ABSTRACT

AFRICANA WOMEN'S STUDIES

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THE USE OF FOLK HEALING MEDICINES BY SELECTED AFRICAN-AMERICAN WOMEN AS GYNECOLOGICAL RESISTANCE

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This study examines the active presence of folk healing medicines in selected urban, African-American women’s pregnancy experiences. These experiences were found to be collectively recognized as gynecological resistance. Furthermore, this study sought to clarify the epistemological frame of knowledge constructed within the African-American women’s cultural base, which motivates, influences, and constructs rationales for pregnancy choices, decision making, and the pursuits of resistance.

This study was based on the premise that some African-American women continue to resist control of their reproduction, by empowering themselves using a variety of folk medicines practices. A case study analysis approach was used to analyze data gathered and it reflected that the collective reproductive resistances stemmed from a shared memory known as the African Ancestral Maternal Memory.

The researcher found that selected urban African-American women utilized several forms of folk healing medicines to gynecologically resist control of their reproduction. The
conclusions drawn from the findings suggest that the need for continued gynecological resistance by African-American women was not only rooted in the reproductive oppression of enslaved African women, but correlated with the systematic gynecological control of urban African-American women.
THE USE OF FOLK HEALING MEDICINES BY SELECTED AFRICAN AMERICAN WOMEN AS GYNECOLOGICAL RESISTANCE

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SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN
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<td>AAMM</td>
<td>Afrikan Ancestral Maternal Memory</td>
</tr>
<tr>
<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
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<td>SSA</td>
<td>Social Security Administration</td>
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<td>Works Progress Administration</td>
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CHAPTER 1

INTRODUCTION

It is believed that all of Africa’s children possess in their blood, the spirit of Mami, and that the forced suppression and degradation of Her worship is the underlying psycho-spiritual and economic root behind Africa’s collective sufferings; and the absence of Her worship is also responsible for the spiritual malaise that exist within the Diaspora.¹

The purpose of this study was to examine the active presence of folk healing medicines in selected urban, African-American women’s pregnancy experiences as reproductive empowerment to resist the disempowerment, victimization, and lack of control over their reproduction. Furthermore, this study sought to clarify the epistemological frame of knowledge constructed within the African-American cultural base, which motivates, influences, and construct rationales for pregnancy choices, decision making, and the pursuits of resistance.

The interconnected assertion of African women’s reproduction is not a phenomenon which began with enslavement. For many generations, throughout the African Diaspora, women have formed fertility cults, traditions, and rituals to have the sacred ability of reproduction blessed by the forces of the Earth, the Creator, and their Ancestors. Historically, this inextricable relationship of fertility has been rarely understood by anthropologists and researchers due to a lack of understanding of group dynamics, internal lineages, and various forms of folk healing.

Traditionally, African women, on the continent of Africa, deemed the relative, social, and political structures which relied on their fertility and its application to the land as fundamental to the group’s survival. Contrary to western medical beliefs that good health is the absence of bad health, traditional African women view health and/or an individual’s wellness as an interconnectedness of specific relations. Furthermore, this relational status grants access to not only fertility, but sustains integral connections of personhood and overall well-being.¹

The continued practice of folk healing medicines, have not only sustained African women since the beginning of time, but its practice continued through enslavement, and throughout the modern era. In an effort to substantiate the rationale for continued gynecological resistance and empowerment, this research explored the historical positioning of African mothers during enslavement, in an effort to assess indicators of authentic empowerment for present decision-making by urban African-American women. For the purposes of this research, resistance is defined as the act of striving or working against oppressive forces.² When elements of resistance are discussed, notions of revolution or revolts are often associated with these concepts, as resistant acts can be classified as individual, or culminating is systematic group behavior. Historically, African-American enslaved women resisted European exploitative measures on their bodies, identities, sexuality, and their children. By analyzing oral narratives, this research utilized and explained the impact of resistance, and parallels its significance to modern


² Caroline Neely, “Dat’s one chile of mine you ain’t never gonna sell: Gynecological Resistance within the Plantation Community” (PhD diss., Virginia Polytechnic Institute, 2000), 5.
more useful and substantiative for today’s urban mothers, who are continuously targeted for exploitative measures by health department, hospitals, and doctor’s offices.

Given the social and historical factors which dominated enslaved African women’s ability to protect their reproduction, some urban women have found themselves to be oppressed under the very system which controlled their foremothers’ gynecologically. In an effort to explicate the rationales for gynecological resistance and empowerment among selected urban African-American women’s’ choice to regain or establish control over their bodies, gynecological resistance was defined as “any action which a woman takes in opposition to her reproductive oppressor’s authority, to affirm, claim, empower or control her reproductive life as a mother.” In addition, it can be noted that gynecological resistance can also be referred to as reproductive empowerment; demonstrating the mother’s ability to actualize her beliefs within her family and community.

Gynecological resistance can include actions such as the usage of herbs, potions, and remedies for aggressive measures such as birth control, induced miscarriages, abortion, and infanticide. However, in addition to aggressive forms of gynecological resistance, natural measures included resisting through the intake of herbs, and foods for wellness instead of synthesized vitamins, homeopathic medicines, roots, herbs, and elements for “fixing,” the choices of homebirths, midwives, traditional African priestesses, doulas, and birthing centers. More direct measures of gynecological resistance may also include the active resistance to institutionalized services, goods,

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2Caroline Neely, “Dat’s one chile of mine you ain’t never gonna sell: Gynecological Resistance within the Plantation Community” (PhD diss., Virginia Polytechnic Institute, 2000), 20.
fundamental to this type of resistance, because they usually had to affirm the false
pregnancies to the enslavement holders, and maintain the execution of the ploys.”

To illustrate these assertions, Raymond and Alice Bauer report:

I will tell you of a most comical account, Mr.- - has given of the prolonged and
still protracted pseudo pregnancy of a woman called Markie, who for many more
months than are generally required for the process of continuing the human
species, pretended to be what Germans pathetically and poetically call “in good
hope” and continued to reap increased rations as the reward for her expectation,
till she finally had to disappoint the estate and received a flogging.

Accordingly, gynecological resistance was also substantiated in the form of
infanticide and suicide, as practiced by enslaved African-American women. Bauer
reveals in an account that:

Not only were slaves known to take the lives of their masters and overseers, but
they were sometimes charged with murder of their own children, sometimes to
prevent them from growing up in bondage. In Covington, a father and mother,
shut up in a slave baracoon, and doomed to a southern market, “ when there was
no eye to pity them, no arm to save,” did by mutual agreement “ send the souls of
their children to heaven rather than have them descend to the hell of slavery, then
they both committed suicide.

The aforementioned example demonstrates the measures which enslaved women
exerted in order to regain control of the bodies. These measures denote forms of
revolution which African-American women practiced to gain liberation. It is essential to
understand this form of rebellion from within the stances of enslaved women so that their
actions and rebellions can be understood according to the context of their direct
enslavement. African-American enslaved women understood their importance in the
procreation functions of profits and utilized their positions to resist enslavement.

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5 Herbert Gutman, The Black Family in Slavery and Freedom 1759-1925

6 Alice Bauer and Raymond Bauer, “Day to Day Resistance,” Journal of Negro
History 6, no. 7 (October 1942): 417.
products, and services such as sterilization or long term birth control devices.

Gynecological resistance is a working force in which African-American, urban women resist European control over their reproductive beings, either by direct force, or relationally.

According to Herbert Gutman, several physicians speculated that a collective unity of African-American women demonstrated a unified force of gynecological resistance. He comments that:

The Hancock County, Georgia, physician E.M. Pendleton reported in 1849 that among his patients “abortion and miscarriage” occurred more frequently among slave than white free women. The cause was either “slave labor (exposure, violent exercise, etc.)” or “as planters believe, that the blacks are possessed of a secret by which to destroy the fetus at an early stage of gestation.” All county practitioners, he added, “are aware of the frequent complaints of planters about the unnatural tendency in African female population to destroy her offspring. Whole families of women fail to have any children.”

Gutman simultaneously suggests that although there were women who did not have abortions or miscarriages performed directly, an armed assembly of plantation women, supported these acts by concocting medicines to terminate unwanted pregnancies. Furthermore, he notes evidence of a plantation owner who affirms that older female slaves discovered remedies for pregnancy prevention, and had been “instrumental in all the abortions on his place.”

Although the quantity of resistances has yet to be studied extensively, Raymond and Alice Bauer note that “pretending to be pregnant was a type of escape in a class by itself, since the fraud would be inevitably discovered.” African-American midwives were

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4 Ibid., 73.
Sometimes mothers would come to decisive measures in which they would threaten their enslavers using the physical bodies of their children.\textsuperscript{7}

One documented example is of a daughter of an enslaved woman who bore witness to her mother’s courage; “At this, Ma took the baby by its feet, a foot in each hand, and with the baby’s head swinging downward, she vowed to smash its brains out before she’d leave it. Tears were streaming down her face. It was seldom that Ma cried and everyone knew that she meant every word. Ma took her baby with her.”\textsuperscript{8}

If utilizing gynecological resistance as a form of warfare against the enslavement system, it can be generalized that African-American women understood their crucial and necessary part in the maintenance of slave labor, which continuously sustained the enslavement system. Similarly, it can be understood that this defiance either through abortion, infanticide, or abstinence, proved to be a vital component in their rejection of functioning as breeders. The notions set forth by such revolutionary acts demonstrated the courage and liberation needed to counteract the enslavement of the black family, through Black women’s systematic, forced reproduction. It must be noted that the resistances became a focal and major concern for enslavers after 1808, when the United States made it illegal to import slaves from Africa.

Acts of gynecological resistance influenced major political, social, and economic implications. Historically, these resistances infiltrated the fluid designs of pools of enslaved Africans, and increasingly served as liberation and empowerment tools for slaves. Although each act did not immediately emancipate African-American women

\textsuperscript{7} Ibid., 418.

from enslavement, they provided an active counterinsurgency, which prevented enslavement from owning their total beings as women.9

Given the historical abuses caused and appropriated by enslavement, this research seeks to unfold the usefulness of folk healing practices in serving as gynecological resistance for urban, African-American women. It seeks to parallel the experiences between enslaved women from colonization to urban concentrations. Given the economic, political, and social exploitation of reproductive health’s impact on urban women, this research seeks to unfold a continuum of resistance practices, which are not often sought, or are understood only in the context of European terminology and frameworks.

Folk Healing is an important means by which urban, African-American women practice gynecological resistance, because of its historical, cosmological base that is used to renew and balance life. According to Stephanie Mitchem, folk healing is:

> A continuum where the born, unborn, and dead are all intertwined, particularly through familial connections. Consequently, death is not a final break with life because the spirit/soul continues and may be able to interact with the next plane of existence.10

This level of connection is what facilitated the ranges and adaptability of healing practices throughout various forms of enslavement. However, this research focused on folk healing as it was traditionally practiced by African-American women on enslavement plantations. Furthermore, these healing traditions were necessary for survival, as they ensured the well-being and cultural retentions of the people.

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9 Caroline Neely, “Dat’s one chile of mine you ain’t never gonna sell: Gynecological Resistance within the Plantation Community” (PhD diss., Virginia Polytechnic Institute, 2000), 78.

Anthropologist Sidney Mintz and Richard Price use the term *African Cognitive Orientations* to explain this phenomenon, asserting that the "links between past and present, between cultural realities and physical conditions are not severed because of location or time."\(^{11}\)

This research examined the ways in which folk medicine practices, by selected African-American urban women, served as gynecological resistance by exploring the interrelational factors which necessitate the need for African-American women to continue to resist the political, social, cultural, and economic control of the reproduction. Moreover, it was the intent of this research to convey a need for more prenatal care providers, hospitals, home birth practitioners, etc., to devise a model of empowerment for African-American women to birth, which supports the vast arrays of social support systems, resources, and informed choices of undisclosed practices. As a result of this research, more in-depth understandings will develop about the usefulness, and effectiveness of folk healing medicines as practiced by urban women to resist reproductive controls gynecologically.

**SIGNIFICANCE**

This research seeks to contribute to the growing body of knowledge which parallels the gynecological experiences of enslaved African women with urban African-American women. Furthermore, it is through this examination of the past and present rationales for gynecological resistance, in which the behaviors, attitudes, and the uses folk medicine among urban African–American women, continue to serve as a means to control their reproduction. The enslavement of African women and families created the

control their reproduction. The enslavement of African women and families created the internal and collective needs to resist the oppressive and barbaric controls of their reproduction.

At the peak of southern midwifery, there were undertones of standardizing medicine, and the notions of the medicalization of birth were being fueled across the nation. The ideology of scientifically medicalizing the birth of children solidified into the Progressive period as child-bearing experts gained stamina in their intellectual theories. During this period of time, federal and state programs, such as funding for maternal education and infant welfare clinics, came to support these ideals in an effort to substantiate and normalize health across socioeconomic and racial barriers. The norm of reproductive healthcare, especially for women, became a matter of imposing scientific knowledge over household practices.

The progressive phenomenon sustained a climate for the gradual decline of midwives in the rural South. Midwives were historically positioned within these stances, in that they were simultaneously the targets and the conveyers of such a health reform movement. With the onset of public health regulation, doctors were breeding a strong hostility toward midwives, and were unwilling to see them as competent caregivers. In 1882, a Knoxville, Alabama gynecologist gave this account of the midwifery problem in Greene County Alabama:

12 Rima Apple, “Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries,” Social History of Medicine 8, no. 2 (December 1995), 161-78.


As to the midwives, about every other negro woman is a midwife, and frequently the parturient waits on herself – but I am satisfied that if the doctor took sufficient interest in the matter, there would be no difficulty in getting them all to report, for the negro has as a tendency to be very pliable and can be led to do anything, especially where they feel there is honor attached to it. I keep a list of a few important midwives when I can ascertain their whereabouts.15

After reviewing such a quote, one could reason the amount of animosity that was brewing towards midwives, and their practice within the African-American community. These deep feelings of distrust, and lack of cooperation, can be conceptualized as the onset of the medicalization of the birth of African-American babies, and the control of the birthing body. Medicalization can be defined as the process through which certain medical conditions have acquired cultural legitimacy, totally surpassing any other perspective or outlook on human problems or conditions that were placed within religious or moral frameworks.16 This mundane attempt to make the natural process of birth among African-American women in rural settings a medical procedure is one that caused high accountability for the state and federal standards, however, it removed the autonomy of the mother, while displacing the cultural relationship of the child within the broader African-American context.

The usage of the term medicalization denotes an attempt that has not only held historical significance, but also signifies the legal and economic structures that support urban, modern-day legitimacy for gynecological resistance.17 Through its infiltration within African-American culture, its institutional practices and beliefs have gathered

15 Ibid., 25.


17 Ibid., 82.
stamina as medical understandings have become dominant within the cognition of the very groups that are underserved in the healthcare industry. The vast acceptance of these practices as norms have created a climate in which the beliefs of people are altered, thus contributing to that underserved group’s ability to socially control themselves.

The onset of attempts to eliminate midwifery in the South among African-American rural groups, changes in the practices of child birthing, and the manner in which African-American women give birth, are clear demonstrations of how medical authority and power sought an aggressive expansion among poor communities. At the beginning of the twentieth century nearly all African-American women gave birth at home, in an environment that was comforted by women midwives, kin, and other supporters of the birthing process of women. By 1950, 90 percent of all women gave birth in hospitals, as a result of a massive domination of male obstetricians, and the elimination of midwives.¹⁸ Not only did the perception of the birthing process change into one of a largely treated illness requiring special medical intervention, but that intervention had to be controlled by a professional who had been certifiably indoctrinated with the progressive notions of medicalization. This state of mentality had even shifted to various other ethnic groups, and cultures.

The ethnорacial positioning of African-American women in rural settings makes it impossible to extricate African-American healthcare without placing its notions within a cultural or communal context. Valerie Lee points out that little research has been done in the scholarship on the kinds of midwifery that has been practiced in the African-American community. She states that “Feminist social scientists have reclaimed nurse

midwifery whereas it has been left to the African American women novelist to preserve the language, lore, and learning of the grannies.\textsuperscript{19} It is within this context that the scope of such research is rooted in a background that reflects the intersectionality of race, class, and gender, as a basis for progressive health movements; these movements have historically displaced the bodies, minds, and spirits of African-American women. The fate of African-American women’s racial struggles is simultaneously interwoven into the history of external medical powers and the two are inextricably combined.

The medicalization of birth demobilized African women’s empowerment abilities during the birthing process. The choice of birthing environments, interventions, and medication were becoming highly technological, and the struggle between man and machine was being initiated. The idea of pregnancy also became synonymous with illness. Notably, women were no longer “giving birth”, they were “having babies delivered.”

The reproductive experiences of African women in the United States can be paralleled to the enslaved African women who came before them in many ways. The control of reproduction not only sustains the disempowerment of women from their own bodies and children, but it fundamentally supports models of capitalism, which are automatically generated through medicalization. The direct control of midwifery certification and licensing is a primary example of this capitalist model.

There are many factors by which African women’s reproduction is controlled, exploited, and utilized as a regenerative force to mandate appropriate means of reproduction. For example, in many states such as Alabama, Kentucky, North Carolina,

and Maryland, the practice of midwifery has been declared illegal. Legislation in these places demands the direct control, access, and monopoly of reproductive rights of African women, therefore regulating their bodies to a medicalized model.

Secondly, medical insurance reimbursement for many African women in lower socioeconomic groups is controlled only through Medicaid. Although Medicaid accepts payments for certain licensed midwives, it does not support the increasing number of midwives who service home births. This statute directly ensures the control of 'medical institutions' monopoly on the business of birthing.

In conclusion, the concepts and behaviors which will be investigated in this study will significantly contribute to the ongoing bodies of knowledge which parallel the experiences of enslaved African women to those of modern African women surrounding their need for gynecological resistance. Furthermore, this research will seek to contribute to the usages of folk medicines as a means to motivate, and move the reproduction of African women into their autonomous realms of empowerment

STATEMENT OF THE PROBLEM

The control of enslaved women's reproduction created devastating effects which would continue to adversely affect African-American women's ability to reproduce freely. Given the historical factors of oppression, derived from enslavement, and continued to the present day, urban women have derived various ways to gynecologically resist the deliberate control of their reproduction. Most of the literature written on gynecological resistance focuses on the period of enslavement, without paralleling the continued experiences to modern day, urban women. As the circumstances of oppression continue to exist within the confinements of urbanization, the need for African-American
women to resist the external control of their reproduction continues. Many of the problems surrounding autonomic birthing experiences derived from enslavement, and provided the basis for continued oppression. Many of the controls such as mandated and legalized birthing options, the restriction of midwives, induced birthing procedures including cesarean sections, and higher rates of infant and maternal mortalities, are modern experiences, which hold implications from historically oppressive reproductive controls.

This study seeks to add to the body of knowledge formed around gynecological resistance. It seeks to parallel African-American women's historical lack of control over their reproduction, to urban, African-American lack of control. It is the intent of this research, to explore the problems that continue to require gynecological resistance, as well as the methods used to gain empowerment. More specifically, this research will investigate the use of Folk healing medicines, as a gynecological method of resistance.

