Frances Smith Foster*

'TIL DEATH OR DISTANCE DO US PART? MARRIAGE IDEALS AND FAMILY IN ANTEBELLUM AFRICAN AMERICA

Introduction

This essay reflects current research on "Family, Marriage, and Sexual Morality in Antebellum African America" with conclusions different from those often espoused by scholars and the popular media. The best known and most often recited historical narratives are based upon official documents, objective reports, and expert opinion of lawyers, politicians, journalists, historians, philosophers, and clergy—most of whom were beneficiaries, outsiders, or onlookers to the system of slavery. There is another method to explore differing textures of understanding employed by the writer to reconstruct the ancestors' history.

Wendell Phillips, in his introduction to Frederick Douglass's 1845 *Narrative*, recalls the old fable, "The Man and the Lion." The lion complained that he should not be so misrepresented "when the lions wrote history."[1] The Afro-Protestant Press utilized by the writer is one of the "lions" writing the history of, for, and about African Americans. These publications and distribution sources, under the auspices of prominent

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[1]"Letter from Wendell Phillips," *A Narrative of the Life of Frederick Douglass, an American Slave, Written by Himself* (Boston: Anti-Slavery Office, 1845; reprint, New York: W. W. Norton and Company, 1997), 308 (page citation is to the reprint edition).

individuals in the Afro-Protestant Church, allow one to discern authentic discourse for re-evaluating the ancestor's legacy.

Consider, for example, newspapers (*The Christian Recorder* or *The Repository of Religion and Literature and Science and Art*, both published in the 1850s) and autobiographical accounts (*The Narrative of Lunsford Lane* (1848), the *Religious Experience and Journal of Mrs. Jarena Lee* (1849), or *A Narrative of the Life of Rev. Noah Davis* (1859)—all Afro-Protestant publications—wherein not only does "the lion" write the history, but these "lions" are professed Christians. Their perspectives differ from those of blues- and work-song singers, from folk tales, and from court cases. The Afro-Protestant Press enables us to learn about the big and small, the dramatic, the ordinary, the present, and the hoped for future of church groups and church people, as well as something of the attitudes and actions of the "unchurched" people. Just as the popular media of today, this press does not necessarily reveal what was happening but tells us what others wanted to believe was—or should be—going on. The Afro-Protestant Press offers unique understandings of our ancestors' ideals, dreams, and visions—inviting us for a reappraisal of our knowledge from other sources.

Slavery in Perspective

Since this research is in process, it is a reflection on history, not a sermon. Were this a sermon, the text would be the exquisite language of Sherley Anne Williams's, *Dessa Rose*. In her introduction, dated September 14, 1985, she wrote: "I now know that slavery eliminated neither heroism nor love; it provided occasions for their

expressions."[2] This is not about the business of claiming slavery as "not so bad." Slavery then and now is inhumane and unethical because of the audacious idea that one human being can "own" another one—having power to control others, makes controlling others, all right. Slavery is a sin and an abomination before God. Note what Lucille Clifton writes in her wonderful memoir, *Generations*: "Oh, slavery, slavery," [my daddy said to me] It ain't something in a book, Lue. Even the good parts were awful."[3] This we should never forget. Slavery was not just a sin and a shame; it was evil incarnate! Slavery in antebellum U. S. America worked only if it could kill the soul! Slavery could not—and did not—destroy the souls of all black folk. That most horrendous experience also provided *continuous occasions* for extraordinary expressions of love and heroism. Two reasons for our endurance and our triumph were families and marriages. In short, this research reaches two basic points:

1. Slavery did not destroy the black family. Indeed, it was the strength and viability of African-American families that made it possible for our people not only to survive but to multiply and thrive.
2. While marriage was illegal for slaves, it was a common occurrence in antebellum African America, and "jumping the broom" was just one of the marriage rituals during this time. In fact, marriage was highly valued as a life-time relationship.

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[2]Sherley Ann Williams, *Dessa Rose* (New York: William Morrow and Company, 1986), 6 (author's note).

[3]Lucille Clifton, *Generations, a Memoir* (New York: Random House, 1976), 22.

These are bold assertions, going against the grain of today's platforms of public policy and religious pontificating. However, these basic points do not emerge merely from research in the Afro-Protestant Press. They have been quietly circulating for centuries. For example, consider the title of this presentation: " 'Til Death or Distance Do Us Part." This is a term often encountered in narratives and histories about slave communities. It comes from the tale that during many weddings between enslaved people some couples would pledge to be realistic about how long they would remain married. They were marrying "until death or distance" made their separation permanent.

Importance of Language

What's in a word? Think of the definitions of words we use and how what we call a thing affects what we know about a thing. Using both personal and exegetical experiences, think what a "family" is or means. In contemporary political discourse, religious rhetoric, and traditional social science, "family" is often defined more in terms of *form* than of *function*. Claude Lévi-Strauss's list of "a few invariable properties" or "distinctive characteristics" of family forms the core of definitions voiced by many, if not most, contemporary social scientists:

1. The family originates in marriage.
2. It includes the husband, the wife, and the children born of their union, forming a nucleus around which other relatives can eventually gather.
3. The members of the family are united among themselves by:
    - Legal bonds

- Rights and obligations of an economic, a religious, or some other nature
- A precise framework of sexual rights and prohibitions, and a variable and diversified group of feelings, such as love, affection, respect, fear, and so on.[4]

In practice, and especially in popular discourse, the tendency is to define a "functional" or "normal" family unit as co-residential and nuclear, consisting of a legally married, monogamous male and female with children of their union. This definition, however, obscures the complexity and resilience of families generally and especially African-American families during the slave era.

We know from our own lived experiences, from the history of domesticity in Europe and in the early United States, from African narratives, and the Bible that "family" is not a static, monolithic institution. One man and one woman have not always been and is not now the norm. Moses and Solomon had many wives. Abraham had an "outside" family (Hagar and Ishmael). What about Luke 2: 41-52? Remember, Jesus' parents had assumed their son was in the company and had traveled for an entire day before they looked for him among their extended family. Not finding him, they returned to Jerusalem. Three days later, they found him in the temple. Mary rebuked Jesus saying, "Son, why have you thus dealt with us? Behold, your father and I have sought you sorrowing." And he said to them, "How is it that you sought me? Wish you not that I must be about my Father's business?"[5] Christians, especial-

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[4]Claude Lévi-Strauss, *The View from Afar* (New York: Basic Books, 1985), 44.

