P. (2003). *Black Magic: Religion and The African American Conjuring Tradition*. Berkeley: University of California Press.
- Conquergood, D. (1992). Performance Theory, Hmong Shamans, and Cultural Politics. *Critical Theory and Performance*, 41-64.
- Conquergood, D. (2002). Performance Studies: Interventions and Radical Research. *TDR/The Drama Review*, 46(2), 145-156.
- Covey, H. C. (2007). *African American Slave Medicine: Herbal and Non-Herbal Treatments*. Lanham: Lexington Books.
- Davies, J. (2006). The Anthropology of Aetiology. *Bordering Biomedicine*, 29, 49.
- Davis, T. C. (2008). *The Cambridge Companion to Performance Studies*. New York: Cambridge University Press.
- Daviss, B. A. (1997). Heeding Warnings from the Canary, The Whale, and The Inuit. *Childbirth and authoritative knowledge: Cross-cultural perspectives*, 441.
- Downs, J. (2012). *Sick From Freedom: African-American Illness and Suffering During The Civil War and Reconstruction*. Oxford University Press.
- Fett, S. M. (2002). *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill: University of North Carolina Press.
- Fontenot, W. L. (1994). *Secret Doctors: Ethnomedicine of African Americans*. Westport, Conn: Bergin & Garvey.

- Gilroy, P. (1993). Jewels Brought from Bondage: Black Music and the Politics of Authenticity. *The Black Atlantic. Modernity and Double Consciousness*, 72-110.
- Striff, E. (Ed.). (2003). *Performance Studies*. Palgrave Macmillan.
- Good, M. J. D. (1995). Cultural Studies of Biomedicine: An Agenda for Research. *Social Science & Medicine*, 41(4), 461-473.
- Helman, C. (2014). *Suburban Shaman: Tales from Medicine's Frontline*. Hammersmith Books Limited.
- Hunt, L.M., Kreiner, M., & Brody, H. (2012). The Changing Face of Chronic Illness Management in Primary Care: A Qualitative Study of Underlying Influences and Unintended Outcomes. *The Annals of Family Medicine*, 10(5), 452-460.
- Kirmayer, L. J. (2012). Cultural Competence and Evidence-Based Practice in Mental Health: Epistemic Communities and The Politics of Pluralism. *Social Science & Medicine*, 75(2), 249-256.
- Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. *Annals of internal medicine*, 88(2), 251-258.
- Leary, J. D. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, OR: Uptone Press.
- Long, M. G. (2012). *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. Chapel Hill: University of North Carolina Press.
- Madison, D. S., & Hamera, J. (2005). Performance Studies at the Intersections. *The Sage Handbook of Performance Studies*. Sage Publications.
- Mitchem, S. Y. (2007). *African American Folk Healing*. New York: New York University Press.
- Mitchem, S. Y., & Townes, E. M. (2008). *Faith, Health, and Healing in African American Life*. Westport, Conn: Praeger.
- Nelson, A. (2011). *Body and Soul: The Black Panther Party and The Fight Against Medical Discrimination*. London; Minneapolis: University of Minnesota Press.
- Quinlan, M. B. (2011) Ethnomedicine, in *A Companion to Medical Anthropology* (eds M. Singer and P. I. Erickson), Wiley-Blackwell, Oxford, UK.
- Roach, J. (2003). Culture and performance in the Circum-Atlantic world. In E. Striff (Ed.), *Performance Studies*. New York, NY: Palgrave Macmillan.

- Savitt, T. L. (2002). *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: University of Illinois Press.
- Sweet, J. H. (2003). *Recreating Africa: Culture, Kinship, and Religion in The African-Portuguese World, 1441-1770*. Univ.of North Carolina Press.
- Sweet, J. H. (2011). *Domingos Álvares, African Healing, and The Intellectual History of The Atlantic World*. Chapel Hill: University of North Carolina Press.
- Turner, V. W. (1982). *From Ritual to Theatre: The Human Seriousness of Play* (p. 7592). New York: Performing Arts Journal Publications.
- Voeks, R. A. (2009). Traditions in Transition: African Diaspora Ethnobotany in Lowland South America. *Mobility and Migration in Indigenous Amazonia: Contemporary Ethnoecological Perspectives*, 11, 275.
- Washington, H. A. (2006). *Medical apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to The Present*. Doubleday Books.