**CONCEPTUAL FRAMEWORK**

The proposed research seeks to operate from the conceptual framework of African Cosmology as articulated and defined by Joseph Baldwin. An African Cosmology is one in which the people are oriented into an “Oneness with Nature,” and build “Human-Nature Unity”. This form within humanity articulates that consciousness be “an integral, inseparable part of the nature.” African Cosmology is an encompassing, conceptual understanding of African Psychology, and it measures the unique and total domains of African existence within thought. The practice of folk healings lies in the understanding of the African relation to nature and humanity.

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African existence within thought. The practice of folk healings lies in the understanding of the African relation to nature and humanity.

The interrelated and interdependent workings within African Cosmology create the phenomenal reality known as communal phenomenology. In essence, this matrix of interrelated dimensions creates and cornerstones the need for rituals, ceremonies, and a gathering of African people in an effort to communicate with nature. The reality sustained by communal phenomenology provides a deliberate understanding for the mechanisms which operate under folk healing. The need to commune with nature and to build an interdependent relation within that structure provides the rationale for folk healing medicines within the community structure. Given the interrelated dimension of healing, which falls under folk healing medicines, the relationships, as well as the tools utilized, speak to the cosmological composition of African people.

The emphasis on groupness, or “oneness” within the group, is a fundamental concept for understanding the African Cosmology. The principles which govern and sustain African thought and culture uniquely define the parameters for existence, but also provide a rationale for group communion. Folk healing medicines allowed Africans to survive the brutalities of slavery, and maintain their individual and communal efforts within nature. The emphasis on group sharing, survival and the maintenance of tradition sustain a worldview known as African Survival Thrust. The reciprocal characteristics of sameness, commonality, cooperation, collective responsibilities, and interdependence on each other and nature, sustain the need for perpetual group survival.

African Cosmology is a conceptual understanding for the existences of African people, and the functionalities of these realities. Historically, this concept has been a
centering force by which the psychology and phenomenology reinforces the universe by which African people interact and construct. Furthermore, it centers African people within the context of their own experiences and phenomenology. Overall, this conceptual understanding will allow for the proper investigations and generalizations surrounding the practices of Folk Medicines. It places African people within the various dimensions of their own healing and communion with their collective and nature.

By utilizing African Cosmology as a means by which to explicate and understand Folk Healing Medicines during modern times, it is the intention to clearly outline those aspects of spirituality and medicines which support healing. More specifically, the operationalization of such an intricate phenomenology creates a "Black" personality, which cannot be isolated, nor analyzed, without the context of the communal whole.21

Africentric Black Personality is a component of functionality within the African Cosmological existence. The perpetuation and articulation of folk healing medicines requires a centering within African phenomenology, which articulates the experience, extensions, and consciousness of African people. Furthermore, the rationale for communal folk healing can be best understood within the working dynamics of an African Self-Extension Orientation. This modality expresses a "deep seated, innate, and unconscious process, which is biogenetically defined psychological phenomenon."22 Moreover, this phenomenon can be understood as an experience which is felt or lived, through the subconscious of African people, and translates into communal spirit. It is

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22 Ibid., 64.
Understanding the phenomenon of African people fundamentally articulates the rationale for the practices of folk healing medicines, by demonstrating the cosmology and orientations which supports folk retention and belief systems. James A. Baldwin defines the Black Personality below:

Table 1: Black Personality Traits and Their Defining Characteristic (Joseph A. Baldwin)

<table>
<thead>
<tr>
<th>Black Personality Traits</th>
<th>Some Defining Characteristics</th>
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<tbody>
<tr>
<td>Affect-Symbolic Imagery Synthesis</td>
<td>Emphasis on holistic synthesis thinking, diunital Logic, Emphasis on perceiving and processing information (phenomenal experience) as holistic synthesis, Emphasis on the whole over parts in perceptual experience, Synthesizing words and objects with affect to convey meaning</td>
</tr>
<tr>
<td>Multidimensional Polysense/Orientedness</td>
<td>Emphasis on equivalent-interacting and interrelated multiple modes of sensory acuity, involving not only the visual, auditory, olfactory, tactile and taste sensory modes but also many other, e.g.</td>
</tr>
<tr>
<td>Ebonics</td>
<td>Emphasis on holism and expressiveness in communication, e.g., verbal inflection-in-context, abstract and fluid content of language, and bodily movement and rhythmic communication generally, call and response tendency, etc.</td>
</tr>
<tr>
<td>Rhythmic – Fluid Physimotor Responsiveness</td>
<td>Emphasis on the expressive nature of gross motor movements/behaviors; e.g., the spontaneous, flexibility, fluidity, and overall rhythmic features of body movements-Kinesiology.</td>
</tr>
<tr>
<td>Stylistic Expressiveness Orientation</td>
<td>Emphasis on expressiveness, improvisation, flair, etc. in all manners of expressing the self; e.g. language, movement, instrumentation, etc., -especially noted in aesthetics.</td>
</tr>
<tr>
<td>Affiliative-Socializing Orientation</td>
<td>Emphasis on social-communal expression; e.g. group activities, aggregation, interpersonal, affiliations, etc. all involving an emphasis on “shared participation”, i.e., communal phenomenology</td>
</tr>
<tr>
<td>Religious Orientation</td>
<td>Emphasis on a belief in a Supreme Being, a spiritual force behind life existence, natural order, etc. Emphasis on a sense of morality, ethics, fairness, and justice in interpersonal relations and experience in general.</td>
</tr>
</tbody>
</table>
The Africanisms described in the aforementioned chart reflect the core processes involved in the expressiveness of the African Self-Extension. Baldwin argues that the transmission of such traits and orientations is biogenetic, and supports the fundamental psychological processes of African people.\(^{23}\)

The rationale for selecting African Cosmology, as the conceptual framework for the proposed research is that it clearly articulates the psychospiritual domains in which folk healing takes place. By understanding the cosmology of the Black Personality, one can gain insight into how this communion fosters healthy development and healing. The aspects of the African Cosmology which support the dimensions of folk healing are clearly aligned within the extensions of an interrelated personality and orientation. Given the applicability to the collective survival thrust, the aspects of folk healing cannot be articulated without the various dimensions of the black personality.

There are many traits within the Black Personality which speak to the facilitation of folk healing practices. One of the primary traits is Religious Orientation, which speaks to the supreme spiritual forces which sustain and control the natural order of the world.\(^{24}\) Furthermore, it is this belief, which allowed many midwives, conjurers, and doctors, to work within the spiritual domains. The overall authority of folk healing, is faith, which promoted the beliefs that many of the remedies would heal, and that the practitioners were using gifts from God to do their workings. For example, conjurers, believed in using their healings to “fix” circumstances both in the lives of enslaved Africans and free

\(^{23}\) Ibid., 57.

\(^{24}\) Ibid., 58.
persons. The prescribed fixings involved the maneuvering of natural order, thereby using some of nature’s most powerful forces.

It was often believed that illnesses were not always a result of anatomical or physiological disturbances; rather, they could be a result of spiritual conflict, past lives, or being the victim of spells or conjure. Therefore, healing, within a Black Personality, could involve non-medicinal medicines. In addition, midwives were often quoted as being religious at their births by facilitating prayers, offerings, and handling births in manner which were in accordance with natural order. The belief in a higher spiritual force is what sustains many aspects of folk healing, and supported faith-based practices.

Another aspect of Religious Orientation which articulates the practice of folk healing medicines is the belief in diunital logic. According to the Black Personality traits, this holistic form of thinking is known as Affect-Symbolic Imagery Synthesis. This modality of the Black Personality places emphasis on a holistic way of thinking and interacting as a means of perceiving and processing information.25 The strong belief in Deities (Compatible Lesser Gods), allowed folk healers to commune with the specific forces in nature, which were better suited to handle their specific issue. Although there was a strong belief in a Supreme Being, emphasis, and application to certain deified forces, allowed practitioners to synthesize words, and objects in order to convey spiritual meaning and healing.

Rituals and ceremonies are an important component to the folk healing process, as well as a foundation for communal phenomenology; Baldwin characterizes this trait of Black Personality, as Affiliative-Socializing Orientation. Ritual conducted by the

25 Ibid., 58.
community, or client and practitioners, sought to serve as a form of communion with nature, as well as a means to connect with the Ancestors. In addition, rituals were held to celebrate the birth of a child, heal the sick, or to restore order to the family and community. “Shared Participation” was intended to collect the prayers, energy, and power of the people in order to harness the power of spirits and Deities. This communal phenomenology, sustained the *Collective Survival Thrust*, and is deeply rooted within the African Cosmology.

In proposing the use of Africentric Black Personality as the main theoretical framework for the proposed research, this research will utilize the theory to demonstrate the domains of folk healing which are articulated and sustained through folk healing practices. Furthermore, by understanding the working dynamics of a Black Personality, one can rationalize the historical and psychospiritual benefits of folk healing within the Black Personality communally. It can be noted that African Healing can be understood within the context of African people, their history, rituals, traditions, and reciprocal relationship with nature.

Although the general nature of the proposed research is folk healing practices among urban African-American women, a fundamental component of study is on the means by which this healing modality allows for individual and collective gynecological resistance. Uniquely, enslaved and freed African women were centered within the matrices of reproduction, labor, and restorative healing. Given the ethnoracial positioning of African women both on southern plantations, and urban cities, the need for sustainable means by which they can resist control over their reproduction is critical. The vast array of midwives, healers, and priestesses speak to the collective feminine obligation to
control the mechanisms of African reproduction. Although this uniqueness can be attributed to both men and women within the African collective, as well as folk healing practices, the multidimensional roles of African women as both carriers, and facilitators of gynecological resistance places them within a fundamental role in the communal phenomenology of folk healing practices.

**METHODOLOGICAL APPROACH**

**Sample**: This study used 18 African-American pregnant/expecting mothers, or mothers who have given birth within the past year and a half compromised the sample utilized for this research. The age range of the participants was 25 and 35 years which covered the primary child-bearing years. All of the participants lived in the Atlanta metropolitan area, and classified themselves as urban. Each participant was interviewed privately.

Of the women selected, none were first-time expectant mothers, while 15 stated that they were multiple birthers. Only 1 participant was an independent birther. These births may have taken place or may be planned to take place in homes, hospitals, nature, or undisclosed locations.

In addition to expectant and new mothers, the researcher interviewed a variety of folk practitioners who aide in the traditional birthing process. These interviewees included, but were not limited to: homebirth midwives, healers, herbalists, etc.

**Location**

Atlanta, Georgia, Metropolitan Area

**Qualitative Research:**
This form of research takes place in a natural setting (home of the participant, or researcher), in which multiple methods of data collection are employed. Primarily this form of research is highly interactive and humanistic. With this form of research, the data unfolds in a natural phenomenon and is not prefigured. The uses of qualitative interviewing and questioning were utilized primarily to gather data.

**Narrative Analysis**

This research sought to employ Narrative Analysis as a primary tool for evaluating and coding information gathered in the oral interviews. The interviews were recorded and coded for their thematic similarities and behavioral patterns. After gathering the interviews, the researcher enumerated the findings with recurrent themes which were predominant in the interviews. In addition, this research will relied on grounded theory, to explain phenomena, and relationships which exist with the recorded interviews, which uniquely describe the experiences of the women.

**Procedure (Qualitative Research)**

1. Interviewees were selected from holistic pregnancy providers such as midwives, lactation consultants, doulas, etc.

2. Selected interviewees were interviewed using the prescribed interview questions. The interviews took place in the setting most comfortable for the expectant mother (or recently gave birth), i.e., home, clinic, etc. Participants were encouraged to bring birthing, spiritual, or any folk healing memorabilia to the interview.

3. The interview was recorded (with the participant’s consent).

4. The interview was transcribed.
5. The researcher organized and categorized the concepts and rationales presented in the interviews.

6. Recurrent concepts were discussed, as well as used to make generalizations, and gather implications for further research.

**How will the Data be Collected and Recognized?**

The data for this study was collected using semi-structured interviews, dialogue, and personal pregnancy histories. The birthing stories/histories were recorded and organized according to their thematic schemes. The collective or recurrent themes were placed into a concept map in which they were organized according to their relational aspects, as well as the strands of folk medicine they used. The rationale for collecting data in the aforementioned manners facilitated highly personal environments and promoted dialogue about the folk healing practices in which the women are engaged.

**Instrument:**

The following questions were asked during the oral interviews. They were designed to promote dialogue, and discussion. The questions in parenthesis, were rephrased for mothers who had already given birth using folk healing medicines.

**Oral Interview Questions**

**Spirituality**

- Is your birth a spiritual or healing experience which is connected to your Ancestors? (Was your birth a spiritual or healing experience that was connected to your Ancestors?)
- What medicines or healing techniques will you use during your childbirth? How did you select them? (What medicines or healing techniques did you use during your childbirth? Why did you select them?)
• Do you plan to have any spiritual activities take place at your birth? If so, why and how?
(Did you plan to have any spiritual activities take place at your birth)

Pregnancy/Birth

• What are your primary forms of spiritual nutrition during this pregnancy? (What were your primary forms of spiritual nutrition during pregnancy? Meditation, prayer, affirmations, Ancestral Worship, etc.?)

• How, or in what ways will your spirituality influence the manner in which you conceived, carry, or plan to birth your child? (How, or in what ways did your spirituality influence the manner in which you conceived, carried, and or planned to birth your child?)

• How will your pregnancy experience influence the kind of birth you will select? (How did your pregnancy experience influence the kind of birth you will select?)

Resistance

• In what ways will your birth serve as a “resistance”? (In what ways did your birth serve as a “resistance”?) Describe your “awakening” to this point of activism.

• What non-conventional medicines and healing tactics will you continue to use after your birth to protect your reproduction; your children? What non-conventional medicines and healing tactics did you continue to use after your birth to protect your reproduction; your children?

• Has this birth empowered or disempowered you as a mother?

• How will your birth process serve as a form of resistance, form the power structure which defines how, when, and where and African-American woman should birth? (How does your birth process serve as a form of resistance, from the power structure which defines how, when, and where an African-American woman should birth?)
**Delimitations**

This study did not employ a large number of participants to carry out the research. By interviewing a small number of women, the research remained qualitative in nature, and yielded a more thorough understanding of the patterns developed among the women.

**Limitations**

This study is limited to the information and experiences gathered from the selected African-American women interviewed. It does not speak for all women who are in the birthing process, nor does it speak to the quality of birthing outcomes for the population at large. Furthermore, due to the highly personal nature of this research topic, the information gathered will respectfully reflect the context of the “invisible institution,” which folk healing represents.

**RESEARCH QUESTIONS**

The conceptual understanding articulated by an African Cosmology sustains the facilitation by which to measure the presence of folk healing medicine within the African-American birthing community. The following research questions were designed to generate insights into practices, beliefs, and understandings of gynecological resistance using folk medicine.

**Research Question #1**

What are the active behavior patterns selected urban African-American women adopt to protect themselves and their children, and to undermine the systematic oppression and exploitation of their reproduction?

**Research Question #2**
In what way does the use of Folk Medicine, as practiced by African American urban women, serve as gynecological resistance?

Research Question #3

Given the historical factors which have controlled the reproduction of African-American women, what are the continuing factors from enslavement, which sustain the continued need for African-American women to resist gynecologically?

CHAPTER ORGANIZATION

Chapter I concisely explain the purpose of the study, as well as the measures taken to gather information from participants, and the means by which this information is to be synthesized. Chapter II reviewed, organized, and synthesized literature concerning the continued need for African-American women to gynecologically resist control of their reproduction based upon enslavement and modern day problems. In addition, Chapter II summarized the strengths, weaknesses, and gaps within the literature which influence the usages of folk healing medicines during modern pregnancies. Chapter III defined the conceptual framework of African Cosmology, as defined by James Baldwin.

Chapter IV of this study will condense the presentation of the findings from the research conducted. Furthermore, this chapter will present the respective data collected for each of the outlined research questions. Chapter V presented the Afrikan Ancestral Maternal Memory concept as a grounded theory which developed from within the experiences of the women interviewed. Chapter VI concluded the research, and discussed the contribution this research brings to humanity.
DEFINITION OF TERMS

African Cosmology. The human-nature relationship is inseparable, interdependent, and total. It embraces a reality toward inclusiveness. In short, the African Cosmology is said to be characterized as “Man-nature harmony” or Unity, oneness of being.¹

Afrikan Ancestral Maternal Memory. A function encoded genoculturally, by the collective transmission of melanin, through the female vehicle of childbirth. This memory is derived from chronic, inhumane forms of conception and birthing, outside of the asili of Afrikan people. More specifically, although this memory is shared by all Afrikan people, it is activated at childbirth.

Asili. The germinal principle of the being of a culture, its essence. It is a template that carries within it the pattern or archetypical model for cultural development; we might say it is the DNA of a culture.²

Autonomic Birth Experience. Refers to a birth that is fully empowered by the woman and her social support network. Women who birth in this climax are often empowered by their own ways of knowing, understanding, view of the world, and assume the best positioning for themselves and their babies.

Black Personality. Oneness harmony with nature, communal phenomenology, self-knowledge, “we” group/spiritualistic transcendence, collective survival thrust, self-reinforcing-enhancing beliefs, attitudes, values, and behaviors.³

Delivering the Baby. A term often used to describe the Western birth model. Placing the notions of medicalization as the centralizing force from which a woman births. Dependent upon medical technology, and monitoring.

African Doula. A woman who assists in childbirth; can be any person who is experienced in childbirth and who provides physical, emotional, and informational assistance and support to a mother before, during, or after childbirth.

Folk Cultural Associations. Classified as free and autonomous groups, which are free to create their own social world. They are spontaneously generated by their members rather than consciously shaped and directed by an outside force.⁴


⁴Jerrilyn McGregor, There Are Other Ways to Get Happy: African American...
Folk Healer/Practitioner. Refers to a healer who practices medicine using an approach or treatments not acquired through an established medical school, but rather a non-traditional model of education. Folk Practitioners rely on folk wisdom, custom, belief, practice, observation, oral tradition, intuition, and other ways of understanding to develop their medical approaches.\(^5\)

Genoculture. Refers to cultural traits that are genetically encoded in a people. \(^6\)

Giving Birth. Utilizing the full effect of a woman’s knowing to birth from within, being grounded in the needs of self and baby. Birthing from inside of self.

Gynecological Resistance. Deliberate actions which a woman takes in opposition to her reproductive oppressor’s authority, to affirm, claim, or empower control her reproductive life as a woman. Gynecological resistance can include actions such as the usage of herbs, potions, and remedies for aggressive measures such as birth control, induced miscarriages, abortion, and infanticide.\(^7\)

Intuitives. Healers who do not receive special medical training, but receive a “call” from a higher being that gives them the gift of healing. They may lay hands on people and/or use herbs to assist in the healing process. \(^8\)

Maafa. A KiSwahili term redefined by Dr. Marimba Ani. It is a genocide in progress. The continued efforts of white supremacist society to terrorize Afrikans into nonexistence and the ongoing psychological effects of our past enslavement, as well as the ongoing ruination of Africa.\(^9\)

Midwife. Usually a woman, who assists other women in birthing their babies.


\(^7\)Caroline Neely, “Dat’s one chile of mine you ain’t never gonna sell: Gynecological Resistance within the Plantation Community” (PhD dss, Virginia Polytechnic Institute, 2000), 20.


**Quality Maternal Care.** The standard set forth by the power-sharers and holders of the female reproduction system. It is this entity which establishes norm behaviors, attitudes, and practices, for women primarily in North America. This model institutionalizes the birthing process, as well as all related care of the female reproduction system.