[5]Luke 2:41-49 RSV.

ly, have continually asked not only "am I my brother's keeper" but also "who is my brother?" "Who is my sister?" People—especially African Americans—have lived and still do live in families that are multi-generational, including aunts, uncles, and cousins—consanguineous or fictive. We often rely upon "church families," our sisterhoods and brotherhoods, groups, and gangs more than upon our biological parents and siblings.

It is more useful to define "family" not by prescription (what "should or ought to be") but with description advanced by historian Brenda E. Stevenson. She reminds us that "family" is not and was not in antebellum America "a static, imitative institution that necessarily favored one form of family organization over another. . . .It was a diverse phenomenon."[6] Moreover, such diversity can be understood "as a measure of the slave family's enormous adaptive potential" and as "instrumental in allowing the slave and the slave family's survival."[7] In particular, Stevenson argues that "[t]he most discernible ideal for kinship organization was a malleable extended family that potentially provided its members with nurture, education, socialization, material support, and recreation in the face of the social chaos that the slave holders' power imposed."[8] Although undocumented at this point, there is reason to believe that some families and marriages were same-sex or "comprised of people who were our kin because they are our kind" (paraphrase from writer's uncle's wife).

However, nineteenth century Afro-Protestant discourse,

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[6]Brenda E. Stevenson, *Life in Black and White: Family and Community in the Slave South* (New York: Oxford University Press, 1996), 324.

[7]Ibid., 325.

[8]Ibid.

like that of most U. S. American media, regularly coupled marriage with family and family with children. For example, in his essay, "Matrimony," Bishop Daniel A. Payne wrote that "God's *design*" for marriage was that a couple "be faithful, multiply and replenish the earth."[9] (Note that Payne rewords Genesis 1:28 which directs Adam and Eve to "be fruitful and multiply." Payne says "be faithful.") The proper work of a married couple, Payne asserted, was to create families, to create "holy beings like themselves, full of intellect, and full of love."[10] Such sentiments appear to have been unquestioned, fundamental assumptions in antebellum African America.

We need to explore the definition of "slave." In order to review more accurately antebellum African-American attitudes about "family," we need to uncouple "African American" from "slave." Not all people of African ancestry—even before abolition—were enslaved. According to the 1850 census, there were at least a million free black people—about 10 percent of the black population.[11] Ninety percent were enslaved, but a "slave" is not the same as "enslaved." A "slave" is not human; a "slave" is chattel; a "slave" is, at most, three-fifths of a man. Many men and women of African descent were enslaved but they were not "slaves." Ten percent of the black population in 1859 is too many to simply ignore. In the 1890s and 1900s W. E. B. DuBois and others believed that a "talented tenth" was suf-

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[9]*Indianapolis (IN), The Repository of Religion and Science and Art*, January 1859, 2.1, 22.

[10]Ibid.

[11]See U. S. Census Bureau, Population Division, Table X: "Population of the U. S." (Washington, DC: The Bureau, 1850). Table X provides a breakdown of the total population in 1859 by whites, free colored, and slaves.

ficient to uplift the race. In the 1950s and 1960s, African Americans or "Negroes" as then called, comprised only about 10 percent of the U. S. American population. That didn't make segregation any less wrong, and it was enough to believe "We Shall Overcome."

For many generations a substantial number of antebellum African Americans were not enslaved and, therefore, legally entitled to marry. One can see that marriage was a common occurrence in this era. But it actually goes beyond that. Evidence from the Afro-Protestant Press is supplemented by slave narratives and by historians such as John Blassingame, Herbert Gutman, Brenda Stevenson, and Deborah Gray White. This evidence reveals that while marriage may have been illegal for slaves, it did not mean they did not "marry" anyway. Let us turn now to selected evidence culled from the Afro-Protestant Press, indicating that marriage was probably as frequent—and frequently longer lasting—in antebellum African America than today.

Lunsford Lane

The Narrative of Lunsford Lane[12] is the first example. In 1848, Lane published the fourth edition of his autobiography, supporting the anti-slavery movement, hoping it would earn enough to pay the final installments on his wife's purchase, their seven children, and his mother. Lane had already paid $1,250 to buy one daughter and himself. A quick summary of his family life and events leading to his marriage demonstrates how some African Americans

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[12]See Lunsford Lane, "The Narrative of Lunsford Lane," in *North Carolina Slave Narratives*, ed. William L. Andrews and David A. Davis (Chapel Hill: University of North Carolina Press, 2003).

constructed their families and marriages.

Lane's father lived on a farm in Raleigh, North Carolina. Lunsford lived with his mother on a nearby farm. The couple was married. The family was enslaved. When Lane was a teenager, his father—still living nearby and still married to Lane's mother—taught his son a different way to cure tobacco. Lane began to sell his special tobacco around town, and soon the young (enslaved) entrepreneur developed a loyal clientele among the state legislators and prominent citizens in Raleigh, North Carolina, diversifying his inventory by inventing a special pipe for that tobacco. By day, Lane labored for the man who "owned" him and by night he worked for himself. He wanted desperately to be legally free and was saving money to purchase himself. But, he also wanted to be married. Lane writes that when he was about twenty-two years of age: "Perceiving that I was getting along so well, I began, slave as I was, to think about *taking* a wife." His first courtship, he says "failed," and it was "two or three years" before he "set out once more in pursuit of a wife." Then, he says,

> . . . .I fell in with her to whom I am now united, Miss Martha Curtis, and the bargain between *us* was completed. I next went to her master, Mr. Boylan, and asked him, according to the custom, if I might 'marry his woman.' His reply was, 'Yes, if you will behave yourself.' I told him I would. 'And make her behave herself?' To this I also assented and then proceeded to ask the approbation of my master, which was granted. So in May 1828, I was bound as fast in wedlock as a slave can be. God may at any time sunder that band in a freeman; either master may do the same at pleasure in a

> slave. The bond is not recognized in law. But in my case it has never been broken; and now it cannot be, except by a higher power.[13]