**Reproductive Empowerment.** The autonomic belief and practice that the female reproduction system should be defined, healed, and controlled by the female body in which it is carried. This empowerment returns the reproductive system to the embodiment of the female collective or personal center.

**Spiritualists.** Healers who become instruments of spiritual entities during healing ceremonies. They employ a variety of mediums to contact the spirit world, such as entering into a trance, or practicing the exorcism of patients. They sometimes use herbs in their healing, and some herbs are believed to contain spirits.10

**Traditional Midwifery.** Midwifery controlled by independent/lay/grannymidwives. This form of care is unique, and operative to each midwife whereas each practitioner may use a diverse form of folk medicine.

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CHAPTER II

REVIEW OF THE LITERATURE

Folk healing medicines are researched and discussed in a variety of platforms, and mediums, given the continual rise of oral histories as primary forms of knowledge. The lives of enslaved Africans have gained the interest of researchers, historians, and anthropologist alike. The intent of this literature review is to explore the classical and current works relating to folk healing medicines, as practiced as a means for gynecological resistance by African-American women. The two main areas of time reference will be: (1) Traditional Folk Healing during Enslavement, (2) Traditional Folk Healing Medicines during the Present Era as Gynecological Empowerment. These sections will focus on the major works presented in folk medicinal practices as they relates to gynecological care for African-American women.

One of the most noted authors who wrote about the practice of folk healing medicines during the period of enslavement was Herbert C. Covey. In his text African American Slave Medicine: Herbal and Non-Herbal Treatments, he outlines some of the major practices of folk healers ranging from conjuring to spiritual trance. His text primarily focuses on the period before and surrounding the Civil War. Using the information gathered from the WPA Narratives, he creates various inventories, and list of the most noted herbal remedies used by enslaved Africans. The emphasis of his work, is entrenched in the concept of faith, and the scientific use of plant for health and healing. In
addition, he discusses the social relationships between Africans on plantations, and the networks which were built as a result of these relationships.¹

Folk healing practices have been well documented by enslaved Africans on Southern plantations in the WPA Narratives. Covey exemplifies the attempts of many scholars to study the health and medical care of enslaved Africans as a means of understanding the complex and interpersonal relationships they encompassed.²

This work is very useful in the analysis of the uses of herbs as a form of medicine, during enslavement. This work provides a very useful perspective and rationale as to how the enslaved Africans, came to not only trust their practitioners, but also reveals the reliance of Euro-Americans on this system as well. In addition, this book examines the work of midwives, and the birthing practitioners on plantations, thus supporting the oral histories collected in the WPA narratives.

More specifically, he thoroughly examines in depth the medical care of enslaved Africans during the Civil War years, and investigates the medical care of the enslaved and free Africans. Accordingly, this research was much needed because contemporary medical history does not focus on enslaved healthcare, as expressed by Wanda Fontenot in her thesis presented to the University of California in 1987.³

In addition, many other researchers have begun to investigate the medical care of enslaved Africans by other Africans. One of the most comprehensive texts on enslaved healthcare is Medicine and Slavery: The Diseases and Healthcare of Blacks in


² Ibid., 38.

Antebellum Virginia, written by Todd L. Savitt in 1978. This text is unique because it was one of the first sources to illustrate the dual system of medical care within the enslaved community. Prior to his argument, it was assumed that most enslaved Africans relied mainly on white conventional medicine for care, if they were valued enough to receive such services. Savitt also found that Whites in the South viewed enslaved Africans as having different medical needs based on their perceived, inferior positioning within the human race.4

Savitt’s text, one of the most cited authorities on enslaved healthcare, also keenly pointed out that Africans were not primary recipients of White healthcare, but were constructors and facilitators of a well-designed system of their own. This understanding supports the elements of autonomy many enslaved practitioners developed to specifically provide for the needs of enslaved Africans. Provided these understandings, one can realistically devise meaning from the enslaved African’s need to resist to totality of their being from enslavement.

Savitt’s comprehensive information on enslaved medical care in his text, Medicine and Slavery: The Diseases and Healthcare of Blacks in Antebellum Virginia, was substantiated a few years later by Paul Finkleman’s edited volume, Medicine, Nutrition, Demography, and Slavery. In this collection of articles, Finkleman collects information on enslaved African’s nutrition, infant mortality, medical care on plantations, fertility, diseases, medical insurance, medical experimentation as well as other medical topics concerning enslaved life on Southern plantations. The articles validated many unknown medical facts concerning the enslaved which were not previously studied.

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Although this collection provides great medical insight, it is limited in its ability to assess enslaved care and folk medicine practices due to the cultural containment and invisibility of healing.

In understanding the basis for Savitt’s text and its scope of enslaved medical care, the need to conceptualize enslaved care outside of White medical paradigms was critical. Simply stated, the understanding of the African Cosmology, where healing materializes, requires an encompassment of traditional African practices, with historical enslaved life. *Secret Doctors: Ethnomedicine of African-Americans*, written by Wanda Fontenot articulates the linkage between traditional African beliefs and those retentions found among African-Americans. This text illustrates traditional plant life and herbal remedies, as well as the healing connection African-Americans shared with Native-American people. Although highly informative, this text is written based on the experiences of African-Americans in Louisiana, and may not be herbally applicable to other Southern areas. However, its emphasis on cultural beliefs associated with plants allowed for the therapeutic beliefs about the healing power of plants to be unfolded into folk healing practices.

The reliance on healers and “secret doctors” established the autonomy of an enslaved health system beyond reputation. The struggle for power between collective White medicine, and enslaved based healthcare has been documented well in Sharla Fett’s *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. This text examines the experimentation and political dimensions surrounding the healthcare of enslaved Africans on Southern plantations. She discussed the validity of power struggles

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between practitioners of African based enslaved medicine and Euro American doctors dispensing medicines as enslaved Africans often sought means of expression and freedom medicinally. This literature illuminates the fact that enslaved Africans sought active controls over their bodies using various folk healing methods, and fought the formal White system of medicine.  

In contrast, William D. Postell, in his book *The Health of Slaves on Southern Plantations*, presents the argument that enslaved Africans received the same medical care and support as Whites during the Civil War years. This text refutes the fact that enslaved Africans created, and sustained an empowering healthcare system which was, for the most part, inaccessible to Whites. Many modern researchers firmly disagree with this finding, as it has served as a catalyst for further research and development into enslaved medicine. Furthermore, many authors continue to reference this book for its observations, and conclusions to support research which parallels his findings.

Overall, the study of folk healing on Southern plantations has proven to be an emerging genre as modern day movements toward alternative healthcare and self-based healthcare systems grow in need and popularity. Through an investigation into this literature there has proven to be an extensive gap in the literature following the abolishment of Southern Black midwives until the present day. This missing component of the literature exposes the following questions: What happened to the traditional healers

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in the African-American communities? How are African-American women now accessing traditional knowledge to heal and empower their reproduction?

**FOLK HEALING DURING POST ENSLAVEMENT**

The entering of a newly found freedom for enslaved Africans, posed many questions of sustainability, communal tasks, and survival of the groups. Although enslaved Africans were “free”, the question of healthcare and healing were central to the survival of the group, and their children. Naturally, the practice of midwifery would carry over from enslavement, given the lack of external institutionalized care, which had not been established for Africans. Therefore, healthcare in general was still within the scope of rural practitioners, most notably black midwives.

One of the most profound texts co-authored by Grand midwife Margaret Charles Smith and researcher Linda Holmes, was *Listen to Me Good: The Life Story of an Alabama Midwife*. This text documents the life and practice of a ninety-five year old midwife, who has birthed hundreds of babies in rural Alabama. In this dynamic text she discusses the African ways which were transferred over, as well as herbs, spiritual traditions, and the old ways of birthing for Black women. Entrenched in the rural setting of Alabama, Grand midwife Smith, discusses how birthing was deeply supported by the “knowing of women”, and how the Spirits were equally involved in the process.⁸

Additionally, Katherine Clark writes *Motherwit : An Alabama Midwife’s Story* as another powerful testament to the use of midwifery as an authoritative knowledge for birthing. This text is a transformative account of oral history and tradition which speaks to the power of midwives in rural African-American communities, and the roles in which

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women communally supported the birthing process. This work, like *Listen to Me Good: The Life Story of an Alabama Midwife*, supports the traditional birthing knowledge passed down through enslavement by African-American women.  

The invisible healthcare system of enslaved Africans, create a dynamic which was not only communal, but highly ritualistically organized. Susan Smith, writes in *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, about the movement which was created from collective black healthcare. In her text, she argues that healthcare was the cornerstone of political activity, and community organization. More expressly, this book depict the lives of Black midwives, healers, and teachers, as some of the primary structures which organized African communal living after the emancipation from enslavement. Overall, Smith produces accounts of oral histories, slave narratives, as well as government documentation which supports the stabilized care of enslaved Africans provided for each other.

Understanding the centralizing force of communal healthcare as a political tool, Gertrude Fraser, points out how midwifery was eventually brought under the control of the United States government, and the American Medical Association. In her groundbreaking book, *African American Midwifery in the South: Dialogues of Birth, Race, and Memory*, she skillfully articulates the intersectionality of race, gender, class, and poverty in the South. Furthermore, she explores what the “Midwife” meant to Blacks in the South, and explores the relationship between medicine and the people of the Deep South.

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The standardization of midwifery under the supervisory control of the State department, distress the communal relationships which had existed since the enslavement of African people in the South. This decentralization of healing and childbirth, created the political climate for the medicalization of childbirth, motherhood, and the black female body. Dorothy Roberts explores the systematic abuse of the black female body by America, and exposes national plans to coercively maneuver Black Women into acts of sterilizations, birth control implants, and degraded states of motherhood. In her book, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* Roberts unfolds the deliberate attempts of State governments to abolish midwifery in the South, and the medicalize the reproductive health of Black women. This text stands as a monumental effort to illustrate the sustained effort of the United States to punish poor, Black women, for having children.

Given the continued uncovering of the abuses of reproductive traumas inflicted on the bodies of African-American, by governmental agencies, the need for gynecological resistance has proven to not be mere suspicion. In *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, medical ethicist Harriet Washington exposes a comprehensive history of the abuse of medical experimentation on African-Americans. Included in the dynamic, yet shocking testament of abuses, Washington specifically outline the unsolicited sterilization of African-American women, as well as the roots which substantiates the health deficit which exist between Black women, and Euro-American women. Overall, this text justifies the practice of gynecological resistance, and why the communal health dynamic created within African-American communities, supports not only healthy women and
children, but provides a basis for continued wellness to all participants in our communities.

**Review of Literature Summary and Contribution of the Research Study**

The Review of Literature covered several writings, and research from an array of authors discussing gynecological resistance, as well as the usage of folk healing medicines. Some of the major concepts presented were the European and African medical care of enslaved Africans, common enslavement diseases, experimentation on enslaved Africans, enslaved folk practitioners, as well as usages of medicinal treatments both herbal, and non-herbal. In addition, information was presented on Southern midwifery, as well as the modern reproductive care for African-American women.

Overall, this research sought to fulfill a disparity, which existed in the current published literature, surrounding the gynecological resistances of urban African-American women. Although there was sufficient literature on reproductive resistance during enslavement, there were very few books which articulated the current gynecological resistances of urban African-American women in the South.
CHAPTER III

CONTEXT OF THE PROBLEM

The enslavement of Africans from the continent of Africa, continues to denote and integral part of history, which is continuously examined to gain understandings, and to develop relevant activisms, concerning the interest of African people. For the purposes of this research, it will be generalized that although Africans were mentally, physically, emotionally, and psychologically in bondage, they were not slaves. As put forth by African scholar Mwalimu Baruti:

we make the distinction between slaves and people who were enslaved. Slavery is a mental function where individuals come to see themselves as property of those who control them. Slaves believe in the correctness of their oppression and exploitation and are willing participants in it. In contrast, enslaved individuals understand that they are only captives, only physically bound until they are able to free themselves. They are constantly at war against those who detain and oppress them. Most Afrikans were not slaves. They were enslaved.¹

African slaves being forced to leave their homelands with shackles, and glimpses of horrors, left an encompassing impression on the minds of future generation African-Americans, implicating rationales for resistance and devising mechanisms to sustain the African-American family. Even within the primary stages of enslavement, it was particularly cruel, and inhumane. The relentless physical abuse, torture, whippings, and

¹Mwalimu Baruti, Nyansase: Revolutionary Daily Thoughts (Atlanta: Akoben House, 2008), 199.
dehumanization of Africans brought considerable attention to enslavers as to the willingness for Africans to rebel, particularly women.¹

The abuse of women proved to be essential to enslavers in the domains of control, production and reproduction. Deborah White writes:

The black woman’s position at the nexus of America’s sex and race mythology has made it most difficult for her to escape the mythology. Black men can be rescued from the myth of being Negro, indeed, as has been noted, this seems to have been one of the aims of the historical scholarship on slavery in the 1970’s. They can be identified with things masculine, with things aggressive, with things dominant… White women, as part of the dominant racial group, have to defy the myth of woman, a difficult but not impossible task. The impossible task confronts the black woman. If she is rescued from the myth of the Negro, the myth of woman traps her. If she escapes the myth of woman, the Negro still ensnares her. Since the myth of woman and the myth of the Negro are so similar, to extract her from one, gives the appearance of freeing her from both. She thus gains none of the deference and approbation that accrue from being perceived as being weak and submissive, and she gains none of the advantages that come with being a white male. To be so “free” in fact, has at times made her appear to be a superwoman, and she attracted the envy of black males and white females. Being thus exposed to their envy she has often become their victim.²

In 1619, when the first group of servants arrived in Virginia, many of the women in this settlement were exploited and sexually abused, while being systematically used for sexual favors. Given that, the first few years of African presence in North America marked the beginning of Africans being paralleled with European servants; there was the establishment of the 1619 Bride Sale to distinguish class and sex simultaneously.³ This sale explicitly defined the difference between the incoming settlers, whom were servants, and those “pure women” whom were destined to become wives. The effect of the


Platonian philosophy to which women were assigned as property and possessions of their master’s/husband’s materialized goods, substantiated these assumptions through moral reasoning.\(^4\)

The emergence of the church’s inflicted morals and capitalism forged a conception of the roles of women in the early English settlements, more specifically for African women. The demonizing of Black women through direct contrasting of what it meant to be “civilized, Christian, rational, sexually controlled, and white,” established the elevation of white women.\(^5\) It is through these understandings of Black degradation in which Europeans fostered and supported their systems of oppression. It can be further stated that the more degraded Africans became, the more African women had to be demonized to morally justify the abuse inflicted upon them by Europeans.

The Englishmen described black women as “possessed with lascivious temper, and hot constitutes.”\(^6\) Fornication, or relationships with African women, was seen as un-Christian, and if children were born from such relationships, no matter paternity, the child(ran) would be classified as enslaved. The 1662 Virginia law stated that, “Children got by an Englishman upon a Negro woman shall be bond or free according to the condition of the mother, and if any Christian shall commit fornication with a Negro woman or man he shall pay double the fines of the former act.”\(^7\)

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\(^4\) Ibid., 37.


\(^7\) Ibid., 35.
It can be understood that the allocation of African women as subjective property allowed the enslavers to save on the cost of purchasing new Africans to be enslaved, by impregnating the African women themselves, or by having others whom were also enslaved impregnate the African women. This systematic control of the African woman’s reproduction and production is what simultaneously gave rise to the efficiency of enslavement, while creating the conditions and justification for resistance.

Folk Healing Medicine During Enslavement

Sexual Abuse

On plantations, the enslavement of African women fostered systems of sexual terror, which were often aggravated by poor dietary conditions of the enslaved, overworked hours in tormenting conditions, and the emotional traumas associated with broken families. In her autobiography, *Incidents in the Life of a Slave Girl*, Harriet Jacobs expresses that “Slavery is terrible for me, but it is far more terrible for women…”

During enslavement, African women would bear the dual oppression of being both female and enslaved. This double form of production perpetuated enslavement through their wombs. The teachings of the “Christian” church, along with the self-sustaining laws of capitalism, and the psychological needs of European men to control and dominate all fractions of humanity.

The rape of African women provided the systematic tiers of reproduction, which fostered the continuity required for the system of enslavement to sustain itself. African women were repeatedly raped by their enslavers, and forced into breeding with males

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whom they did not know, love, trust, nor befriend. These women were continuously raped, and lived in the constant fear of being raped. The ongoing psychological and physical torment and emotional devastation, can be culminated into what Nell Irvin Painter terms “soul murder.” It can be defined as the “violation of one’s inner being, the extinguishing of one’s identity, including “sexual identity.” This concept begins an examination of the horrific factors which led and supported resistance, and also the extent to which slavery attempted to separate enslaved African women from their selves. These psychological, physical, emotional, and spiritual torments gave rise to gynecological resistance. The need to resist was in essence the revolt against European control over their bodies and reproduction.10

**Breaking the Nature of an Enslaved Female**

African women had to be broken out of their natural states of existence of womanhood, in order to allow the institution of slavery to degrade them into breeders. Angela Davis states that “aspiring with his sexual assaults to establish her as a female animal, he would be striving to destroy her proclivities towards resistance. Therefore southern white men categorized black women as animal-like because it justified their actions. These acts of rape became their symbolic acts of conquering.”11 In the justification of the massive numbers of rapes and savagery by white southern males, the African female had to be classified as “other than woman.”12 This label not only

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sanctified the notion of savagery which enslavement utilized, but it also, epitomized white women by direct comparison.

Enslavement presented and labeled African women as being lewd, lascivious, and overly sexual. Ranging from rapes to punishment, the African female body was always under attack. The use of rape justified the personal and breeding behaviors of white men on African females, because “she” could be blamed for her “innate” promiscuousness. The images of “Jezebel,” and the “black temptress” were indeed creations by white enslavers used to rationalize the inhumane abuses which were inflicted upon African women during their enslavement. The detesting of forced breeding and repeated rapes, allowed African women to construct modalities of resistance. These resistances allowed African women to re-identify and control their beings against completely being taken over by enslavement. Although these actions did not halt enslavement instantaneously, it did however affect profits, reproduction, and strengthened the enslaved women’s ability to control their identities. It was in this pursuit, during which gynecological resistance served as individual and collective measures for African women to gain control over their reproduction.

**Enslavement and Pregnancy**

The enslavement of Africans produced systematic routines of rapes and sexual abuses by enslavers, other slave breeding men, and overseers against African women. These repeated offenses often resulted in pregnancies, unwanted children, and children with unknown fathers. These physical and emotional horrors produced an array of discomforts and anxieties about childbirth and enslavement’s reliance on its’ practice. For many slave women, these norms began to form the basis for gynecological resistance.

13Ibid., 99.
For African women, the circumstances, factors, and oppressions surrounding pregnancy, childbirth, and motherhood produced tormenting and harsh, difficulties, and choices. The recurrent practices of sexual abuse tore mothers from their infants early. These tortures combined with extreme physical labor, induced high levels of infant and sometimes maternal mortality. The risk of losing children to death very early in infancy was extraordinarily high for African women on plantations.14

After the Emancipation Proclamation was signed the American period of Reconstruction began. Out of despair, and no other options to employ, a vast number of African Americans remained on plantations in exchange for verbal sharecropping agreements. This verbal understanding of “sharing crops” marked the cognitive visibility that we as African Americans, were in a land in which the contagious mentality of slavery had pervaded the fibers of the beings that had woven this nation together. The African was alone, and the strength of the community would serve as a collective consciousness/social support network that would encompass all the possibilities of black life on American soil.

In addition to the entrapping system of sharecropping, it was socially assumed that African Americans were genetically inferior, thus there were few emphases placed on the healthcare needs of African Americans. The strenuous hardships of long sharecropping hours, extreme poverty, and lack of monies left very few healthcare options for black women. Particularly during this time, African American women relied

on each other and on an array of healers, folk healers, and midwives in the community to take care of their maternal healthcare needs.\textsuperscript{15}

This reliance of mutual needs derived from the collective consciousness of the survival of the community as women depended on each other for all of their needs, including but not limited to their health. This cooperation was compiled within the community through song, church, family, and a conscious, interwoven spirit to survive. More specifically, the social support networks developed and an emerging, intrapersonal reliance resurfaced in the experiences of African Americans.

The active presence of social network systems within the African-American community served to not only strengthen its families against stress, injustices, and inhumane treatment, they also served as ways for birthing children into a collective environment. The social support's historical context serves as a tool for better understanding the structure that sustains the autonomy found in birthing for African-American women.

**Euro-American Medical Care of Africans during Enslavement**

Collective Euro American societal values and beliefs substantiated the predominant culture of Euro American medicine issued to enslaved Africans. Generally, Euro American culture generally accepted the beliefs that enslaved Africans were biologically different and inferior to the Euro American race. This notion supported the ideals that a different form of medicine was to be cultivated and utilized on enslaved Africans. In general, Euro-American viewed the pigmentation of African skin as a genetic flaw, thus assuming that they were non-human, and less intelligent than members

of the Euro-American race. Consequently, this logic led to the assumption that enslaved Africans had different diseases, and thus required a more draconian response to medical interventions.  

During enslavement, whites predominantly believed that enslaved Africans were able to endure longer stances with illnesses, and needed less medical attention than whites. The underlying beliefs that enslaved Africans had higher tolerances to pain, and suffering, led to unusual and cruel administration of purging and bleeding as medical interventions. The Euro American collective belief in inhumane treatment of Africans was consistent not only with white belief of higher tolerances of pain by Africans, but it also paralleled the capitalist model of demanding that birthing mothers and sick Africans returned to the work fields as early as possible. This notion was exceptionally present in the beliefs; thus, pregnant, African mothers often received very little treatment during and after childbirth. This belief was directly related to the assumption that African women were more tolerant of birthing pains and discomforts than white women.  

Enslavement Diseases

The subjection of enslaved Africans into inhumane categories of treatments also subjected them to being labeled as having higher propensities to illnesses in general. It must be noted that these unique diseases, substantiated plantations' financial interests while maximizing the number of Africans who worked in the fields at all times. This set

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18Harry Gates, Sam Crew, and Calvin Goodman, eds. Unchained Memories: Reading from The Slave Narratives (Boston: Bulfinch Press, 2002), 77.
of diseases was commonly referred to as “Negro Consumption” or “Negro Poison”; identified African diseases during enslavement: 19

**TABLE 2. Major Diseases Associated with Africans During Enslavement**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drapetomania</td>
<td>Caused enslaved Africans to run away</td>
</tr>
<tr>
<td>Typhoid Pneumonia</td>
<td>A serious form of Pneumonia</td>
</tr>
<tr>
<td>Cachexia Africana</td>
<td>Dirt eating</td>
</tr>
<tr>
<td>Negro Consumption</td>
<td>A pulmonary disease attacking Africans</td>
</tr>
<tr>
<td>Dyasthesia Aethiopis</td>
<td>Rascality</td>
</tr>
<tr>
<td>Chronic Leprosy</td>
<td>Accounting for dark skin, big lips</td>
</tr>
<tr>
<td>Furor Sexualis</td>
<td>A sexual disorder</td>
</tr>
</tbody>
</table>

The crux of white, collective medical treatment of slaves in the South was supported both in part by the greed of capitalism, as well as the influences of highly ranking medical authorities at the time. Dr. Samuel A. Cartwright, a prominent physician during the enslavement of Africans, composed many theories and concepts about the inferiority of African people. In general, he concluded that Africans were sub-human and that their medical necessities should be managed differently from those of whites. Furthermore, he developed and specialized theories which supported claims that African

people were emotionally and physically different from whites, therefore their treatments should be based upon their distinct, sub-human group.\textsuperscript{20}

To further support his claims, Dr. Cartwright was joined by other physicians such as Dr. J.C. Nott and Dr. Fenner, in concluding that Africans and whites were of two different species. More specifically, Drs. Nott and Cartwright proposed and supported the notion that enslavers should beat their slaves very often, because their central nervous system was so underdeveloped, and they, as with many animals could tolerate more pain.\textsuperscript{21}

**Experimentation on Enslaved Africans**

The financial interest of enslavers was the primary factor in deciding if an enslaved African was to receive medical care. The concept of “soundness” often determined if a slave would be permitted to receive care, or die a slow death. For example, whites appraised enslaved Africans based on the relationship to their wealth. The enslaved Africans, who were seen as most valuable, received more care, than those who were not. Furthermore, enslavers viewed soundness not only in terms of the degrees of medical care to be issued, but also, the value of the enslaved African on the auction block. Enslaved Africans, who suffered from chronic illnesses, had a low childbearing ability, as well as disabilities, were deemed “unsound,” and were not worthy of investment.\textsuperscript{22}

\footnotesize


\textsuperscript{22} Ibid., 30-31.
The judgment of “unsoundness” led to a life of experimentation for many enslaved Africans. There have been many historical documents to prove that enslaved Africans were widely used in the antebellum South to enhance medical education, and practices. The medical experimentation upon enslaved Africans was substantiated by the belief that Africans were sub-human and were a completely different species from whites. However, it is interesting to note that although the experiments were conducted on enslaved Africans, the results were often drawn and applied to the collective white population.

One such physician, known as Dr. James Marion Sims, conducted experimental surgeries on enslaved African women between 1845 and 1852. The primary purpose of these experiments was to treat fistula and other ailments. The surgeries were conducted without anesthesia, and were non-consensual. Many African women who were deemed “unsound,” infertile, or diseased beyond repair, were utilized and exploited in this manner. Dr. Sims conducted nearly 30 experiments before applying the findings to white women, and providing medical solutions to many issues facing women. Many give Dr. Sims the entitlement of being the “Father of Gynecology;” however, many others criticize his works for the unethical and inhumane violations associated with operating on non-voluntary enslaved women. The application of these surgeries onto the bodies of African women demonstrates the barbarities of the enslavement of African people, and its congruency with Euro American collective medicine.

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25 Ibid., 30.
Another example of radical experimentation on enslaved Africans is found in the works of Dr. Francos Provost who completed the first cesarean birth on enslaved African women in 1831. After countless failures and deaths of non-consensual African women, his first success was a female child named Cesarine. This surgery was performed without anesthesia, and the fate of the mother is unknown. This example illustrates the extent to which the white collective truly embraced and manifested the beliefs of African people as being a different species, and having higher degrees of pain management. On the other hand, one could argue that a collective people who systematically perform such barbarities on other human beings, could themselves be significantly underdeveloped.

**Enslaved Folk Practitioners**

Although enslaved Africans sustained their cultural and relational healing medicines, they provided more than just medicinal healing, but also allowed them to be relational and communal within their environment. Although enslaved were systematically exploited, raped, and tortured beyond human reason, they sustained their medicinal practices, and were not mere receivers of white collective medicine and experimentation. The rationale for sustaining their practices was based on the fact that white medicine was not equally distributed to all slaves. Most Africans lacked faith in white medicine because it was violent in nature, and because they trusted their traditional methods of healing more than those of their captors.

Enslaved Africans played an active role in their own healthcare, while maintaining as much autonomy over their existences as possible. They were accustomed to ritualistic medicines which incorporated the spiritual and Earth Magic dimensions of
healing which were transported from Africa. Also, a very important part of their healing processes was Ancestor reverence and respect. Usually, the Africans were well accustomed within their own dimensions of healing, in spite of the rations of white collective medicine.

Typically, African folk practitioners spent lengthy periods of time apprenticing from practicing elders, and in the woods and fields learning the medicinal effects of plants and herbs. Folk healing, therefore, was primarily an “invisible system” in that its properties were generationally guarded through the oral histories, stories, and beliefs of enslaved Africans. Mostly, the system of folk healing was orally passed down to certain knowledge-holders. It is also important to note that enslaved Africans referenced their knowledge from Africa in midwifery, Cesarean section, and many other effective practices.26

It is important to note that although enslaved Africans relied upon the services and expertise of folk practitioners, most commonly, enslaved Africans treated themselves with home remedies and herbal medicines. This form of self-reliance and sustainability became extremely important to enslaved Africans, as they were often in transition from one plantation to another. Understanding the scarcity, and sometimes fatal contradictions within European collective medicine, enslaved Africans sustained both communal and individualistic forms of healthcare on plantations.

Most commonly, the elder women on plantations served as the oral transmitters and practitioners of folk medicinal practices. Many refer to these women as “grannies.”\textsuperscript{27} The elder enslaved women were primarily responsible to be present and available for illness, dying, treatment, as well as maintaining a profitable enslaved class of workers. While these tasks were often performed without tangible access to Euro American, collective medicine, their practices were often met with strong regimens of contradictory accountability toward African women practicing folk healing. Enslavers often punished these women for failed pregnancies, high rates of illnesses, low productivity, or unaccountable deaths. Needless to say, these African women had to demonstrate high levels of competence, not only to service ailing Africans on the plantations, but their positions required a firm knowledge of folk medicine, traditional practices, and its application.\textsuperscript{28} The very system of capitalism and profitability which housed their bodies also sought to control their understandings and knowledge.

One of the primary responsibilities of enslaved elder women was to fulfill the important roles of midwives. Their collective works far exceed the development of obstetrics in North America, as the work of the elders served as a primary facilitator of the knowledge and skills to be eventually utilized in white collective medicine.\textsuperscript{29} It should be noted that the roles of midwives stretched beyond the parameters of birth and herbs. Many enslaved midwives also practiced as root women, spiritual healers, and folk


doctors. Enslaved African midwives were often held in the highest esteem on the plantation for not only their skill and commitment, but also for the roles they played in maintaining the healing traditions of African people.

Enslaved African midwives were challenged continuously on plantations as complications arose during childbirth as well as illnesses related to epidemics. The challenges of childbirth included the deteriorated quarters in which enslaved Africans lived, as well as the pressuring capitalistic interest to return the mothers to the fields promptly. Mothers were often hurried to return to work and to leave their babies with the elder women on the plantation. Midwives were often among this group of elder women, as many attended to the newborns and the mothers long after the birth. In addition, midwives also attended to an array of medical concerns, which affected many enslaved Africans on brutal plantations.30

The practice of midwifery on the southern plantation allowed the ritualistic and traditional forms of healing to expand, and therefore sustain enslaved Africans. The midwife was more than just a figure of medical care, but she was highly regarded in the community for her skills, as well as her commitment to the healing of enslaved Africans.31

In addition to medical concerns, enslaved Africans often sought the help of folk practitioners for spiritual guidance, and cleaning. Many spiritualist and root workers were engaged in various forms of protection, spirit possession, as well as spells to aid their


defense modes on plantations. Since the majority of enslaved Africans often suffered from issues of broken spirits, fatal experimentations, as well as abuse, it can be understood why the majority of the rootwork which took place, was in regard to hexing, or fixing enslavers.\textsuperscript{32} Folk practitioners often made mojo bags to enhance luck or prosperity, place curses upon the unfavorable, and to conjure spells for love and attraction.

It is important to understand the relational and asilic nature of the enslaved religious cosmology, in order to explicate and understand the modalities of medicines which were used by their folk practitioners. Although physically disconnected from the continent of Africa, the enslaved population still reasoned and viewed their well-being in a model which was intricately affirmed in its reverence toward life, death, health, and well-being. For many enslaved Africans, the understanding of health outstripped its materialization in the body and mind, because of a spiritual imbalance or inheritance.

The basis for folk healing on plantations was derived from a deeply rooted understanding and functionality within the supernatural realm. These medicines and practices were primarily West African in nature; however, their traces can be found throughout many of the indigenous populations of Africa. The transference of West African spiritual beliefs within the supernatural space was evident in the practice of slave doctors and healers.\textsuperscript{33} Moreover, the combination of healing plants, magic, ritual, and ceremony, was used in conjunction with materials found in nature to commune with the


For many folk practitioners, this system of communion with nature ran at odds with white, collective medicine; therefore, the system was highly masked and practiced invisibly.\textsuperscript{35}

\textbf{Conjure and Protection}

One of the many aspects of medicine practiced by enslaved African folk practitioners was known to many as conjuring. Conjuring in general can be referred to as a system of beliefs used to harness spiritual forces in order to heal, harm, predict or change the future, or to influence events or people.\textsuperscript{36} Enslaved folk practitioners used this system to differentiate between natural and unnatural causes of illnesses in order to adjust the spiritual battles between conflicting good and evil.

Similarly, enslaved conjurers used spiritual forces to harness power for protection. The atrocities caused by daily living on Southern plantations included a multitude of beatings, rapes, violence, hangings, and deprivation. Many scholars, believe that these conditions, as experienced by enslaved Africans, increase the elemental inclusion of magic, beyond medical necessities, as a part of their conjuring.\textsuperscript{37} Scholars believed that these forms of making spells, causing illnesses, and inducing violence allowed enslaved


Africans to foster control of their lives through rebellion against white supremacy and enslavement.\textsuperscript{38}

Enslaved conjurers used the mysticism and supernatural elements of West African spiritual practices to address the brutality of oppression on southern plantations. Chireau stated:

Slaves resorted to conjure, for example, when they confronted the physical threat of violence. Some slaves carried conjuring charms or amulets; some engaged in rituals that they believed would deter whippings and other forms of abuse; others wore protective “voodoo bags” on their persons or used powders, roots, and potions that would shield them from unanticipated attacks by cruel slaveholders and slave drivers.\textsuperscript{39}

The use of the conjurer was a liberation tool for many enslaved Africans, and became a way in which they could gain autonomy over their lives and seek revenge on their enslavers. One could view this kind of resistance as an invisible revolt system, in which enslaved Africans could gain a sense of meaning, justice, and control over their lives in a system which sought to destroy their personhood.\textsuperscript{40}

Conjure doctors built their reputations among the enslaved Africans, based on belief, success, and knowledge. Their ability to “fix” people and situations became a much sought-after skill on plantations where enslaved Africans were constantly challenged with the tearing apart of families, death, abuse, and separation.\textsuperscript{41} The “fix”


was known to many as the ability to harness the powers of life and death, and even bring forth death to individuals using the potency of spells.42 Given their dual ability for protecting and cursing, conjurers were equally feared and respected.

Within the enslaved community, conjurers were held in high regard. They were well known for making charms for people which included items from nature, animals, reptiles, graveyard dust, pins, hair and nail clippings, herbs, bones, roots, and the personal property of people. They could be recognized on plantations by their canes, equipment, as well as their “mojo bags” containing special ingredients. Often, they would cast a spell, also known as “laying down a trick,” which often impressed Africans with their powers.

Conjurers had many ways of interpreting the illnesses, and issues of their clients. They often held strong understandings of life and death, as well the impact of one’s past life on one’s current situation and experiences. To assist enslaved Africans with protection and the warding off of “bad spirits,” they often created amulets and charms using specific bodily components from the client. Conjurers were also familiar with the fluids of the body such as blood, urine, and saliva, and used these understandings to gain potency in their works.43 It is important to note that these understandings of physical and spiritual interactions developed from within African spiritual beliefs, composing the supernatural and fixable elements of spirit. The West African spiritual systems, carried over within the enslavement process, allowed for the cultivation and assimilation of many practices.


Conjurers were well versed and experienced beyond medical and protective realms; they also provided explanations for plantation social interactions, as well as interpersonal and intimate relationships. They were well respected and charismatic individuals, who held a high status among the free and enslaved populations. Conjurers themselves were both free and enslaved, and were used by both white and enslaved populations. Conjurers were believed to have the ability to “fix” enslaved Africans who had been injured, as well as developing spiritual tools for protection.

Mostly, conjure doctors were hidden from enslavers if they were enslaved on plantations. This concealment is due to the fact that their medicine and power were directly conflicting to the establishment of enslavement. In addition, conjure was a threatening system to the white, collective social structure, as well as medical exploitation. Given that conjure doctors were not under the control of white collective medicine, their power, influence, and practices were not under the sanctions of the dominant, white supremacy and its social order. Thus, the practice of conjurer was feared and deemed unacceptable by the white, collective system of enslavement.

Enslaved Africans carried a deep understanding as well as respect for the supernatural forces which they believed governed all forms of existence. These understandings provided the frameworks for their rituals, ceremonies, and spiritual practices. Therefore, conjure was an extension of this belief system, and was practiced according to the laws which governed the spiritual realm. Most commonly, conjure was used to gain understanding of illness and life events beyond the medical or physical arenas.

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Many scholars parallel the practices of conjure and hoodoo. However, the two practices are different, although they share commonalities. Hoodoo was primarily located in Georgia and South Carolina's low country areas.\(^{45}\) Similar to conjure, it incorporated herbs, magic, and firm understandings within the supernatural world. Due to the violent and barbaric nature of enslavement, its practice was developed and sustained differently than it was while used in Africa. Primarily, hoodoo was used to cause harm by using certain materials such as a person's hair, personal clothing, fingernail clippings, etc.; this is known as exuvial magic.\(^{46}\) Therefore, many enslaved Africans sought these forms of medicines to bring about some control and relief on Southern plantations.

Conjurers were mostly believed to have been born with special powers. However, some discovered their powers at various stages in life. The practice of conjure was selective and its doctors were respected and judged based on their success on plantations. Overall, conjure doctors provided a context by which enslaved Africans could rebel and gain autonomy over their lives. Conjure was a means by which enslaved Africans could respond to oppression and assert their beings as whole persons on Southern plantations.

In addition to protection and healing conjuring provided a means by which enslaved Africans could interact within the supernatural realms of belief, understanding, and wisdom.

**Remedies and Treatments used by Enslaved Africans & Native Americans**

The enslavement of Africans throughout the Americas presented not only a physical bondage, but presented a spiritual and healing crisis as well. Prior to being

\(^{45}\)Ibid., 63-68.

enslaved, Native Indians also were practicing extensive understandings of herbal and spiritual remedies. Although the European invaders, sought to eventually colonize and destroy Native Indians, The Natives managed to exchange with The Europeans knowledge of herbal and medicinal remedies. Likwise, Africans on American soil, not only brought a wealth of healing practices and rituals from West Africa, but they also adopted many of the plants and healing medicines from the Native Indian culture.

Enslaved Africans used herbs and plants for various forms of healing. They often believed in giving children seasonal dosages of herbal medicines to ward off illness and to prevent the advent of misfortune. Although issuing children preventative medicine was routinely done in many enslaved quarters, more specific medicines and treatments were concocted and administered by “enslaved herb doctors.” The application, usage, and knowledge of herbal medicines used by enslaved Africans been neglected in the history of medicine and is rarely attributed to African cultural transmission and survival.48

Enslaved herb doctors primarily focused on folk medicine and plants. They differed from conjurers in that herb doctors primarily concentrated on the medicinal use of plants, and relied heavily on the power of faith and belief in the body’s ability to heal itself. Although this was the main function of herb doctors, there were some who specialized in both herbs and conjure. More often than not, the dimensions of folk healing in various capacities often overlapped in their specializations.