There are many important details here. Consider the significance of Lane identifying his fiancée as "Miss Martha Curtis." "Miss" was a title of respect that whites tried to reserve for themselves. His use signifies a defiance of racism as well as respect for Miss Curtis. Respect is also evident because first he worked to obtain her consent. Lane says that when "the bargain between *us* was completed"—and in his quote he italicizes "us"—then "according to the custom," he asked permission of their owners. "According to the custom" reveals that "marriage" among enslaved people may have been illegal *de jure* but enough slave owners observed its de facto existence that it was a customary procedure. Before he would grant permission, Martha Curtis's "owner" impressed his authority over Lunsford Lane by making Lane promise to "behave" himself. Then the "owner" added the requirement that Lane "make" Martha "behave herself," thereby, delegating some of his authority over "his woman" to Lane as her husband. After this negotiation, Lane receives permission from the man who "owned" him. Finally, he reports, "In May 1828, I was bound as fast in wedlock as a slave can be." From Lane's perspective "he" "was bound," but from the process we understand that "she" was now thrice bound: to the man who "owned" her, to the man who "married" her, and to the man who "owned" the man she married. Now, nearly twenty years later, the couple was still married. Lane assumes that once the final payments were made for Mrs. Lane their

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[13]Ibid., 10-11.

union would last until death did them part.

Reliable statistics on marriages not recognized by law are hard to come by; however, several sources suggest that the Lanes had good reason to expect their marriage to last until they died. One of the earliest sociological surveys of African-American marriages in the nineteenth century indicates: (1) that 97 percent of marriageable African Americans in antebellum Dinwiddie County, Virginia, did in fact marry and that only 21 percent of those marriages ended in what we would call "divorce"; (2) that before emancipation 78 percent of marriages among African Americans were terminated by death (43.2 percent) or by "distance" (35.3 percent); and (3) after emancipation death accounted for 75.6 percent of African-American marriages terminated.[14] The statistical probability for lifelong marriages was higher than today. Numbers must always be cautiously interpreted; these are no exception. However, several scholarly studies of census records, Freedmen's Bureau statistics, other official documents, and post-bellum slave narratives compare favorably with this pioneering survey.

More important than the "realities" of death or distance, however, was the **threat** of death or distance. Many African-American publications verify two things: (1) a significant number of enslaved people married and lived with or near family members—often for generations, but (2) the specter of forced, long term and often permanent separations from loved ones haunted virtually every marriage and family among unfree people. Temporary separations and

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[14]Jo Ann Manfra and Robert R. Dykstra, "Serial Marriage and the Origins of the Black Stepfamily: The Rowanty Evidence," *The Journal of American History* 72, no. 1 (June 1985): 18-44, especially 32, Tables 2 and 3.

separate residences were a different matter. Lunsford Lane's father did not live with Lunsford Lane's mother; but they were "married"; he was a "father" to his son. Physical distance even for long spans of time may have separated but did not necessarily dissolve a marriage or the couple's claims upon one another. Consider the example of Harriet and Dangerfield Newby. On April 11, 1859, Harriet Newby wrote to her husband, "Dear Dangerfield, com this fall without fail, monny or no monny. I want to see you so much. That is one bright hope I have before me."[15] And again in August, Harriet wrote:

> Dear Husband you [know], not the trouble I see; the last two years has ben like a trouble dream to me. It is said Master is in want of monny. If so, I know not what time he may sell me, an then all my bright hops of the cuter are blasted, for their has ben one bright hope to cheer me in all my troubles, that is to be with you, for if I thought I shoul never see you this earth would have no charms for me. Do all you can for me, which I have no doubt you will. I want to see you so much. The children are all well. The baby can not walk yet [at] all. It can step around everything by holding on. It is very much like Agnes . . . .Your affectionate wife, Harriet Newby.[16]

There is a special irony to this incident. While Harriet was writing to her husband to return to her, even if he didn't

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[15]John W. Blassingame, ed., *Slave Testimony: Two Centuries of Letters, Speeches, Interviews, and Autobiographies* (Baton Rouge: Louisiana State University Press, 1977), [116]. ("Letters to Dangerfield Newby," Brentville, April 11, 1859).

[16]Ibid., 117. ("Letters to Dangerfield Newby," Brentville, April 11, 1859).

have the money to alleviate her distress, Dangerfield was not trying to save money to free his wife. Dangerfield Newby was one of the men who on October 17, 1859, attacked Harper's Ferry—under the leadership of John Brown.

Josiah Henson

Let us focus on another antebellum slave narrative, *Father Henson's Story of His Own Life*,[17] for examples that verify and extend representations of family and marriage such as those in Lane's narrative. Like Lunsford Lane, Josiah Henson was born to enslaved African Americans who were "married." Henson's mother and father "belonged" to different people but—apparently—because they were married, Henson's mother had been rented to the man who claimed ownership of Henson's father. And apparently Henson's mother, for the sake of living with her husband, chose to relinquish certain comforts and to risk her personal safety. This is conjecture from the writer, but when Francis Newman sold Henson's father, Henson writes that his mother's owner "would no longer hire out my mother to him. She returned accordingly to his estate."[18] Henson also stated that her master "was far kinder to his slaves than the planters generally were."[19] And the reason why Henson's father was sold also supports the writer's understanding that the wife sacrificed some safety for the succor of husband and family. One day as Henson's mother fought with the overseer, Henson's father responded to his wife's screams. His father, Henson reports, attacked the assailant "like a tiger."[20] For this offense the

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[17]See Josiah Henson, *Father Henson's Story of His Own Life* (Boston: John P. Jewett and Company, 1858).

[18]Ibid., 8.

[19]Ibid.

[20]Ibid., 3.

protective husband received "one hundred lashes on the bare back," had his "right ear nailed to the whipping-post, and then severed from the body" before he was sold from Maryland to Alabama.[21] From this incident, we may conclude that even if slave marriages were considered illegal, and even if they were forbidden to defend their spouses or themselves, enslaved African Americans sometimes did so—regardless of the consequences.