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Enslaved herb doctors used herbs in a variety of ways to treat, cure, and protect their patients. Although enslaved Africans ingested most of the remedies, they often prescribed various ways in which the herbal treatments could be used on the body, personal space, and home. For example, many Africans wore herbs and treatments around their necks for protection and healing. It has been noted commonly in the WPA narratives that many Africans wore asafetida around their necks to ward off evil spirits, and to aid in protection from illnesses such as asthma, mumps, fever, headaches, measles, etc.

In addition to wearing herbs on their bodies, some Africans would place them throughout their living quarters in strategic places. For example, garlic would be placed over entrance doors, in homes to protect families from harm or curses. Many household also placed plants and herbal combinations throughout the homes for pleasant spirits to enter, and to keep hexes away. Whether they placed them on the body, ingested, or arranged in the home, herb doctors, as well as common enslaved persons, sought to practice folk healing, and incorporate it into all aspects of their existences.

Herb doctors were often successful with their medicines because many of the plants and herbs were found to be highly effective for their medicinal properties and correlated well with certain medical conditions. In addition to the healing properties within the plants, herb doctors also held rituals and ceremonies to induce the spirits of the Ancestors and Deities to assist with the potency of the medicine. Therefore, the effects of assurance and confidence were fundamental to the healing process, as patients’ attitudes and openness often affected the benefits of healing. The woven process of healing with

herbs and faith often resulted in a ceremonial process in which the supernatural could be accessed and manifested for healing purposes.

Herbs doctors, unlike their counterparts, antebellum physicians, were not formally trained as the result of experimentation on enslaved Africans. Although most enslaved Africans were restricted from learning to read and write, the transmission and practice of folk medicine survived through oral transmission. African cultural retentions substantiated this mechanism of knowledge and understanding, primarily because of the hostile space of enslavement, and abuse.

Most commonly, herb doctors worked in secrecy, whether they were enslaved or not. This seclusion protected them in a variety of ways in order to continue folk healing in the midst of enslavement. One of the most important and obvious reasons for secrecy was the effort to remain out of the sight, and whips of enslavers, who felt threatened by any remnants of African traditions. Furthermore, herb doctors were under the constant repression of white physicians, who saw their medicine as “superstition.” The secrecy and seclusion was also a modality for the continuance of resistance and rebellion within the spiritual dimension.

Herb doctors gathered many herbs from sources such as gardens, swamps, fields, and forest, to make their concoctions and healing potions. They collected and used herbs which were both toxic, and non-harmful for their medicines. Understanding that life and death could be determined in a single dosage of medicine, the herb doctors had to have been well-trained and exact in their practices. Below is a list of the most common

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plants and herbs which were compiled from the WPA narratives and outlined by Covey (2002):  

**TABLE 3. Enslaved Herbal Remedies**

<table>
<thead>
<tr>
<th>Herb</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple</td>
<td>Digestive aid, useful for diarrhea and constipation</td>
</tr>
<tr>
<td>Asafetida</td>
<td>Hysteria, nervous complaints, and protection</td>
</tr>
<tr>
<td>Balmony</td>
<td>Expel worms, and deal with colic</td>
</tr>
<tr>
<td>Bittersweet Nightshade</td>
<td>Nose bleeds, asthma, and bronchitis</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Old sores, stomach problems, and other ailments</td>
</tr>
<tr>
<td>Black Pepper</td>
<td>Digestive problems, scabies, stomach disorders</td>
</tr>
<tr>
<td>Burdock</td>
<td>Dropsy, antibacterial medicine</td>
</tr>
<tr>
<td>Collard</td>
<td>Pleurisy</td>
</tr>
<tr>
<td>Cotton</td>
<td>Contraceptive, abortifacient</td>
</tr>
<tr>
<td>Flax</td>
<td>Laxative, heavy metals from blood</td>
</tr>
<tr>
<td>Golden Rod</td>
<td>Yeast infection, anti-inflammatory</td>
</tr>
<tr>
<td>Grey Beard</td>
<td>Jaundice, wounds, liver conditions</td>
</tr>
</tbody>
</table>
WPA Slave Narratives

Africans in America have a long use of folk medicines prior to enslavement. In almost every spiritual system in Africa, prior to enslavement, the majority of religious groups ranging from all areas of the Continent incorporated a multi-level system in which healing was part of the members’ lifestyle, spirituality, and practices within the group. The healing included modes of divination, foretelling, magic, as well as practices for correction and protection. Although the level and expertise of the practitioners ranged, the overall goal was to keep the individuals in a community practicing a healthy communion with their Ancestors, the Earth, and the spirits that facilitated this existence.

The majority of enslaved Africans in America practiced folk healing, primarily as an orally transmitted knowledge. Most of the information which was taught, learned, and passed down, was done so inter-generationally through forms of treatments, practice, apprenticeships, and a means for group survival. Virtually, the institution of folk medicine used by enslaved Africans was invisible to persons outside of the enslaved community, and remains a communal network until the present day. The advent of enslaved narratives was one of the primary means by which information was gathered about enslaved Africans from individuals outside of the enslaved community. However, it shall be noted that although this research phenomenon allowed for the collection of enslaved narratives, it was not the first time the enslaved African experience was recorded. For thousands of years, prior to enslavement, griots, healers, and storytellers gathered and maintained information to spiritually, emotionally, and collectively teach “our story,” to members of the African community.

One of the largest collections of narratives of formerly enslaved Africans recorded in America is most popularly known as the WPA (Works Progress Administration) Narratives. These narratives were developed between 1936 and 1938, by researchers interviewing over 2,300 former slaves from across the American South. These former slaves, most born in the last years of the slave regime or during the Civil War, provided first-hand accounts of their experiences on plantations, in cities, and on small farms. Each narrative offers a fragmentary, microcosmic representation of slave life. Read together, they offer a sweeping, composite view of slavery in North America. These narratives allow readers to explore some of the most compelling themes of nineteenth-century slavery, including labor, resistance and flight, family life, relations with masters, and religious beliefs.

Although the narratives provide a wide variety of insight into the lives and experiences of enslaved Africans as recorded by researchers, they do not fully explore the experiences of the enslaved regarding medical care. This notation is partly due to the invisibility of enslaved medical care, but also serves as a reflection of deep communal workings.

Although the narratives are well known for their commentary on enslavement, many scholars have noted limitations and shortcomings of the WPA interviewers. Similar concerns have also been raised concerning the ages of the respondents, their limited experience of enslavement, memory loss, as well as biases held by white interviewers. In addition, it is noted that many of the comments about White society as well as the cruelty associated with enslavement were being documented by White interviewers.

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researchers, who were part of the racial group of the enslavement holders. The background, as well as the interviewing techniques, also varied among the researchers. Many of the formerly enslaved Africans, including sharecroppers, were dependent on many of the local Euro-Americans for assistance, as well as for the provision of basic needs. These factors deterred many enslaved Africans from the telling the absolute horrors and relaying specific notions about Euro-Americans families, to many of the researchers.  

As reflected in the WPA slave narratives, Euro-American provided what some would refer to as “medical care” to enslaved Africans on plantations. This notion is questionable in its assumption, because of the implied quality of the care rendered, as well as the rationale for which it was presented. It can be assumed however, that Southerners did not provide any level of care for enslaved Africans, if that assumption incorporates a measurement of quality, and quantity, outside of the financial and production interests of the slave holders. The establishment of a plantation system clearly defines the parameters and interest of slave holders, which does not entitle enslaved Africans to any level of care outside of financial interests.

According to Author Cavender’s , *Folk Medicine in Southern Appalachia*, White medical care was often delivered to enslaved Africans by physicians, which may have either learned their craft through apprenticeships from practicing physicians, attended a medical school or both.  

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bleeding, sweating, blistering, purging, and vomiting, all of which were depletion
techniques. Depletion was utilized to cure or treat almost every ailment, in addition to its
uses as preventative technique. It was thought by the common physicians at the time that
the body was in a constant state of collecting impurities; therefore the practice of
depletion substantiated itself in the medical community as an acceptable effort to rid the
body of imbalances, illness, and diseases. Most often, large doses of oils, salts, and other
major expectorants, were used for the depletion processes.

Given the pain associated with such extreme practices, many enslaved Africans
and whites were often reluctant to use antebellum physicians. In addition, because the
majority of the care was for elite whites, and wealthy plantation owners, most common
whites and enslaved Africans distrusted white physicians, viewing their practices as too
expensive, and not serving the common population. 55

Although care was assigned to Africans, common medicines were equally utilized
on the plantations by both Euro-Americans and enslaved Africans, as cited in the WPA
Narratives. The competing modalities of physician-based care and folk medicines often
resulted in the creation of a dual system in which both forms of medicines were used.
During this age, Thomasonian medicines which were very popular in their usages,
focused on the application of vegetable emetics and tonics. This medicine allowed for the
individual to take control of his or her own health; therefore it was highly compatible
with folk medicine already being used on plantations.

The practices associated with white physicians during African enslavement were
extremely foreign and displaced, according to the traditional West African medicinal

55 Nathan Duin and James Sutcliffe, A History of Medicine: From Prehistory to the Year 2000
practices carried over by the enslaved. The medicines of the white physicians were isolating and did not work in coherence with the beliefs of their Ancestors or the ritualistic customs and practices of the people.\textsuperscript{56} Walter Fontenot discusses how enslaved Africans often feared utilizing alternate forms of medicinal treatment that were unaligned with their traditional practices, in his text \textit{Secret Doctors: Ethnomedicine of African Americans}. The enslaved feared that the extreme medicine would curse the body and spirits of the persons who sought healing. The cutting, bleeding, and cupping, were frightful, and in violation of the body as a spiritual institution. Euro-American medical practices restricted the body’s ability to heal itself. Many Africans on plantations relied on folk remedies and practitioners, even though they may have had access to Euro-American physicians, for example, Virginia Adams (South Carolina) recalls:

Missus Martha sho’ did look after de slaves good when they was sick. Us had Medicine made from herbs, leaves and roots, some of them was cat-nip, garlic Root, tansy, and roots of burdock. De roots of burdock soaked in whiskey was mighty good medicine. We dipped asafetida in turpentine and hung it round our necks to keep disease off.\textsuperscript{57}

In understanding the shortcomings, biases, and limitations of the WPA narratives, it can be noted that the narratives do provide some insight into the medical care of enslaved Africans. The narratives provide first person accounts of the care and medical needs of enslaved Africans, by describing the herbs used, as well as the practitioner’s skills. The narratives allow for the depiction of the invisible institution of folk medicine, to which many enslaved Africans were connected and with which they participated.


\textsuperscript{57} Herbert Covey, \textit{African-American Slave Medicine: Herbal and Non-Herbal Treatments} (Lanham: Lexington Books, 2007), 42-56.
Simply stated, these narratives allow an interpretation of folk medicine, as well as an investigation into a cultural system which sustained and nourished the medical needs of enslaved Africans in diverse, relational aspects of existence.

The WPA narratives offer a wealth of insight into folk healing practices during the enslavement period. The narratives collect vivid accounts of daily experiences, belief systems, as well as the African cultural retentions which were sustained during the enslavement years. Although many of the narratives have been questioned for their authenticity, the narratives remain a foremost illustration of the experiences of enslaved Africans on the plantation in the antebellum South to many scholars. On the contrary, the authenticity and accuracy of the narratives have been cited as partial and unsubstantiated because the narratives were collected from within the collective white structures, and were evaluated, therefore, according to the understandings and consequences of that culture. Nevertheless, the illustrations of the narratives remain a primary source for the depiction of folk healing practices during enslavement.

Folk healing medicines were used to protect Africans against the barbarities of enslavement, as well as to act in response to the restrictions upon the standardizing medicine of the time. White medical care of enslaved Africans was not only limited, but heavily relied upon the determinants of the Africans’ worth to the enslaver. Medical care was most often delegated to the persons who were appraised as having the highest value according to their ability to impregnate women, birth multiple children, and their enduring resistance to the harsh conditions of enslavement.

Enslaved Africans were active participants and designers of their own medical care. Africans carried with them through the middle passage (known to many as the
Maafa) a deep understanding and practice of healing. It only became labeled as “folk,” as a comparison to white collective medicine. Enslaved Africans shared an understanding of healing, both in their communal environments, as well as in their households and individual persons. The systems were well designed to interface with African personality and spiritual needs. Furthermore, enduring medicinal practices allowed for the ongoing communion within the supernatural realms and connection with their Ancestors.

The elevated rates of illnesses, suffering, and mortality, represented the realities of the horrors of living in enslaved conditions. Although there were distinct sets of illnesses and afflictions based on these conditions, the underlying premises of genetic inferiority, and subhuman categorization outlined and prescribed the barbaric treatment for these illnesses, as well as the legitimization of new illnesses. Due to White collective control over the physical existences of enslaved Africans, the treatments and diseases associated with these realities often reflected the torture and experimentation Africans endured. Furthermore, the exacerbation of disease and strife on plantations was consistently aggravated and sustained by poor nutrition, inadequate food and clothing, as well as unsanitary living conditions.

Operating within the understanding that enslaved Africans substantiated their own medicines, within the scope of their individual and collective personalities, the practice of “folk” medicine proves to be an extension of African cultural context, as noted by scholar James Baldwin, in his research article, *African Self-Consciousness and Mental Health of African-Americans*. The understanding and application of folk healing on Southern plantations, operates within a cultural matrix of medicines and healing which speaks to
the African collective survival thrust.\textsuperscript{58} Folk healing medicines allowed for the survival of continued healing on Southern plantations where death, illness, and abuse were rampant. According to scholar Stephanie Mitchem, folk medicine can be defined as: The creatively developed range of activities and ideas that aim to balance and renew life, as most noted in her book \textit{African-American Folk Healing}.\textsuperscript{59} For enslaved Africans on Southern plantations, the task of healing was a collective process which had to be undertaken, if the people were to survive. Furthermore, it spoke to their spirits, and cosmology which in turn united both the mind and body on plantations which sought to separate the two entities.

Enslaved Africans sustained their own medicinal systems, which spoke to their composition and needs as a people. They practiced in the capacities of healers, root doctors, midwives, conjurers, diviners, and spiritualists on southern plantations. Much of the knowledge used by these practitioners was passed down orally, and practiced in seclusion. Due to the white collective power structure of abuse, dominance, and control, many were forced to hide their crafts and develop means by which they could serve enslaved Africans in discrete ways. These healers became the cornerstone of the African collective survival thrust because of the life sustenance they delivered amidst the deathly encirclement of enslavement.

Entrapment on southern plantations was a very real, deliberate, inhumane, and unpredictable circumstance for enslaved Africans. The extremes of torture varied daily, and the separation of personhood and family could be sudden, fatal, and unforeseen. In


order to cope with such a drastic reality enslaved Africans sought the skills and knowledge of conjurers. Conjurers aided Africans with protection, curses, and provided the means by which to rebel on plantations. Additionally, conjurers, assisted with issues of love, marriage, and interpersonal relationships.

Enslaved practitioners used a variety of material medica including herbs, animals, and tools from nature. Many of the herbs used for herbal treatments were found in local forest, swamps, and gardens. Enslaved Africans used much of their understandings brought over during the Maafa\textsuperscript{60}, in addition to local Native Indian recipes. Furthermore, materials from animals, blood, nature, as well as the personal belongings of persons were used to formulate a variety of medicines.

Enslaved Africans used a variety of folk healing practices to sustain their relationships with the supernatural and themselves. The presence of folk healing practices places a greater understanding on the varied dimensions of the African Cosmology. Simultaneously, Africans were forced to operate in a reality that was extremely debilitating to the concepts of Africanity and the orientations within the African mind. Folk healing, through its various dimensions, allowed not only the culture of the people to survive, but created the space in which they could define their existence.

Although the information presented during enslavement provides a close examination of the folk medicines used by enslaved Africans, it derives its information from the WPA Narratives which relies heavily on memory and experiences which may have been up to 50 years old. This fact calls into question the authenticity and validity of such oral traditions, as well the factuality of details. However limited, the WPA

\textsuperscript{60}Mwalimu Baruti, Nyansasem: Revolutionary Daily Thoughts, (Atlanta: Akoben House, 2008), 195.
Narratives continue to be used in many research genres, which involve the occurrence in the lives of enslaved Africans. Although the WPA Narratives are presented in narration with the realities of everyday life, they have not been stratified for specific folk medicine practices. Therefore, the interpretation of the Narratives can be highly subjective to the reader, and can be interpreted in a variety of ways.

**Folk Healing Medicines Post Enslavement**

**Southern Black Midwifery**

The practice of Folk Healing medicines did not end after the period of physical enslavement. The conditions surrounding the sharecropping, or tenant farming system experiences of newly freed Africans, constructed a parallel atmosphere to enslavement. As with the enslavement period, African-American women in southern rural areas continued to be deprived of reproductive entitlements for themselves and their children, as compared to the accommodations made to white women. Under Jim Crow laws, most white hospitals and clinics remained segregated, and did not serve Blacks. Furthermore, the economic depressive state of rural black, left midwives as the primary personnel to assist at the births. Contrastingly, these disparities allowed for the practice of folk healing to remain in the hands of Black Midwives.

A Black Midwife can be defined as:

A woman of African-American descent, who may or may not have been born on the continent of Africa, who provides folk medicine to specifically African American women, however, generally to the public at large. The range of practice includes but is not limited to: assisting women with birth, healing, and treating an array of illnesses. A midwife, is one who is woman centered, holistically rooted, and operates out of paradigms that assist the natural birth process not control. Midwives, in general respect the female body, for the processes it ignites, and the phenomena it unfolds.

Holmes and Smith, also notes that a midwife:
Excels in ushering in normal and healthy births, and many of the Alabama midwives’ practices are models in the field. These include keeping the mother active as long as possible during labor; helping the mother feel strong enough to endure labor through relaxation, comfort, and support; respecting a mother’s ability to birth her own baby; supporting a woman’s birth in a familiar setting; rubbing and massaging a woman as needed in pregnancy and labor; encouraging alternative (upright) birthing positions; delaying the cutting of the umbilical cord; keeping mother and baby together as much as possible right after birth; encouraging breast-feeding; and limiting the use of technological and pharmaceutical interventions.⁶¹

The cultural transmissions of health, well-being, and nutrition, lay mostly in the hands of enslaved southern Black Midwives. In addition, southern Black midwives used a variety of treatments: medicinal, spiritual, and emotional, to assist poor, rural, African-American women with the facilitation of healthy births.

The White Southern community referred to Black Midwives as “granny” midwives. This title was both to distinguish them as subordinate health providers, as well as to note the kind of substandard services which the Black midwives were believed to have provided. Black Midwives delivered nearly 25% of all the babies across the nation, and 50% of the babies in the South.⁶² Midwives attended both white and black women, servicing mostly Black women in rural Southern areas. Primarily, physicians delivered white babies, and developed clienteles which could afford their services.

Although midwives shared the same communal socioeconomic statuses as most of the rural poor, they were held as very prestigious members of the communities in which they served. They were well respected for their knowledge, expertise, and healing capabilities throughout the South. More often than not, Black midwives were spouses to

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preachers, thus cementing the couples’ religious positioning at the center of the black social structure. Furthermore, midwives served as the central force within the traditional folk healing networks among poor African-American communities. This centering allowed the midwives to remain focal points of healing, advising, and serving as spiritual leaders after enslavement.63

The roles of midwives were highly varied, and often involved a deepened relationship and connection within the lives of rural African-American families. This submersion into African-American culture facilitated a strong trust and respect within the community. Midwives provided comfort, support, and healing to pregnant women before, during, and after the birth. In general, many African-American women preferred birth by midwives, because of their similar cultural beliefs and understandings. Births often proved to be times of bonding and sisterhood among community members. Furthermore, Black Midwives were often known to treat African-American women’s births as more of a natural event rather than a medical hazard—as did their counterparts. Alabama midwife Onnie Logan recalls: “too often, white doctors did not treat black people like human beings, and they had little interest in delivering babies” 64

Midwives rarely received money for their services, as many rural African-Americans were dependent on plantation owners for food, rations, medical care, and the bookkeeping of records.65 Many of the rural Blacks were illiterate and rarely had


64 Onnie Logan and Katherine Clark, An Alabama Midwife’s Story (New York: Plume, 1989), 52-58.

surpluses of crops, which could generate cash. If many of the poor Blacks did not produce the quota of crops, county judges could place liens on their properties, livestock, or any possessions of value the family may have owned. Midwives, being a part of this economic enslavement themselves, often bartered their services for chickens, food, clothes, or meals.

The practice of midwifery, within the African-American community, serves as an extension of folk healing practices. In many rural areas, there were no health facilities or units of prenatal care and birthing. The isolation from standardized medicines, and physicians, also prompted the women and their midwives to use herbs from their own gardens, and yards, to create a variety of medicines for pregnancy and birthing. Furthermore, rural Black women often used lard, castor oil, or any other handy lubricant to massage their abdomens, and body as a part of their pre- and post-natal care.

Indigenous plants ranged greatly, throughout the rural areas of the plantation South. The midwives used herbs to create salves, tinctures, herbal tonics, and stuffings for birthing wounds and healing. Many of the herbs were often readily available for picking, and included no cost to harvest. Black midwives had been trained orally, or through direct apprenticeships, on how to identify these herbs in nature and to harness their power through cultivation. The rationale for using particular roots or plants was often kept secret, as doctors and other non-lay persons would often ridicule the midwives for using certain remedies. The understanding of herbs often proved to be key to their positioning; as knowing the correct portions and dosages could render the difference between a toxin and a medicine.
The induction of labor was a process in which many rural midwives had to intervene. As with many of the herbs in rural areas, tread sash was commonly used to induce labor along with black haw, black pepper, mayapple root, ginger root, and spider webs. Midwives used these medicines, because they agreed that these substances would provoke body heat and perspiration to bring about contraction.\(^{66}\) Black pepper was also used by midwives, as it induced sneezing as a form of stimulating contractions. In conjunction with teas and herbs, midwives massaged their mothers’ abdomens, and gave hot baths to bring about labor.

Black midwives used many areas of folk healing medicines to complement their midwifery practices. This work often involved removing curses, and healing the spirits of a woman to facilitate a positive childbirth. In *Herbal Medicines Past and Present*, one man recalls:

> We didn’t have a big time herbalist. People got their own herbs from the field or the store. There was Aunt Molly Kirby, they called her, a great big black woman. She made herb medicines and hoodoos. Lots of men went to see her when they had social diseases. She was also a midwife, delivered worlds of babies. She’d go out in the mountain and deliver babies. They didn’t allow colored people out there much, but they’d allow her.\(^{67}\)

Midwives used a variety of medicines to heal the mothers during pregnancy and birth. The medicines often combined the elements of emotion, spirit, earth magic, and prayer to heal.

The art of bringing forth life as a midwife held many African cultural retentions for southern Black midwives. The cultural traditions which had sustained our communities on the continent of Africa were practiced on southern plantations as well.

\(^{66}\)Ibid., 53.

\(^{67}\)Ibid., 65.
Many of these traditions can be found throughout many African traditional societies, however, the folk healing traditions of West Africa, were very prevalent in the American South. Some of the parallel practices include:

Abdominal massage and palpation during pregnancy; beliefs in marking babies with prenatal impressions; soups highly seasoned with pepper to encourage uterine contractions; medicinal baths at the onset of labor; maintaining a birth fire into the postpartum period; burial of the placenta near a tree; placing a sharp knife under the birthing bed or baby’s bed; giving the baby an oil bath right after the birth; naming the baby on the seventh or ninth day because its spirit is unsettled before then; and guarding against future use of the placenta by medicine men or others who wished to harm the mother.68

Many of these practices, were not only carried out in the folk healing practices of midwives, but ordinary birthing families who believed in the healing practices of Black people. Many of the medicines were prepared physically by midwives, however, some applications were ritualistic, spiritual, and traditionally based. The effects of this multidimensional approach created and sustained a communal phenomenon, which articulated the sustainability of folk healing among midwives in rural areas.

The spiritual components of healing, were very important to the midwives. The “calling” to be a midwife, is often understood as a spiritual response to being chosen to “do God’s work.” Midwives carried this calling into their practices, and as some believed, “allowed God to work through them.” Spiritual connection and affirmation were critical in the midwives’ practices because they viewed themselves as being extensions of spirit. Using, their “callings” as a guide for healing, midwives sustained ageless healing practices, which were a part of African people, long before enslavement.

Midwives practiced many cultural traditions of folk healing both during and after the birthing processes. The placenta, also known as the afterbirth, was regarded as a

68Ibid., 40.
special life force, and handled with high amounts of reverence, as cited by author John Sale, in his book *A Tree Named John*. It was often buried, marked for significance, and deemed as an important part of the mother and child’s spiritual world. Tampering with the afterbirth, was believed to compromise the mother’s health, and could result in the attraction of negative spirits and situations.

During the postpartum period, women were instructed to get plenty of rest, adhere to dietary changes, and participate in rituals which would help to pave the way for a new child. Midwives often held “taking up” ceremonies with their mothers to become acquainted with the new spirit, and to name the baby. During this time, the midwife may sing, dance, pray, chant, or wrap the baby in a t-shirt made from flour sack. The main purpose of this ritual was to welcome the spirit of the child into the world, and to pray for its purpose and protection.

**The Abolishment of Southern Black Midwifery**

Midwives were central to the vitality and sustainability of African-American folk healing practices in the South. They not only provided services for pregnancy and birth, but were also well trained in child illnesses and adult treatments. Their presence within black culture served as a means for the cultural transmission of folk healing practices. Midwives had no means to collectively promote their practices, nor document their successes to greater humanity. Instead, their knowledge, skills, and spirituality, were discussed by others in the community, and shared throughout the many generations of Black rural life.

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69 Ibid., 63.
Despite the successes in their own communities, Black midwives soon found themselves under the control of white health institutions and nurses. Just as during enslavement, they too maintained a dual healthcare system, for the treatment of childbirth and woman related issues.\textsuperscript{70} During the 1920’s, The Sheppard-Towner Act provided the means by which the Federal Government could fund a transition from midwifery. More specifically, midwifery in the South was under a greater attack than other areas of the country, because of the impoverished, rural, Black populations’ conditions, which contained higher conditions of ill health. Furthermore, health officials were attempting to make childbirth safer by limiting the practice of midwifery to only “normal births,” and to make them more sanitized. However, the poor sanitary conditions of Black, rural life were realities more reflective of poverty than they were of the practicing of midwifery.

Health officials perceived midwives as being unsanitary, ignorant, uneducated, and superstitious.\textsuperscript{71} Dr. Felix J. Underwood stated before the Southern Medical Association that “midwives are filthy and ignorant, not far removed from the jungles of Africa, laden with its atmosphere of weird superstition and voodooism.\textsuperscript{72} These gross assumptions led to the retaliatory practices against folk medicine, and eventually against midwives themselves. The expanding health authority blamed midwives for the high infant and maternal mortality rates, although midwives’ safety records were not any


\textsuperscript{72} Frank Underwood, “The Development of Midwifery in Mississippi” (lecture, as read before the Southern Medical Association, Mississippi Department of Public Health Mississippi, 1925).
worse than those of physicians.\textsuperscript{73} For many African-American women in the South, midwives provided a deeper healing, and services that were often available where physicians were not.

Many states began to require licensing for Black midwives to perform births. With this regulation, many midwives found themselves under direct scrutiny to take state tests, report to classes, and practice midwifery without folk healing medicines. Midwives were subjected to having their “midwife bags” searched, and could lose their certificates if they were found in possession of non-certified items or tools. The state certified midwifery programs did not validate Black self-taught midwives, nor did they facilitate important cultural practices and rituals. Although black midwives were “learning more,” their practice as folk healers was becoming extinct.\textsuperscript{74}

Title V of the Social Security Act brought new funds to state-funded child health clinics and midwifery training programs. However, although prenatal care accessibility was improved, the racial disparities and abuses which caused high infant and maternal deaths among rural Black populations remained high. Many of the regulations which governed midwifery certificates included a show of good Christian morals, cleanliness, and a skill level which did not include non-medical material. Essentially, the training of midwives stressed reliance on medical doctors for authority, and the use of standard medical equipment. This assertion was in conflict with African-American midwifery care

\textsuperscript{73} Margaret Smith and Linda Holmes, \textit{Listen to Me Good: The Life Story of an Alabama Midwife} (Columbus: Ohio State University Press, 1996), 78.

\textsuperscript{74} Ibid., 64.
in the South because midwives were constantly faced with institutional segregation, gender discrimination, and professional ostracizing.\textsuperscript{75}

The passing of the 1976 legislation certifying nurse-midwives was the beginning of the legal termination of southern Black midwives. Many physicians refused to sign Black midwives' certificates, while other institutions forced retirement upon the "granny midwives." By June of 1979, there were no issuances of midwifery certificates to southern Black midwives, which abruptly terminated the long tradition of midwifery as practiced by many descendants of enslaved Africans. Due to the impoverished, isolated conditions of southern rural life, African-American midwives had no means of organizing to fight the legislation, nor develop the political means to stop the direct extinction of southern Black midwifery.

With the passage of Medicaid in 1965, many poor rural women turned to hospital-based care, instead of traditional midwives. This transition was partly because Medicaid did not reimburse traditional midwives, and most rural black families were impoverished. Ironically, although African-American women were birthing in hospitals, the infant and maternal mortality rates in southern rural areas were not reduced for African-American women.\textsuperscript{76} The conditions of poverty continued to ensure poor birthing outcomes for rural Black women; the one significant difference is that this disparity was now generating incomes for hospitals, insurance companies, and physicians.

\textbf{The Assassination of the Black Female Body}

\textsuperscript{75}Ibid., 68.

\textsuperscript{76}Ibid., 142-143.
The coercing of African-American mothers into hospitals for birthing was a highly planned agenda for social, cultural, and financial treatment and exploitation of the Black female body. This new orientation of healthcare developed under the guise of many feminist agendas; however, the overall paradigm shift were executed and controlled by the financial industries of white collective healthcare and pharmaceutical providers, as well as the developers of social engineering. As many southern Black mothers were being "educated" in colleges, as well as pursuing careers beyond agriculture, the options of birth control and sterilization were being promoted as tools of achieving equality. For many years, governmental family planning programs, which were fostered through Medicaid, not only encouraged black women to use birth control, but coerced them into being sterilized. The breeding of enslaved Africans to produce rapid reproduction had now reversed the enslavement paradigm to achieve social, political, and financial objectives of eugenics.77

The birth control movement was spearheaded by Margaret Sanger, a radical feminist, who believed in women's rights to control their own reproduction as a key ingredient to their liberation and freedom.78 Sanger declared in her book, Woman and the New Race, that, "No woman can call herself free who does not own and control her own body. No woman can call herself free until she can choose consciously whether she will or will not be a mother."79 More specifically, she opened the first contraceptive clinic in the United States, in Brooklyn where she freely distributed them to many women.

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78 Ibid., 57.
79 Margaret Sanger, Woman and the New Race (New York: Brentan, 1920), 94.
Although Sanger was a crusader for birth control and women’s rights over their reproduction, this movement paralleled a eugenics movement which promoted the control of reproduction in order to better society.

The establishment of birth control clinics for African-American women was deemed essential to the maintenance of social order. Gordon notes that “the mass of the Negroes particularly in the South, still bred carelessly and disastrously, with the result that the increase among Negroes is from that portion of the population least intelligent and fit, and unable to rear children properly.” Primarily, fieldworkers were the disseminators of birth control to the undereducated Black population; however, the strategy of sterilization soon turned to be operated and promoted by Black nurses. Sanger, viewed that “many Blacks were too ignorant and superstitious to use contraceptives on their own,” therefore there had to be mechanisms in place to induce the control of their fertility.

The widespread belief which prevailed among both politicians and government, stated that poor parents who received government assistance could be subjected to restrictions on their reproduction. As the Civil Rights Era spearheaded more opportunities for African-Americans to gain greater access to welfare benefits, political participation, jobs, and housing, the White dominant society sought more ways of social control, and engineering. The use of government paid doctors and facilities to orchestrate

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the reproductive limitations imposed on Black women created the social and political atmospheres for the widespread flourishing of mandatory sterilization laws.83

Historically, sterilization laws were used on poor, African-American, mentally-ill patients, and those who were deemed criminal; however, with the need to control the Black population, which was becoming increasingly integrated, the primary emphasis upon sterilization shifted to Black women. During the 1970s, sterilization was the most popular form of birth control used in the United States.84 Commonly accepted, was the belief that poor Black women were ignorant, and unable to take care of their children, thus they deserved to have their reproduction limited, even if it called for involuntary consent.

Many of the hospitals, classified as “teaching hospitals,” performed hysterectomies on poor, African-American women to grant experience to medical residents and they were performed without medical reasons. Financially, the physicians who performed hysterectomies, rather than tubal ligation, stood to gain financial incentives although the hysterectomy procedure was significantly more life-threatening. The common practice of removing the reproductive systems of poor Black women was so common in southern states such as Mississippi, that they became known as the “Mississippi appendectomies.” These practices were performed mostly without the consent of the women, and became a well discussed injustice after politician Fannie Lou Hamer received a hysterectomy after having a small uterine tumor removed in 1961. The


open practice of sterilizing poor Southern Black women was often obtained through deceit, trickery, or false pretenses by the physicians who were entrusted with their care.  

Another example of the abuse of sterilization on the bodies of Black women, was demonstrated in a Boston hospital, when a young teenage girl reported to have an abortion completed. Upon her arrival, she was falsely told that it was too late for an abortion, and had to have a full hysterectomy. It was noted that the procedure was completed so that the doctor could gain more experience. These atrocities were rampant in many “teaching hospitals,” as doctors, interns, and other specialized care givers experimented on the bodies of poor Black women.

In addition to blatant sterilization tactics, doctors also offered tubal ligations to poor Black women during labor to reduce the mothers’ number of future pregnancies. Doctors believed that sterilization was the best way to reduce the population of poor Blacks in Southern areas. As told to reporter Gena Corea, by a doctor at a Northeastern hospital “a girl with a lot of kids, on welfare, and not intelligent enough to use birth control, is better off being sterilized.”

Many doctors practiced policies of sterilization under the guise of coerced or forced tubal ligations. Marietta Williams, a twenty-year-old Black woman, accused Dr. Pierce, the only Medicaid-accepting obstetrician in South Carolina, of refusing to deliver her third child unless she agreed to be sterilized. He stated to her that “he was tired of paying for illegitimate children, and if she didn’t want to be sterilized she had to find

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another doctor.”¹ He stated that “he practiced sterilization to reduce the welfare roll, and to better society.”² During his tenure as the only Medicaid-accepting doctor in Aiken County, South Carolina, he sterilized eighteen welfare mothers at Aiken County Hospital in 1972, sixteen of whom were Black.

Nial Ruth Cox, a seventeen year old, Black teen from North Carolina, also was forced to be sterilized after the birth of her child, due to her “immorality,” as cited by her caseworker. She was told that if she did not agree to the procedure, she and her family would lose their welfare benefits. Ms. Cox’s mother had to grant written permission for the sterilization, after being told that the sterilization was temporary and would wear off. Cox later learned that the operation was irreversible, and that she had been made permanently infertile.

Another documented case of forced sterilization involved fourteen-year-old Minnie Lee Relf and her twelve-year-old sister, Mary Alice Relf, of Montgomery, Alabama. The Relfs’ parents were uneducated sharecroppers, who agreed to have their daughters placed on Depo-Provera, after a nurse recommended the birth control for their daughters. They signed the consent form with an “X,” and allowed their daughters to be injected routinely with the hormone. They later learned that the injection was outlawed because of its link to cancer. Furthermore, they also learned that their daughters had been sterilized under the false disguise of birth control.³


The Relfs, along with other victims, filed a class action lawsuit with the Southern Poverty Law Center, banding federal funds for sterilizations. Judge Gesell, who was appointed the case noted that an estimated 100,000 to 150,000 poor women had been sterilized using federally funded programs. It was also noted that nearly half of the women sterilized were Black, and these statistics were comparable to the Nazi sterilization programs against Jewish women in the 1930's.

In summary, poor Black women were the deliberate targets of forced and coerced sterilization programs, which were federally funded. Doctors, hospitals, nurses, and caseworkers employed a variety of tactics to pressure poor women into sterilization. Federally funded programs such as Medicaid, and Families with Dependent Children, often served as the platforms to introduce sterilization to Black women, because those programs focused on poverty and children. It can be noted that while the programs may have sought to reduce poverty in rural and urban areas, they did so at the expense of Black women’s fertility and basic abilities to conceive.

The gynecological experiences of Black women have historically been traumatic and have consistently compromised Black women’s abilities to maintain positive reproductive health lifestyles. The effects of sterilization, abortions, and birth control coercions, have left what many folk healers refer to as the “womb” in a state of trauma and pain. For many modern-day folk healers, the “womb” is more than a physical location which generates reproduction, but serves as a psychospiritual center in which African-American women can choose to operate.

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One of the most powerful contemporary works for Black women and gynecological resistance is noted healer and author Queen Afua. Folk Healer Queen Afua, describes the womb as an “arit,” the original Khamitic word for spiritual energy center, or gateway. The womb therefore, is a highly spiritual center from which African-American women can choose to heal, and generate energy and empowerment. She states that if the womb is damaged in any way, it may be reflective in heavy menstrual bleeding, infertility, fibroids or cysts, or numerous infections, which create states of poor relationships, depression, and a lack of creativity. In essence, these states impair the true nature of African women as healers, mothers, and nurturers of the African family.

Womb Spirituality

The foundation for womb healing as performed by Queen Afua lies deep within the African Cosmology. The Khamitic lifestyle, deities, and supernatural forces allow Black women to connect with an ancient legacy, in which women were not mere recipients of the divine, but facilitated divinity and were worshipped as supernatural forces. The table below is an illustration of the Khamitic Deities which support womb healing, as well as their attributes. This depiction is an extract from the Sacred Woman Womb Scroll: For Womb Healing and Rebirth.