Josiah Henson's narrative also offers insights into marital "decision making" and the strength of family bonds. Henson was a preacher who, like Richard Allen some years earlier, had permission to travel and opportunity to earn money. More than once, Henson had opportunity to escape, but he wrote, " . . . .I had a wife and four dear children; how should I provide for them? Abandon them I could not; no! Not even for the blessed boon of freedom. They, too, must go. They, too, must share with me the life of liberty."[22] "How could I provide for them?" suggests that like Lane and others this enslaved husband considered it his obligation to support his wife and family.

Henson told his wife that they were going to run away. His wife argued against it:

> She was overwhelmed with terror. . . .We should die in the wilderness. . . .We should be hunted down with blood-hounds . . . .We should be brought back and whipped to death. With tears and supplications she besought me to remain at home, contented. In vain I explained to her our liability to be torn asunder at any moment; the horrors of the slavery I had lately seen; the

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[21]Ibid., 4-5.
[22]Ibid., 103.

> happiness we should enjoy together in a land of freedom, safe from all pursuing harm. She had not suffered the bitterness of my lot, nor felt the same longing for deliverance. She was a poor, ignorant, unreasoning slave-woman.[23]

The last sentence in the quote is not uplifting, but it is important in understanding something about the relationship. Maybe he thought his wife a "poor, ignorant, unreasoning slave-woman"; nonetheless, she was a partner without whom he did not want to live and with whom he wanted consensus. This woman and this man, though married, perceived slavery differently. Henson had traveled more extensively and knew more about slavery's treacherous possibilities. But his wife had sufficient confidence in her priorities and loved him enough that she would not willingly or silently accept a plan she thought endangered them both. Henson writes that "I argued the matter with her at various times, till I was satisfied that argument alone would not prevail,"[24] then he resorted to stronger tactics. He told his wife that she could remain and keep the baby, but he was leaving with the other children Henson reports, "Again, she wept and entreated, but I was sternly resolute. The whole night long she fruitlessly urged me to relent."[25] That morning, as he left to go to work, "she said, at last, she would go with me. Blessed relief! [Henson exclaims] My tears of joy flowed faster than had hers of grief."[26]

In this incident, it appears that this marriage was not a

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[23]Ibid., 104.
[24]Ibid.
[25]Ibid., 105.
[26]Ibid.

patriarchal arrangement wherein the husband's word was a command. It was a companionate relationship in which negotiation, discussion, even tears and threats were employed. This couple came to a serious crisis in their marital relationship, but the "family bonds" prevailed. Henson gambled on his wife's refusal to be separated from their children and he won. In the Afro-Protestant Press, "family" and "marriage" are presented as symbiotic. One strengthens and motivates the other.

Daniel Payne's proclamation that "the heavenly design of matrimony" is to create families, to "train immortal spirits to love, serve and adore the King of the Universe."[27] Another example of this idea is in "An Essay on the Importance of Family Duty" by James Reed, which was published also in *The Repository of Religion and Literature*. Reed writes that the "family" is essentially necessary for the happiness of mankind. . .a duty which we owe to God, ourselves, and children. Family duties are not just the father and mother only but include the entire household, over whom one may be the guardian.[28] Reed emphasizes that "family" is not merely "father and mother" but includes "all the household." In saying "over whom one may be the guardian," he acknowledges that the head of that household need not be male. However, Reed's essay assumes—as does most of the Afro-Protestant Press—that the prototypical family is patriarchal. Reed uses a common analogy in this essay. A "family" is like a kingdom: The father is "king"; the mother is "queen"; and the children are "the subjects over whom" the king and queen rule.

The point here is that even when a patriarchal, hetero-

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[27]*Repository of Religion and Literature*, 2.1, 24.
[28]Ibid., April 1859, 2.2., 85-86.

sexual family is offered as the "ideal," "family" is flexibly defined; the duties, the *function*, of "family" trumps form. One further example from *The Repository of Religion and Literature*, which shows this flexible, maybe even ambiguous, depiction of model families, is called "Dialogue between a Mother and Her Children on the Precious Stones."[29] Here, "Mrs. Sarah Douglas" of Philadelphia describes an evening gathering around the fire of a mother and her five daughters. Adelaide has asked her mother to show them her "beautiful topaz breastpin" because she had learned in school that day that "topaz belongs to the quartz family and is one of the precious stones mentioned in the Bible." The mother uses this opportunity to examine the girls on the Bible, asking them what scripture mentions topaz and to recite the passage (Exodus 28:17). (The "breastplate of judgment" shall be adorned with a row of "sardis, a topaz, and a carbuncle" as well as with emeralds, sapphires, diamonds, agates, and amethysts). Then the mother "spreads out a variety of precious stones" for a geology lesson to supplement what the girls learned in school! They identify amethysts, topaz, agates, etc. and discuss shapes such as ellipses. (Anne tells us that "an ellipse is an oval figure having two diameters or axis, the longer of which is called the transverse, and the shorter the conjugate diameter.")[30] The mother's ultimate lesson to her children is that jewelry can be beautiful but is also "costly and entirely useless"; indeed, flashing one's wealth in clothes and "vain ornaments" can cause less fortunate people to feel bad or even to "ruin" themselves in pursuit of the same. Just before the family meeting has ended and the girls are

[29]Ibid., October 1859, 2.4, 156-159.
[30]Ibid., 158.

sent to bed, they decide upon a good use for one of the jewels. They will have it made into a seal for letters that they write, a seal engraved with a family motto that they decide will be "gratitude." This story makes no mention of a father, and the family is clearly economically above average. It is, however, presented as a model to be emulated.

Conclusion

Research in and of itself has merit and is often quite personally satisfying, but we live in perilous times when "marriage" and "family" are of particular personal and political relevance. We are told how things have always been and should be—about how African Americans have been particularly inexperienced in marital success and in formulating functional families. Our histories, our myths, and our memories define us as individuals and as communities.

More of us should at least consider the possibilities of what Sherley Anne Williams wrote after she had researched African-American history in order to write *Dessa Rose*,

> I now know that slavery eliminated neither heroism nor love; it provided occasions for their expressions.[31]

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[31]Williams, *Dessa Rose*, 6.