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93 Ibid., 171-73.
The teachings of Folk Healer Queen Afua, have encompassed a wide range of healing techniques such as herbal medicines, meditation, journaling, affirmations, womb rituals, and regeneration therapies such as deep womb massage. These techniques are often supported in conjunction with lifestyle changes, as well as major dietary adjustments. Another aspect used for womb healing is what Queen Afua refers to as “journaling with the womb.” During this primary healing exercise, the woman asks her
womb about her physical and emotional condition, as well as her ability to have relationships. This technique has proven very effective for many African-American women who have suffered trauma to their womb as a result of being raped, molested, or having endured a series of traumatic relationships. By asking the spirit of the womb for guidance, the women can begin to “open the door to healing,” and the facilitation of a relationship within themselves.

**Sacred Circles for Womb Empowerment**

Queen Afua’s *Sacred Woman* text promotes Sacred Womb Circles, which are gatherings that encourage women to gather in small groups to journal and discuss many aspects of their womb health. These circles help women to identify and understand the reproductive experiences not only of themselves, but also to heal the traumas experienced by Black women historically. During the circles, women often chant womb prayers, state affirmations, meditate, and participate in womb rituals. Many of the rituals are meant to release accumulated pain, and begin the process of healing and gynecological resistance.94

Sacred Circles are powerful tools for healing the womb. This gathering of women allows for the release of pain, collective healing from traumatic womb experiences, and affords each woman to connect with the voice within her womb. Below is an example of a powerful ceremony performed by a Sacred Womb Circle to heal the wombs of all wounded women. In this ritual, all the women act in chorus, where each woman begins with the chant, “I cry a river of tears that heal,” they then insert the stories of trauma to Black women. The chant may be personal, such as:

94Ibid., 5.
I cry a river of tears for a dear young sister who could have been my daughter. She was sexually molested from the age of seven by her father, her uncle, and her father’s brother. No one seemed to notice what tragedy had befallen this little girl. In the end, years of pain and grief led her to contract cancer of the womb. She died at age twenty-nine from a broken heart and a broken womb. May her soul finally rest in peace.  

The womb chant may also speak to the collective experiences of Black women such as:

I cry a river of tears for Afrakan women, crying out my pain, screaming, and retching Rivers of tears from generation to generation. My tears boil up from the bile of plantation slave life here in America the Beautiful. Here, where institutional sex factories were brutally imposed on a stolen people for generations. I cry for those wombs and damaged souls of my Mothers who were forced to bear babies of rage and incest. They were womb casualties in a four-hundred-year war that damaged them down to their DNA. The wounds go oh so deep within the wombs of the womenfolk of my tribe.

The purpose of these Sacred Womb Circles is to promote deep womb healing, which may have led to spiritual, emotional, or physical disease or baggage. By promoting a healing in unison, women may often feel a deep connection and understanding that they are not alone in healing their wombs. Many circles encourage journal writing, affirmations, and long spiritual baths to enhance the healing and strength of the Sacred Womb Circle.

**Herbs and Spices for Womb Healing**

In addition to the spiritual healing, Queen Afua, book *Heal Thy Self*, recommends the following herbs and spice medicines for deep womb healing. The following table was extracted from the chart titled, “Herbs and Spices for the Kitchen Healing Laboratory” in the Sacred Woman book.  

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95 Ibid., 56-58.
96 Ibid., 68.
Table 5. Womb Healing Herbs

<table>
<thead>
<tr>
<th>Herb</th>
<th>Womb Healing Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfalfa</td>
<td>Valuable source of chlorophyll, and cleanses toxins from the womb and body</td>
</tr>
<tr>
<td>Cayenne</td>
<td>Stop heavy menstrual bleeding, and improves circulation</td>
</tr>
<tr>
<td>Chamomile</td>
<td>Calmative; relaxes the womb</td>
</tr>
<tr>
<td>Cinnamon</td>
<td>Stimulates the uterus and decreases menstrual flow</td>
</tr>
<tr>
<td>Dandelion</td>
<td>Helpful with PMS and helps with bloating discomforts</td>
</tr>
<tr>
<td>Ginger Root</td>
<td>Brings on Menses</td>
</tr>
<tr>
<td>Goldenseal</td>
<td>Calms the Uterus</td>
</tr>
<tr>
<td>Mint</td>
<td>Treats Infertility</td>
</tr>
<tr>
<td>Nutmeg</td>
<td>Eases Childbirth</td>
</tr>
<tr>
<td>Parsley</td>
<td>Dries up milk in swollen breast</td>
</tr>
<tr>
<td>Sage</td>
<td>Promotes menstruation and brings on delayed menstruation</td>
</tr>
<tr>
<td>Shepherd’s Purse</td>
<td>Lightens menstrual flow</td>
</tr>
<tr>
<td>Sweet Basil</td>
<td>Increases infertility, cures menstrual pain and morning sickness</td>
</tr>
<tr>
<td>Valerian</td>
<td>Calms the womb</td>
</tr>
</tbody>
</table>

Gynecological Resistance

Modern day folk healers have integrated many forms of healing for the womb, which can be transformed to meet the needs of the Black women. These forms of healing have been created to sustain and empower gynecological resistance. The historical abuse upon the reproduction of black women both on and off southern plantations led to the development of resistive measures for reproduction. For instance, folk healer and master herbalist, Eshe Riviears has created a line of healing products specifically for womb healing. Her tonic, Fibroid Free, is nationally known for its curative powers, and
regenerative potency. Her tonic has herbs such as Senega, Snake Root, Red Raspberry, Scullcap, and Red Clover, to regenerate the womb for healing.\textsuperscript{97}

In addition to products and services, Healer Eshe Riviears also hosts The International Fibroid Free Conference, an annual gathering to promote womb healing. During this international event, womb healers from around the world are invited to share their healing techniques and network with other healers. The event is usually held in Atlanta, Georgia and includes a host of complementary activities such as meditation, yoga, uterine massages, as well as herbs, medicines, tinctures and cures. This event is a modern example of how African-American women are collectively and individually resisting gynecological control of their wombs and are seeking to empower themselves through knowledge, holistic treatments, and folk healing practices.

Additionally, African-American women have found many alternatives ways to resist gynecologically, and empower themselves reproductively. For example, many women, both rural and urban, are choosing homebirth, and “unmonitored” pregnancy care for themselves and their babies. This modality includes seeking spiritual advice during pregnancy, participating in Blessing Way Rituals to protect the entrance of their child into this physical existence, as well as creating talismans and charms on the bodies of their babies for protection.

The decision to take charge of one’s reproductions is both empowering and spiritually healing. Women often get a profound sense of womanhood and cultural affirmation when their ability to bear children and control their reproduction is placed within their own hands. Many African-American women seek this cultural and ancestral connection to continue a healing legacy which was practiced by their Great-

Grandmothers and elders. Ultimately, this empowerment speaks to the authentication of the African Cosmology, and cultural orientation within the African existence.

Furthermore, gynecological resistance speaks to the theoretical understanding of Womanist Ways of Knowing as stated by feminist psychologists, Belenky, Clinchy, Goldberger, and Tarule in *Womanist Ways of Knowing: The Development of Self, Voice, and Mind*:

For many women, the real and valued lessons learned did not necessarily grow out of their academic work but in relationships with friends, teachers, life crises, and community involvement. Education and clinical services, as traditionally defined and practiced, do not adequately meet the needs of women.  

In summary, modern day folk healers use a variety of healing modalities and medicines to heal African-American women of their reproductive traumas. These womb healings are affirmed by the spiritual Cosmology of African people as well as the cultural orientations of women’s oral traditions. Modern day women continue to gynecologically resist the systematic controls over their reproduction, as well as the need to heal their wombs. Using the various paradigms of healing, African-American women can experience not only a deepened connection within their own wombs, but collectively generate powerful healing throughout the community.

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CHAPTER IV

FINDINGS

Introduction

The purpose of this study was to examine the active presence of folk healing medicines in urban, African-American pregnancy experiences as gynecological resistance. Furthermore, this study sought to clarify the epistemological frame of knowledge constructed within the African-American cultural base, which motivates, influences, and construct rationales for pregnancy choices, decision making, and the pursuits of resistance. Additionally, this dissertation sought to discover the characteristics surrounding such pregnancy experiences, which leads urban mothers to resist the disempowerment, victimization, and lack of control over their reproduction.

The findings section is divided into two main sections; Part 1, and Part 2. The first part discusses and reflects the demographics, and breaks down the data into three main themes: Spirituality, Pregnancy and Birth, and Resistance. The outline below reflects the themes and the major concepts explored within each.

Spirituality

• Birth as a Connection to Ancestors

• Folk Medicine Practices During Childbirth

• Childbirth as a Spiritual Ceremony

Pregnancy and Birth

• Spiritual Nutrition During Pregnancy
• Spirituality Influences conception, Pregnancy & Childbirth
• Pregnancy Experience Shapes the Natural Birth

Gynecological Resistance
• Childbirth as Resistance: Awakening to Activism
• Natural and Healing Medicine Continues after Birth for Children
• Birth as Empowerment
• Dismantling the Power Structure

Instrument
This research used narrative analysis as the primary form of gathering information. Based on the findings, it is was the intent of this research to utilize grounded theory as an inductive means to explain the phenomena gathered from the collective women’s gynecological resistances. The information gathered took place in a natural and comfortable setting (home of the participant, or researcher), in which multiple methods of data collection are employed. Primarily, this form of research is highly interactive and humanistic. With this form of research, the data unfolds in a natural phenomenon and is not prefigured. Qualitative interviewing and questioning were utilized to gather data. These methods chosen for the research are concurrent with its purposes. The nature is qualitative, seeking to understand and explicate the behavioral relationships that coexist within the realm of human contact.

Narrative Analysis
After conducting the interviews, the researcher used Narrative Analysis as the primary tool for evaluating and coding information gathered in the oral interviews. The interviews were recorded and coded for their thematic similarities and behavioral patterns. After
gathering the interviews, the researcher enumerated the findings which were recurrent in the interviews.

As a result, of many new concepts which were found throughout the analysis, the researcher created a second part to the findings section. This section was entitled “Moving from Resistance to Liberation: Transforming Activism into Deeper Rationales for Gynecological Resistance”. This composite of resistance outlines several new themes, which provided a strong basis for the researcher developed theory entitled *African Womb Self*, which if the activism component of the *African Maternal Memory*, also defined by the researcher. It is the intent of this chapter to develop new discussions, and models, for African- American women to move into new interconnected paradigms of not only gynecological resistance, but also liberation.

**Location/ Setting**

All 18 of the participants resided in Metropolitan Atlanta. Most of the interviews were performed in person while a few were conducted via the Internet. The interviews which were conducted in person either took place at the home of the mother, or at my office. We women were encouraged to bring artifacts, visuals, as well as birthing photographs to discuss during their interview. In addition they were made as comfortable as possible, and we were often in a very secluded cozy area of their home. During the interviews many of the women became very excited about having this discussion, and sometimes emotional. Some of them mimicked their birthing positions, and made various gestures throughout the interview. Overall, the interview seem to be a whole body experience, in which the women offered various components of their mental, physical, and spiritual selves.
Data Analysis

Race and Age
There were a total of 18 women interviewed for this study. Of this number, 61.1% classified themselves as African, while 33.3% identified as African-American. Only 5.5% identified with the Native-American population. However, included in the African category (which composed 61.1% of the women interviewed), are Africans which were born in America. None of the women who identified in this category were born on the Continent of Africa. Therefore, this category reflects a more sociopolitical identification, rather than one which identifies the women with being biologically either birthed in Africa, or born to parents which were born in Africa.

The average age of the women was 39.4 years old. The youngest participant was 27 years old, while the oldest was 63 years old. As reflected in the interviews, the women from this same birthed at various ages and stages of their gynecological resistances.

Marital Status
The 18 women interviewed reflected various marital statuses. None of the women classified themselves in same sex (homosexual/lesbian) relationships. Of the women interviewed, 38.8% classified themselves as single, which reflected the largest category. In addition: 22.2% were married; 11.1% were committed towards marriage; 11.1% were divorced; 5.5% were widowed, and 11.1% were separated, but legally married to their spouses. The chart below reflects the marital status of the participants:
Dietary Lifestyle

The women interviewed also practiced an array of various dietary lifestyles. For the purposes of this research, enclosed are the following dietary definitions, as they sometimes can vary depending on cultural settings. A vegan is one who eats no dairy or animal product. A vegetarian, is one who eats primarily vegetables and fruit, however, they also partake in dairy products; milk, eggs, etc. A vegetarian, as classified by this study, may occasionally eat fish. Of the 18 women interviewed 27.7% classified their diets as being vegan. However, the remaining women classified themselves in the following dietary lifestyle: 27.7% vegetarian; 16.6% ate no pork; 11.1% ate no pork or beef, while 16.6% maintained an ordinary diet with no restrictions or limitations. Below is a figure representing the dietary lifestyles of the women interviewed:
Figure 2. Dietary Lifestyle of Participants

**Education and Career**

The participants encompassed an array of educational obtainments and careers. Of the 18 women interviewed, 27.7% had completed high school only, with no further training. The remaining participants completed the following levels of education: 5.5% completed an Associate’s degree, 38.8% earned a Bachelor’s degree (largest category of education), while 27.7% had earned a Master’s degree. It is important to note that many of the women discussed their own independent study of childbirth, natural medicine, and homeopathy, however, no formal degree was issued.

The participants also reflected very diverse career choices. Although 77.7% of the participants classified themselves as personal healers for themselves and their families (22.2% of the women stated that they would not classify themselves as healers), only 27.7 stated that they performed healing as a full time career. The figure below displays the career paths of the women interviewed:
Figure 3. Career Paths of the Participants

**Pregnancies**

The number of pregnancies and children of the participants played a huge role in the efforts to resist gynecologically. It is important to note that each of the participants had been pregnant at least one time, and every woman had birthed a child at least once. The chart below reflects the number of times, the women had been pregnant. No one stated that they had been pregnant more than seven times:

Many of the women openly discussed their pregnancies, and often mentioned the folk medicines which were used with specific children. The medicines were specific to the circumstances of each birth, to support the overall wellness of each child. In addition, the mother many have stated the direct facts surrounding the conception of the child, as well as the purpose for bringing life into this world. The figure below reflects the number of pregnancies, of the women interviewed.
Figure 4. Number of Pregnancies

**Children: Number of Living Babies or Children**

Although many of the women had been pregnant several times, this quantity did not always correlate exactly with the number of existing children. The mothers were very direct and open about miscarriages, abortions, and infant deaths, while also providing the spiritual rationales for these deaths. In support of the folk medicines selected, many of the mothers discussed spiritual tools, rituals, remedies which were utilized to bring closure to the death of the child. In addition, many of the mothers spoke of the deaths as Ancestors returning, and stated that they often felt like their surviving children, may have been one of the very children which had died earlier during a previous pregnancy. The chart below reflects the number of children alive:
Figure 5. Number of Children

Lost: Number of Miscarriages, Abortions or Sudden Infant Death

During the interviews, a few of the women discussed their previous experiences with lost or termination of a child. It is important to note that none of the women had lost over four children to either miscarriage or abortion, and this chart was derived by calculating the difference between the number of existing children, and the number of previous miscarriages, or abortions.

Although the specific details surrounding the sudden death or termination of a child, was not the focus of the interview, the discussion provided new insights into the practice of folk healing medicines, as rituals to restore balance in the lives of the women who experienced the transition or abortion of a child. The figure below illustrates the number of children who died from a miscarriage, abortion, or sudden infant death:
Figure 6. Number of Children Lost through Abortion of Miscarriage

Homebirth

Many of the participants had experienced homebirth. Of the 18 participants 77.7% said they had birthed at least one of their children at home, while 22.2% stated that they have never birthed at home. Of the 77.7% of the women who stated they had birthed at home at least once, none of them exceeded more than four births in the home setting.

The women who stated that they birthed at home, discussed a variety of birthing styles, and positions while giving birth at home. Some of the women noted the comfort of birthing in their beds, while others preferred to birth in a warm pool. The women stated that they found a lot of security, safety, and comfort in being able to birth in the tranquility of their home environment with their loved ones and midwife. The figure below reflects the number of women who chose to birth at home:
Figure 7. Number of Home Births

**Formal Spiritual Initiation and Training**

Although many of the participants referred to spiritualist, and diviners used during their pregnancies and births, only 11.1% stated they were trained priestesses themselves. Concluding that 88.8% of the women, were not formally initiated with spiritual training. Of the 11.1% which were spiritually trained, they both were formally trained into two different orders of priestesses’ hoods. Likewise, it is important to note that although most of the women were not formally trained to perform healing work 77.7% of the women classified themselves as healers, although only 27.7% stated that they practiced this modality as a career. The remaining 22.2% of the women stated that they would not classify themselves as healers. The chart below reflects the number of women which had been formally initiated into various priestess hoods.
The spirituality of the participants, proved to be a centralizing force in their daily lives, beliefs, and various levels of activisms. During many of the interviews, discussions were often held about the reasons for certain actions and beliefs. Many of the women referenced both formal and informal means of spirituality during their dialogues. This section of the Findings will focus on the results for the three main concepts found within the theme of Spirituality which are: Birth as a Connection to Ancestors, The Use of Folk Medicine during Childbirth, and Spiritual Rituals and Ceremonies during and surrounding the Childbirth experience.

**Birth as a Connection with Ancestors**

The concept of “Ancestors”, was a prevalent theme during many of the interviews. Of the women interviewed, 38.8% referenced their belief in or participation with the “Ancestors” during their childbirth experiences. Some of the participants
referenced specific Ancestors, which others mentioned the worship of certain Orishas or Deities for spiritual strength. It is important to note that the Orisha or Deities vary within both African culture, as well as Traditional African Spirituality. The Orisha and or Deities names may change, as well as their spiritual force or power. In addition, many of the spiritual forces, were created as a result of enslavement, while others serve as traditional models of spiritual practices. Below is a figure reflecting of the three main ways women referenced their births as connections to their Ancestors:

![Birth as a Connection to Ancestors](image)

Figure 9. Birth as a Connection to Ancestors

Ancestor reverence, rituals, and ceremonies proved to be essential to the spiritual lives of many of the women interview. For example, participant #15 stated that:

I didn’t in the past because I didn’t realize the importance of having rituals before, during and after birth. But I will in the future, because we are bringing back our ancestors, and it’s crucial for us to know there purpose for coming back so that we can help them to fulfill it. Just as we need to know our purpose. I think it is also crucial to have rituals and ceremonies for naming purposes, because it’s a reminder to the ancestor who comes
back to know there purpose. Traditionally your purpose for coming back to this life will be included in your name.

Similarly, participant #11 stated that:

I did a lot of baths, a lot of prayer and rituals, a lot of communing with the Ancestors. There we a lot done to gain the support of certain spiritual energies during that pregnancy.

Ancestor worship or reverence also was done to give honor and respect to certain Ancestors which had risen to the status of Orisha. The worship of these major forces was sometimes by erecting a holy alter, or performing elaborate rituals. During these times of offerings, worshippers would bring items which were believed to be loved and appreciated by the Orisha. One of the most powerful Orisha is known as Eshu, who is known to pave the way for successful and victorious outcomes. Here below, participant #10 describes her offering to him:

I think in choosing whom my midwife was and in moving along our path a lot of spiritual belief came into it. Also, I think when we realized that in our first meeting together it was kind of like, okay, this is definitely destiny, and this is definitely spirit-moving. So I think because of that we’re more open to moving through things with her and a lot of suggestions that she made. We were aware, of a water birth and the fact Eshu is my guiding force. We were like, okay, this will be really amazing one, because even the physiological benefits were also like for him to come into the world in water. Water is amazingly powerful, and also a lot of our practices throughout were guided by like what we were told during readings we had. So, we had to make sure the birth was peaceful so that he could be peaceful. We had to keep the room calm and quite, lights low, all that stuff because he’s an Eshu baby and he would be very, you know, easily aggravated and all that, the warrior spirit. So there were definitely ways in which we were guided along that path as far as really specific things. I think we had already decided towards home birth or towards birthing out of traditional institutions.