Miriam J. Burnett*

THE INFLUENCE OF TRADITIONAL AFRICAN HEALTH BELIEFS AND PRACTICES ON PRESENT-DAY AFRICAN-AMERICAN HEALTH BELIEFS AND PRACTICES

Introduction

Many statements have been made regarding the healthcare of African Americans, revolving around access to healthcare, economics, health insurance, personal pursuit of available accessible care, and compliance. A growing number of studies have researched religion and medicine. There are, however, few, if any, inquiries that have investigated the influence of ancient African religions and the healthcare of present-day African Americans. This essay reviews the literature regarding the attitudes of traditional Africans toward health, illness, treatment, and their relationship to traditional African religion. Various illnesses, treatment providers, and tribes are discussed. Additionally, Western philosophy and thought toward these topics are explored in an effort to approach the concepts of health, healthcare, and healthcare utilization of present-day African Americans. The definitions of health, as discussed by these peoples, are also considered.

The role of, what is now termed, alternative medicine is discussed in relation to African Americans. The function of religion, family tradition, and community is also investigated, including the influence of traditional African attitudes

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and present-day African-American healthcare. Did the Maafa experience eliminate, modify, or perpetuate these attitudes of African Diaspora?

As an African-American internal medicine physician, whose family background includes those of African descent born in the Caribbean, Panama, and South Carolina, the writer also includes some of her experiences with family and patients. Experiences as an itinerant elder and health director in the African Methodist Episcopal Church have also drawn conclusions and questions for further investigation. The role of the African-American Church's clergy in the healthcare of its constituents is contemplated. As topics of medicine and religion are further studied, culturally specific analysis must be provided if meaningful interventions are expected.

Role of Health

The 1998 World Health Organization defines health as a "state of complete physical, mental and social well being and not merely an absence of disease or infirmity."[1] The whole person and community are included in the African's attitude toward health. All aspects of life—economical, physical, mental and spiritual, and political and relational (community and family)—are components of the whole. Examples of wholeness are: 1) a person whose spiritual life has created an atmosphere of a growing and continuing relationship with God, self, others, and the environment; 2) a person whose socioeconomic and educational status

[1]Preamble to the Constitution of the World Health Organization, adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of sixty-one states (Official Records of the World Health Organization, no. 2, 100) and entered into force on 7 April 1948.

enables physical needs to be met or exceeded (food, shelter, and clothing); and 3) a person whose physical body is free of disease or infirmity, e.g., infirmities under a state of "good control." A holistic approach to life and health is essential to the African. As a result, the approach to healing is governed by the need to attain wholeness for the person who is sick, as well as the community.

Feierman points out that cultural differences cause differing definitions. When he looked at the conditions treated by medicine-men in Dar es Salaam, Tanzania, the differences became evident. The circumstances included "sickness, unemployment, mental illness, unprofitable business, unfaithfulness of a spouse. . .efforts to win at sports and politics, efforts to attract sexual partners and protection from sorcery."[2] This article also describes the beliefs in the Yoruba Aladura churches. "Disease, according to church doctrine, is the result of sin and lack of faith; healing can only come through prayer."[3] They believe their faith in God and following God's edicts will avoid the disasters of life.

Josephine M. Namboze studied the health and culture in the Ganda society. She subdivided the beliefs about the causes of disease into three categories: magical supernatural, infectious, and hereditary. The magical supernatural implicated diseases that include those caused by angry gods, witchcraft, spirits, the breaking of social rules, and the failure to perform rituals. For these, the treatment calls for the prescription of a diviner (defined later). Some diseases known to have infectious etiology were also thought to

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[2]Steven Feierman, "History of Pluralistic Medical Systems: Change in African Therapeutic Systems," *Social Science and Medicine* 13B, no.4 (1979): 277-278.

[3]Ibid., 283.

have an associated element of heredity.[4] For this reason, marriage was forbidden into a family where someone had disease like tuberculosis or leprosy.

There is also an anecdote mentioned that reads as follows: "a pregnant woman should not look at a weakly child, a lame man or a frightened creature, as this might cause the child to be weak, lame or deformed."[5] In an effort to protect the unborn child, special attention was given the pregnant woman. Modern medicine has used this approach to decrease the incidence of pre-eclampsia (extreme hypertension syndrome in pregnancy). This is an example of the ancient African experience and wisdom of outcomes not requiring the knowledge of chemical interaction or other scientific evidence as in present-day medicine. This awareness of potential outcomes developed a series of preventive practices still in place today.

Role of Disease

We return to African traditions by discussing the beliefs of the Zulu who believed that health is a balance and is described by the verb *lungisa*, which means "to put in order, arrange, adjust, set as it should be or tidy."[6] Michael Gelfand, working in southern Africa, concludes: "It is obvious that the traditional African believes firstly that disease is caused by a spirit or supernatural agency; and, secondly, that many illnesses can be alleviated, or even cured by the administration of one of many remedies found in nature."[7]

A study of sub-Saharan Africa by David C. Schechter

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[4]Josephine M. Namboze, "Health and Culture in an African Society," *Social Science and Medicine* 17, no. 24 (1983): 2041, 2043.

[5]Ibid., 2042.

[6]Gwyn Prins, "What Is to Be Done? Burning Questions of Our Movement," *Social Science and Medicine* 15B (1981): 178.

[7]Ibid.

produced similar results. In addition to the statements made by Gelfand, Schechter details some of the remedies sought. A search of the supernatural beings to discover the cause of the anger, followed by prayer, ritual and sacrifice is only the initial phase of treatment. The medicine-man also provided therapeutic measures to increase the possibilities of recovery. The medicine-man is a compilation of "diviner, spiritualist, psychologist, priest, surgeon and herbalist."[8] Not only did the medicine-man question the spirits for the etiology of disease but also offered advice and treatment based on their response. A holistic approach is therefore attained with the mental as well as organic causes addressed.

As implied earlier, the social aspect of African life is also a potential for disease. Any disruption in the social, physical, or moral fiber of a person will cause illness; the social situation must be addressed. The sense of community and interpersonal relationships is at the core of this etiology. If one were to separate the word "disease" into "disease," it is simple to understand the social and mental implications of this process. An uneasiness and imbalance in life causes "sickness" that can be remedied by different approaches. Traditional Africans further explain this concept as a disruption in relationship between human, spirit, and nature. To restore this relationship is to restore health. The ancestral, family, social, and a community situation must be evaluated when dealing with sickness.

Illness is also defined as an expression of social conflict or cosmic disorder revealed in disruptions in the normal relations of men, spirit, and nature. When sickness occurs, all community members are mobilized and concerned. A rapid

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[8]David C. Schechter, "Medical Motifs in West African Sculptures," *New York State Journal of Medicine* 80 (May 1980): 1003-1004.

and effective solution must be found to re-establish the normal equilibrium of the subject. This essentially ritual treatment aims to purify the community and with the return of harmony, to guarantee general well-being. These practices, at once religious and medical, are seen as an intervention of supernatural forces, which have, as their function to re-establish a harmonious order. Thus, to treat a sufferer is not only to re-establish his organic-physical normality, but also to recreate the order characterized by social and ritual harmony. A harmonious society . . . is one in which there are no social conflicts, no sickness, no disasters, epidemics or premature deaths. . .where people do not practice cursing, sorcery, and fetishism and where there are good relations between the living and the ancestral world. This new order is the result of a ritual purification of the community and the eradication of spells and nefarious fetishes, the sign of the golden age each one awaits."[9]

In the East African country of Kenya, the Kavirondo people believe that ancestral spirits cause most diseases; the remainder comes from other supernatural forces. Treatments range from home remedies to the consultation of a medicine-man or diviner. The resultant prescription includes counter-magic, ritual, acts of penance, or therapeutic surgery depending on the identified cause. The Zaramo of eastern Tanzania feel that all illnesses have supernatural causes. They also believe that some diseases may have additional natural causes outcome but will always have a supernatural stimulus. The Ko, described by H. J. Heinz, attribute all disease and disabilities to God. Their hygienic appli-

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[9]John M. Janzen, "The Need for a Taxonomy of Health in the Study of African Therapeutics," *Social Science and Medicine* 15B, no. 3 (1981): 193.

cations, prophylactic ritual medicines, and dances are protection against disease.[10] The ancient Egyptians (ancestors to modern medicine) had a series of practices, usually prescribed by someone of the priestly caste, to promote a healthy life: purification rituals, maintenance of dietary restrictions, and consultation with a priest in matters involving magic. The purification rituals were a part of a healing process as well as maintaining the appropriate lifestyle.[11] Egyptian healers used surgery, herbs, plants, animal, and mineral compounds for cures. Many of these are presently used in "modern" medicine.

The Cokwe of Zaire place disease into three categories: God, sorcery, and displeased ancestors.[12] The diseases of God occur naturally in the course of life. They believe that God shapes all human events. The diseases of sorcery do not respond to normal treatment nor do those with dramatic symptoms. A healer can only treat these. The diviner determines if the cause is ancestors (usually maternal) and prescribes the ritual necessary to eradicate the disease. The Cokwe diviners, as in other African religions, address other illnesses as "unsuccessful hunting, loss of jobs, failure in school, repeated instances of 'bad luck' and major accidents."[13] It is important again to note the importance of the social situation of the ill. The healer must be familiar with the patient and not necessarily the actual disease. P. Stanley Yoder summarizes the management of Cokwe illness as follows:

First, it is the sick person's kin group which decides

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[10]Ibid., 186-187.

[11]See Bob Brier, *Ancient Egyptian Magic* (New York: Morrow, 1980).

[12]P. Stanley Yoder, "Knowledge of Illness and Medicine among Cokwe of Zaire," *Social Science and Medicine* 15B, no. 3 (1981): 241.

[13]Ibid., 238.

> on the appropriate therapy and assumes the costs. Second, most diagnoses are made by this group of kinsmen on the basis of their own observations and the statement of the inflicted. These diagnoses may or may not be linked to etiology. Third, each step in the process of diagnosis and treatment involves discussion among the participants. Fourth, herbal treatments are widely used in various stages of treatment. Fifth, if a diviner has determined that sorcery or ancestral activity are involved, a healer treats a patient for both the physiological symptoms and for the ultimate cause, invoking his own personal power against that of the sorcerer. If the episode involves *mahamba* (ancestors, to maternal kin), the healer must persuade rather than force the offending power or spirit to desist.[14]

This summary of the Cokwe procedures is representative of many traditional African cultures and peoples. The Bantu-speaking people of Africa have similar beliefs. Most of the "illnesses" of an individual are cared for in the home. The diviners, with subsequent rituals to be performed, must treat the remainder. It is important to note that these people were and are of infectious causes of illness. An example is the mosquito and tsetse fly as the vectors for sleeping sickness, malaria, etc. The treatments included a variety of barks, roots, leaves, and other natural products. The form of healthcare has therefore been termed a "medico-religious" system by Gloria Waite.[15] This term can be best applied to most aspects of traditional and present-day African healthcare.

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[14]Ibid., 244.

[15]Gloria Waite, "Public Health in Pre-Colonial East-Central Africa," *Social Science and Medicine* 24, no. 3, (1987): 199.

Role of Medicine-Men

Traditionally speaking, one cannot totally separate medicine from religion. Some of the same remedies are used for both religious and medical purposes. It is the role of the specialist to know how, what, when, where, and why to institute these practices. Their role cannot be stated any better than by Edward Green: "African healers are accessible, affordable, and culturally appropriate and acceptable, thereby fulfilling the major criteria for effective service delivery."[16] Medicine-men (both male and female) are traditional African healers. Their specialty can be further subdivided into medicine-men, mediums, and diviners. This specialist often plays multiple roles and, therefore, can be considered in the same category of healing specialist.

Medicine-men know how to use African medicine and learn as much as possible about the patient and social situation. They are thereby in a better position to determine the illness of the whole person—physically and socially. They do not use clairvoyance. Diviners use clairvoyant powers and comprehensive knowledge of African medicines. They are usually female and, although they are usually consulted foremost for clairvoyant powers, can operate at both levels of clairvoyant (medium) or medicine-man.[17]

John Mbiti delineates the qualities of a medicine-man, which are also designated in the oaths taken by modern physicians. They are expected to be trustworthy, upright morally, friendly, willing and ready to serve, able to discern

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[16]Edward C. Green, "Can Collaborative Programs between Biomedical and African Indigenous Health Practitioners Succeed?" *Social Science and Medicine* 27, no. 11 (1988): 1128.

[17]Harriet Ngubane, "Aspects of Clinical Practice and Traditional Organization of Indigenous Healers in South Africa," *Social Science and Medicine* 15B (1981): 362.

people's needs and not be exorbitant in their charges. They must undergo training specific for this specialty.[18] In addition this profession is a "calling" requiring special gifts and talents. Medicine-men must be concerned with many facets of life, including dualism between medicine and religion. The medicine-man is "concerned with sickness, disease and misfortune."[19] Through treatment, the medicine-man represents the patient's doctor as well as spiritual leader. They are also to provide preventive measures, increase prosperity, and deal with the spirits. In relationship to "African Healing Arts," Jewel Pookrum states that practitioners were taught: (1) all things in nature were related; (2) all matter in nature originated from "the One Divine Source"; (3) all creation was related and similar, but each living organism was original and unique; and (4) all life and matter was created for a specific purpose and for a specific divine reason.[20] Both Pookrum and Afrika call for a return to this teaching among African Americans.

Deborah Gilk in her article on spiritual healing in the 1980s,[21] and John Janzen's article on pre-colonial equatorial African therapeutic systems[22] describe the transformation of the sufferer into healer. They both describe illness that occurs prior to the transition of a religious leader, a healer and recount this attainment of wholeness as a community achievement.

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[18]John S. Mbiti, *African Religions and Philosophy* (Oxford: Heinemann Education Publishers, 1997), 162-163.

[19]Ibid., 165.

[20]Llaila O. Afrika, *African Holistic Health* (Brooklyn, NY: A&B Books Publishers, 1993), 2.

[21]Deborah Gilk, "Symbolic, Ritual and Social Dynamics of Spiritual Healing," *Social Science and Medicine* 27, no. 11, (1988): 1197-1206.

[22]Janzen, "The Need for a Taxonomy," 193.

The Role of Holistic Care

The concepts of wholeness and life include but are not limited to physical, psychological, spiritual, cultural, economic, and social well-being. Each component of life influences the others, thereby creating a need to attend not only the physical but also all of the primary aspects of life. This approach to health addresses the prevention of some disturbances to the components of health and not necessarily with the treatment of disease. Increasingly, spirituality is being recognized as a major contributor to health and health status. All aspects of one's being must be in harmony to achieve optimal health.

John Chissell, in *Pyramid of Power*, defines optimal health, as "the best possible emotional, intellectual, physical, spiritual, and socio-economic aliveness that we can attain."[23] He believes that this is a "continuing process or journey, rather than a destination or end point."[24] It is through the quest for optimal health that we move from a system of "sick care" to "healthcare." Chissell describes sick care as the treatment of disease. "It is much better rendered if we have the services of a whole person oriented, competent, concerned and caring sick care professional to assist us in the choices and interventions necessary to bring us back to normal. Health care is defined as the creation and maintenance of an optimal state of aliveness, and is primarily our individual responsibility."[25]

This perspective reflects the growing interest in holistic

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[23]John Chissell, *Pyramid of Power: An Ancient African Centered Approach to Optimal Health* (Baltimore, MD: Positive Perceptions Publications, 2000), xxii.

[24]Ibid.

[25]Ibid., vi.

health. Although common throughout the world for centuries, the notion of health as holistic is relatively new in the United States. Long before holistic care's present popularity, our foreparents practiced the total well-being of persons. As the world's scientific knowledge base increased, holistic medicine practices decreased in their importance. Their general acceptance was considered taboo and backward in Western society. The return to holistic health is a return to total well-being and away from a segmented approach to living.

The World Health Organization (WHO) defines health as more than just the absence of disease. Rather, health means achieving a total state of wellness for the entire being, an integrative process that involves all aspects of life. The whole person and the surroundings are considered. This also is the basis for holistic health. "The American Holistic Health Association promotes holistic health as an approach to creating wellness which encourages you to:

1) Balance and integrate your physical, mental emotional and spiritual aspects;
2) Establish respectful, cooperative relationships with others and the environment;
3) Make wellness-oriented lifestyle choices; and
4) Actively participate in your health decisions and healing process."[26]

Holistic health reflects a person's interaction with the surroundings, environment, and circumstances, utilizing this information for optimal wellness. The elimination of symp-

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[26]Susan Walter, "HOLISTIC is an Adjective, Not a Noun" [article online] (Anaheim, CA: American Holistic Health Association, 1988-1990, accessed September 20, 2002); available from http://www.healthy.net/pan/chg/ahha/adject.html; Internet.

toms is not the primary concern. Rather, the cause of the symptom—whether physical, mental, environmental, social, or spiritual—is sought. While attempting to prevent disease, holistic health seeks the highest level of wellness.

Holistic medicine is the avenue to achieve holistic health and is defined by the Canadian Holistic Medical Association as follows:

> Holistic medicine is a system of health care, which fosters a cooperative relationship among all those involved, leading towards optimal attainment of the physical, mental, emotional, social and spiritual aspects of health. It emphasizes the need to look at the whole person, including analysis of physical, nutritional, environmental, emotional, social and lifestyle values. It encompasses all stated modalities of diagnosis and treatment including drugs and surgery if no safe alternative exists. Holistic medicine focuses on education and responsibility for personal efforts to achieve balance and well-being.[27]

Throughout time, African Americans traditionally have cared for themselves, both formally and informally. The church and a cadre of nurses and nurse-types (non-academically trained) were and still are the foundation of these healthcare systems. Hilary Beard reports: "Throughout the history of black folks in America, we have always found a way to take care of our own, even when mainstream institutions denied us their support. Our ancestors developed

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[27]Canadian Holistic Medical Association, "What Is Holistic Medicine?" [article online] (Anaheim, CA: American Holistic Health Association, 1988-1990, accessed September 20, 2002); available http//www.holisticmed.com/whatis.html; Internet.

an informal health-care system to keep themselves alive, vestiges of which survive today."[28]

Historically, the African-American Church has been intimately connected to the health, welfare, and vitality of the African-American family and has been the primary catalyst for developing and nurturing countless African Americans. Many of these persons, in turn, have contributed enormously to the growth of the Black community and the nation. There is ample warrant to continue working through and with African-American churches in healthcare. The U. S. Department of Housing and Community Development report, "Faith-Based Organizations in Community Development," states that "more than half of all congregations and many other faith-based organizations provide some form of human services. Congregational participation in providing human services is greater among worship communities that are larger [and hence have more resources], are located in low-income neighborhood, are theologically liberal, and are African American. Supportive pastoral leadership is central."[29] This report further notes that the majority of social services provided by faith-based organizations are human services and health-related programs.[30]

Anne Wimberly, professor of Christian Education at the Interdenominational Theological Center, Atlanta, Georgia, offers a rationale for health promotion in the church. She emphasizes that health publicity efforts must address risk

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[28]Hilary Beard, "The Development of Nursing in Our Communities," in *The American Legacy Woman*, ed. Harriet Cole (New York: Forbes Publishing, 2003), 12-14.

[29]U. S. Department of Housing and Community Development, "Faith–Based Organizations in Community Development" (Washington, DC: HUD, 2001), 1.

[30]Ibid., 6.

factors, including several key areas such as dietary habits, exercise, stress management, and regular health check-ups.[31]

Role of Religion and Medicine

The writer's own internal medicine practice has many overtures of the incorporation of religion and medicine. Many patients do not visit for medical knowledge alone but for spiritual guidance and consolation. The care is more reminiscent of traditional African medicine, not modern European medicine. There are obvious differences—no talk of ancestral spirits, witchcraft and sorcery—but many obvious similarities. When there is a family discrepancy, there are often present physical manifestations that cannot be cured with "medicine" but with a restoration of the relationship. In some cases, "medicine" can mask or eliminate the symptoms, but the reality or cause of the issue persists. It is not surprising that any aspect of life strongly involving the social situation also has medical implications.

The Rogers-Dulan essay, "African American Families, Religion and Disability," speaks to the role of church, community, and family in the African-American's ability to deal with disabilities and illness. During a crisis, inside help is sought before outside help. Inside help refers to the resources available from family, friends, churches, and other religious organizations. Outside assistance includes professional and social service agencies. The fact that many churches provide internal social service agencies, assistance, and economic support further perpetuates this con-

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[31]Anne Wimberly, *Honoring African American Elders* (San Francisco: Jossey-Bass Publishers, 1997), 154-159.

cept of inside and outside advocacies. The view of collective and community, rather than individual responsibility, is not foreign to African Americans. It is a part of our culture embedded into the social structure. Our ancestors, despite the Maafa and our present-day struggles, have handed it down through oral tradition. The mutual assistance necessary throughout our history has been relayed to many of us through oral tradition. One must ask the question: Has the loss of some of this oral tradition and ingraining of our rich history in our young, created or contributed to the lack of attainment of optimal health?

Many African Americans look to their pastors for guidance in not only religious and moral dilemmas but in medical illness as well. Pastors are often expected to be able to pray an illness away. The statement that "God is still in the healing and miracle working business," is an expression readily heard. With an eye toward health, healing, and wholeness, this expression of one's spirituality is at the core of the interaction between pastor and parishioner. M. A. Colliton defined spirituality as "the life principle that pervades a person's entire being, including volitional, emotional, moral-ethical, intellectual and physical dimensions, and generates a capacity for transcendent values. . . .One's spiritual dimension integrates and transcends one's biological and psychosocial nature, which then gives the individual access to such nonphysical realms as prophecy, love, artistic inspiration, and healing actions."[32] Joyce Guillory, defines spirituality as the "essence of the person or an expression of [God] within giving meaning in life, hope, healing, forgiveness, wholeness, and an awareness that transcends God, self, and others. It forms who we

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[32]L. C. Baldwin, "Spirituality, Health and Occupational Therapy," American Occupational Therapy Association, Inc. Conference Abstracts and Resources (Bethesda, MD: AOTA, 1995), 165-166.

are, our behavior and our responses."[33] It gives meaning to life, illness, and death. Ultimately, it is the relationship with God that transcends to a level of awareness, exceeding an individual's normal physical limitations.

"Religion. . .is a set of beliefs, practices and language that characterizes a community that is searching for transcendent meaning in a particular way, generally based upon belief in a deity."[34] Religion is a communal expression of spirituality. Spiritual health is, therefore, a state in which this relationship with God is dynamic and enables one to continually grow with God, enabling unlimited potential. It optimizes the relationships with God, self, and others. All aspects of life are components of the whole. It is in the wholeness that health is achieved.

Conclusion

Religion and religious affiliation have been implied to affect the utilization of healthcare. In addition to many of the African traditions discussed previously, the fear of modern medicine caused by incidents like the Tuskegee syphilis experiments and the recent recall of medications by the U. S. Food and Drug Administration have influenced many persons' present utilization of healthcare systems. Compliance with prescribed regiments, cost, fear, and the awareness of "sick care" rather than "health-care" systems are among factors contributing to the issues of physical and mental health,

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[33]Joyce Guillory, "An Exploration of the Meaning and Use of Spirituality among Women with HIV/AIDS," *Alternative Therapies in Health and Medicine* 3, no. 5 (1997): 56.

[34]Alan B. Astrow, "Religion, Spirituality and Health Care: Social, Ethical and Practical Considerations," *The American Journal of Medicine* 110 (March 2001): 285.

healthcare access, and utilization.

As we pursue optimal health, how we educate the masses becomes an appropriate question. Health education and health promotion are phrases used interchangeably and must be explored when discussing healthcare, access, and utilization. Karen Glanz has defined health education as "any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health."[35] It has also been described as the process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others.[36] It can take in a variety of arenas. The overall goal of health education is to effect informed voluntary behavioral changes.

Further study both culturally and regionally specific is needed. Questions of religious affiliation and/or beliefs coupled with questions of healthcare access, utilization, and compliance as they relate to African Americans should be developed. Questions that convey ancient African tradition should be posed. Although many would say they do not hold to any African traditions, if asked specific questions, the answer would be different. In an effort to optimize the health of African Americans, and the role of clergy in healthcare access, utilization, and compliance also need to be studied and then subsequently taught to the clergy. Coordinated efforts must be instituted if we are to attain wholeness.

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[35]Karen Glanz, *Health Behavior and Health Education: Theory, Research and Practice*, 2nd ed. (San Francisco: Jossey-Bass Publishers, 1997), 7.
[36]Ibid.