The presence of Ancestral Spirits proved to be a significant power source for many of the women. By instituting traditional practice many of the women were able to form very deep connections and understandings with the Spiritual world. Participant #15
visited a slave castle while in West Africa... this experience led her to know the power and presence of her Ancestors during birth:

We were praying, we were in a meditative state. That was the most calming birth that I’ve ever experienced also. But yes, it was actually a rainstorm which it appeared every time I had a contraction it seemed like it was a lightening or thundering bolt. So we really felt connected to the ancestors during my delivery. During part of my pregnancy I lived in Ghana in West Africa so every morning was a physical and spiritual adventure. Just being on the red soil that we walk bare feet on, the environment being warm and nurturing, the people around me being very spiritual and helpful. That was part of my nursing process. So just being on the continent itself and going to the slave castle at El Nina all was a spiritual connectedness with me and my child.

Sometimes, depending on the specifics of each woman’s birth, more powerful and elaborate offerings were demanded through spirit. This stance could have been initiated out of necessity for a successful childbirth, or a deep feeling of worship from the devotee. In certain instances a birthing mother may have a Priest or Priestess of Traditional African Spirituality present at their birth to call in the Ancestors in a ritualistic manner. Participant #12 had a Priestess present at her birth to call in the Spirit, as to pave the way for the Ancestor’s to come forth:

With the fourth birth prayers were sent to Eshu. Like there were two priests there and their children (adults in training to be priests) and one of them were Obatala. One of them went and prayed to Eshu and I don’t know what all the prayers were but I know there were priests there. We were gonna do it at my house and my girlfriend’s house was the backup plan because we were modifying my closet making it bigger. In case that didn’t get done in time her house was the backup plan, so we ended up at her house because the closet wasn’t done and things were in disarray. So yeah, I just remember like even in the water praying and breathing and talking to myself saying we’re gonna do it. With the water birth, my midwife, she promotes that she is an assistant and that the family is the mom and the family are bringing forth their children and ancestors, so I pushed and pushed her out and I was milling and holding on to the bottom of the pool so she was born in a squat and I was in a squatting position holding on to the wall, so she came out actually behind me. It was really
heard more about my great-grandmother. These are the things she did, and with me studying to be like my Ancestors, I had to look at my Orisha’s, it made me put all of that into perspective. I found out that my grandmother was like that, she lived in a big house with a lot of corn fields in the back.

Many of the women discussed the bringing forth of light as a way to birth their babies. It was believed by many of them, that their births would serve as a means to not only heal their lineages, but served as a means to propel their communities and families into greater levels of consciousness. Below are the words of participant #17, who vocalized this effort:

I realized within that year that for as much as I knew there was more that I wanted; a true sense of “community” and more profound depth of womanhood particularly through motherhood. I also realized that having a child was one of the greatest contributions I could make to the world. My commitment was to bring forth a disciple of truth, a bearer of light and at least one black man I could give my all to so that he would walk the earth as a sun of God; on behalf of the lineages we represent and the restoration of us as the children of God.

Although the consensus of the women who quoted their desires to heal their lineages, through childbirth, relatively referred to their bloodline in general, a few of them began to speak directly to a Maternal Lineage, for which they could call forth for spiritual strength. This unique relationship with their matriarchal Ancestors forged an innovative means for them to pull on the strength of women, collectively. Interestingly, 27.7% of the women mentioned this special bond during their childbirth experiences. For several women, the ability to channel the strength of the maternal grandmothers, proved key to their spiritual connection during childbirth. Participant #4 states her ability to channel her grandmother, who was also born to a midwife below:
I do remember my mother saying she was born at home with a midwife, so I had to go back to my grandmother who I had a very special relationship with and who has passed maybe five years before. And I think in that moment I just kind of channeled her, I asked for her and channeled her, and things started moving. From there, I actually had him standing up, too, which was also a little different. It was very spiritual.

Similarly, participant #8 recalls chanting and praying during her birth, while calling on the spirit of her Great Mothers:

I definitely was calling and chanting for a good three hours and the whole birthing process was about four hours. The whole time I was actually playing Earth, Wind and Fire, and just constantly chanting and praying, and the deep breathing for the contractions. I called on the great mothers to come for my home birth, and their energy was very, very powerful and phenomenal in the room, in the house, in the whole experience. Her father just kept remarking on the different energy around at the time and the eve in the birth itself. And this was my fourth birth and it will definitely be the best one because I was able to be in my own comfort zone and just let it go in that spiritual way. So I know it was a divine birth.

The special connection the women had with their Ancestors proved to affect the level of consciousness, and intensity at which they birthed. The ways these connections varied in style, ritual, practice, and worship. However, the common factor among the ways the women displayed their relationship and connection with their Ancestors, reflected deep levels of trust, and reliance.

**The Use of Folk Medicine During Pregnancy**

Many women used traditional folk healing medicines during their pregnancies and births. This usage included both traditional and modern day materials and practices. Unlike during the times of enslavement, the women had greater access to natural markets, online resources, as well as local botanicas. The three areas which were most referenced under the Folk Medicine Category were: Herbs, Nutrition, and Non-Medical Materia.
Each category displayed an array of practices which may or may not be defined by Traditional African Spirituality.

Herbal medicine is a major category referenced by the women in their interviews. The women generally referred to herbal usage during pre-conception, pregnancy, and post birth. Of the women interviewed 72.2% stated that they used herbs as a medicine at some point during their pregnancy experience. The herbs used by most women varied on the access to natural markets, previous experience with the herbs, as well as the spiritual and corrective power of the herb to balance or correct imbalances within the body. The most popular herb mention was the infamous red raspberry, which is distinctively known for its uterus toning properties. Participant #3 recalls her midwife, making a special tea for her:

My midwife had like this tea and stuff she put together and I don’t remember what was in it but I remember the alfalfa, the red raspberry leaf and some other stuff, so I was drinking all kind of tea. She was really stalking me about my diet and I had to work on the sugar issues.

Similarly, some women used the herbs not only to support a natural, healthy pregnancy, some women used corrective herbs or tinctures to balance their contractions during childbirth, participant #6 explains:

I know I had black and blue cohosh. My midwife selected that for me to just have my contractions coming in order because they were kind of sporadic at one time. But her giving me the black and blue cohosh it kind of kept the contractions concurrent where they were just flowing. And then I guess I probably maybe took at least two or three drops of it and as the contractions started to move along much better, then I started just to contract on my own after that.

Many mothers used herbs that were ingestible, however, some used herbs in energetic and spiritual ways to support their pregnancies. In addition to red raspberry tea,
one participant used sage, and ingestible herb, for “smudging” the house of negative energy. Participant #8 states:

I know I was drinking the red raspberry tea throughout the pregnancy and I remember smudging the house very well. I'm very sensitive to smells so I had to keep the incense burning to help keep me in a calm and good place. Other medicines I used, I really did not. Only the food was our medicine because I didn’t have any problems at all. After the birth I didn’t tear so I didn’t even think for myself, but I do remember with like when they cut her cord, that was probably the most difficult thing was cutting the cord in the right place and helping that to heal up, and I remember putting aloe vera on it.

As noted in the interviews, the use of herbal medicines was sometimes initiated by both the spiritual leader whom a woman was seeking, and sometimes initiated by herself. However, not all women interviewed desired to use herbs as their primary form of their nourishment, or balancing force. As participant #5 states:

I didn’t rely upon much more than the strength and wisdom of the women who came before me. I had a few medicinal herbs for backup, but my preference was to simply let go and let my body do what it knows how to do.

Herbal medicine proved to be an essential component of the women’s care for themselves and their babies. The balance between medicine and spirituality, was noted in how well the women referenced both systems, and instruments of healthcare. Coupled with other forms of nutrition, herbs seem to facilitate not only an authoritative knowing, but a reliance on a system which served to resist the control of the bodies and offspring.

Nutrition was another major idea, constructed under the theme of folk medicine. Many of the women referenced food as their medicine, as sought to use nutrition as a means to stay well and balanced. More often than not, being in great health, was seen as not only preventative, but also one of the most powerful tools in which their babies could
grow and develop holistically. Of the women interviewed 83.3% of the women stated that nutrition was an essential means by which they healed themselves and their babies. Indeed, many believed that there food was their medicine.

As noted in the demographics section 27.7% of the women stated that they were vegan, while 27.7% stated that they were vegetarian. Some of the primary issues which concerned the birthing mothers were artificial foods, preservatives, and genetically modified foods. Participant #3 was not only nutritionally sound, but became a strong advocate of breastfeeding and proper nutrition:

I actually nursed him exclusively for the first six months so all he got was breast milk. I’m like, hey, I’m making this stuff, it’s for my baby, that’s the purpose. So that was another thing I did for my son to make sure he had the proper foundation in life. In general I’m careful, picky about his diet. He does not eat at McDonald’s. He has never eaten at McDonald’s and so help me God, if I find out that he has eaten some McDonald’s, somebody is getting a serious beat down. I’m particular about the junk food, the MSG, all this crap, high fructose corn syrup. I read labels. High fructose corn syrup and MSG are actually neurotoxins which I will not be putting into the body of my child to just destroy his brain. People are like, oh my God, he’s so smart. Yes, he’s so smart for a reason. You know, yes, he came out like that and I won’t have him destroyed. All babies are supposed to be so smart like that. He shouldn’t even be like this outlier like, oh my God, he’s like so intelligent. Yes, if you talk to your child, I talk to him every day, I have conversations with him. So he’s two years old and he has conversations. Yes, because he’s naturally intelligent just like babies are and they’re supposed to be. I don’t feed him high fructose corn syrup and MSG and all kinds of junk that he can’t digest and so he’s smart like he’s supposed to be.

Although nearly 60% of the women, stated that they either were vegan or vegetarian, it is important to note that nearly 25% stated that they either ate no pork, or ate no pork or beef. Through the eyes of many of the mother, nutrition proved to play a key role in development, and the ability to heal naturally. It was generally accepted that
when a child is properly developed, they will have a greater strength to resist disease and to heal themselves.

In addition to herbs, and proper nutrition, many of the women used non-medical material to support themselves holistically. Although these materials ranged, they generally were used to support spirit, and the guides within the spiritual dimension. Of the women interviewed, 55%, stated that they used non-medical material to support their healing during pregnancies. Some of the most noted non-medical material referenced in the study were:

- Smudging
- Water Birth
- Deep Breathing
- Aromatherapy
- Soft or Soothing Music
- Candles
- Oils (topical and burning)
- Yoga

The non-medical material used by many of the birthing mothers, proved to be very influential and powerful during their spiritual journey during pregnancy and birth.

Participant #10 states how her banti belt, helped to soothe the path of her baby:

I did a lot of affirmation. I took the affirmation sheet, my midwife gave and put it on a CD so I could listen to it in the car on my way to and from work and school. We also did a lot of spiritual work. We got a lot of readings. I had a banti that I wore through the pregnancy. A banti is kind of like a cloth, like a belt kind of thing that you wear around your belly and it has medicines in it. So we got a priest that made it for us because it was asked for in a reading. So we got lots of readings. We did a lot of spiritual work so that he got here safely. And we got readings and I also
had to do Ancestral work. I had to make offerings to my Ancestors, get some new things done on my Ancestor altar and we got some things made for him when he was born.

Participant #4 also recalls doing a lot of squatting, and walking to ease her childbirth:

We did a lot of squatting. I had a lot of help so different kinds of massages, which at some point could get a little annoying but I'm sure it helped. A lot of walking, just in various positions. I remember with my last baby we were in the tub for a while and the one before that we had a pool and I had intended to have a water birth but that didn't work out, but I labored in the pool.

During the pregnancy and childbirth experiences, many of the women discussed their flexibility and comfort during their births. Many noted that they were allowed to move around, eat, and create a very soothing ambiance. Participant #9 reflects on how her birth was very tranquil:

We did a lot of massaging and we used some oils and that sort of thing, creating ambience, music and candlelight. The candle definitely helped. Oh, and I was in water a lot, too, in the beginning. Yeah, I was in the tub and that definitely helped a lot, like the warm water and just sitting there concentrating on the contractions and my breathing and that really helped in the experience. So if I was able to stay there the whole time, I think it would definitely have been a lot of help.

Overall, the use of folk healing medicines during childbirth proved to be very powerful and dynamic for many of the women. The women felt a tremendous sense of comfort, and ease, which allowed their bodies to facilitate various healing modalities. The women referenced many different forms of medicine, and utilized folk medicine in a variety of ways. Indeed, the use of folk practices enhanced the spirituality of the births many of the women experienced.

**Spiritual Activities During Childbirth**
The spirituality of the women interviewed, proved to be the fundamental value force for many of the decisions and choices which were made surrounding their birthing experiences. During the interviews, women referenced many spiritual activities which were used to support their birthing process. Below is a list of the most noted spiritual activities, noted during the interviews:

- Prayer
- Meditation
- Rituals
- Libations
- Orisha/ Deity Worship

During the interviews many of the women, stated that they referenced their Ancestors for strength, and support during their birthing experience. One of the ancient and traditional means for calling forth the Ancestral Spirits is by pouring “libations”. This is a sacred tradition by which water is poured into the earth or plant, symbolizing oneness with the Ancestors, and Spirits which govern the Earth. Of the women interviewed 16.6% used the worship of invocation of their Ancestral Spirits as a spiritual activity during their births. Participant #1 discusses why she poured Libations at the birth of her child:

I had Libations was with my first child. Libations called forth my Ancestors on my journey to make it productive, and actually a lot of priestesses were in the room. One priestess, was Mama X, who is over the Yoruba tradition in Cuba, she actually wanted me to do that when I was pregnant with my son, she wanted me to become a Yoruba Priestess, I felt like it was too much for me to travel to Cuba and being pregnant at the same time; I felt like it was a little too much, but I understood what she wanted. She wanted him to come forth in that type of energy. She was there. Mama Y was there; she is an Oshun Priestess. Mama Z was there. I think that is it. So there were a lot of prayers and a lot of libations done. It was a lot of support, I had a lot of support at that birth.
Calling in the Spirits, was essential for setting the tone with many of the women, during their childbirth experiences. Of the women interviewed 44.4% of the women used prayer as a means to conduct spiritual presence during their birthing experiences. Often times the women cited calling and chanting as part of their prayer process. Participant #8 describes how her chanting created a soothing birth:

I definitely was calling and chanting for a good three hours and the whole birthing process was about four hours. The whole time I was actually playing Earth, Wind and Fire, and just constantly chanting and praying, and the deep breathing for the contractions. I also spent about an hour and a half in the bathtub when the contractions started picking up because I had read that water helps to comfort the mother and ease some of that pain of the contractions. And I really would like to have done a total water birth but the tub we had wasn’t situated the right way for her father to catch her, so I sat in the tub until the time when her head crowned and then we moved into the birthing area.

In addition to chanting, and calling forth Spirits through rituals, women also meditated and reflected on their higher selves. In contrast, 11.1% of the women did not consider their births spiritual; but rather extensions of their higher selves. Participant #17 states that her birth was not spiritual, but rather a reflection of her whole life:

I did not make plans for any “spiritual” activities during the birth of my son. My whole life was/is spiritual and giving birth to the son of the man whose child I prayed to have was quite fulfilling. I began my labor about 4pm the afternoon of June 14, 1982 as I was walking home from the health food store, I began to prepare everything and as the evening came so did the intensity of the labor which I experienced by myself walking and praying all through the night until morning at which time I began to call my midwife and naturopath. By the time the midwife arrived she had enough time to catch him on the third push.

In summary, the spirituality of the women, were central forces in creating an empowered and dynamic birth. The interviews reflected the spiritual practices of the women in a variety of ways. Furthermore, the freedom and choice to involve the Spirits
of the Ancestors, folk medicine, and rituals during birth, reflected a deep desire for the women to birth in their highest state of consciousness.

**Pregnancy and Child Birth**

There were many factors which defined the ways the women conceived, carried, and ultimately chose to birth their babies. Some of those factors included conscious conception, birthing at home, and the selection of a midwife verses a traditional doctor.

For many of the women, the decision to birth their babies from an empowered state, proved to be essential to their development as a woman. More specifically, many saw their experience as mothers, as a means to journey into more conscious levels of womanhood. This next section articulates the rationales behind the types of births the women selected, as well as the ways in which their beliefs influenced their decisions and choices.

When discussing the experiences related to pregnancy and birth the most popular form of spiritual nutrition was Prayer, which was cited by nearly 50% of the women.

Participant #3 describes how prayer aided, in addition to nutrition:

There were definitely the obvious things, the herbs and vitamins. I had a really strict regimen with those and my midwife, boy, she wasn’t playing. She would get that stick out with all the little colors and test my pee and say, uh-huh, you’re eating too much of this or whatever. Mmmmm, the little Debbie snack cakes showed up. So I did that, but in addition as far as the spiritual aspect I used prayer. My partner and I did a lot of praying and I did some praying on my own because he was getting on my nerves. So I went through some struggles where I actually had to leave him in the middle of the pregnancy because he was driving me nuts. And I had a scare where I almost lost the baby. I had gone to the emergency room because I was bleeding and carrying on and whatever. I said, okay, this needs prayer and action, so I prayed and I moved out. But yes, there was definitely a spiritual – I chose that mate and a lot of people think where in the world did you get that nut from – for spiritual reasons, because I felt that he’s going through some challenges this lifetime but that we are connected in the spiritual realm and that it was meant to be for us to have
the baby. We didn’t stay together. I was like, God, do I have to keep him? I didn’t hear nothing but I heard have the baby. So I had the baby and I got the hell on.

Of the women interviewed, 44.4% referenced Ancestor Worship, along with some of the other forms of spiritual nutrition. Below is a list of the most cited forms of nutrition the mothers the mothers’ experienced spiritually:

- Reading Aloud to Baby 33.3%
- Natural Foods 27.7%
- Spending Time in Nature 22.2%
- Meditation 22.2%

During the interviews many of the women referenced “spiritual nutrition” as a form of connection with the Earth, and the Ancestors. It was generalized by many of the women that to aid the development of their children spiritually, was to place them in a healthy alignment with their own spirit. Overall, the maintaining of the child’s spiritual nutrition during the pregnancy and birth was deemed as a fundamental effort to securing the spiritual wellbeing of their children during their physical lives.

Many of the women spoke of the ways in which their spirituality influenced the manner in which they conceived their children, and consciously chose to bring force their existence into birth. When discussing how their spirituality influenced their decision to conceive, 27.7% of the women spoke of their decision to consciously conceive their child. Participant #3 states:

Because the child, of course, was planned and I prayed on conceiving this child beforehand, so I was actually praying while I was trying to conceive a child. We were definitely unified on that purpose and so there was prayer involved with the sexual union at the beginning which is why even though our relationship was a hot flaming mess, this child is obviously a child of God. Everybody agrees, you know, my dad was mad about the
fornication because of his religious beliefs and I’m like, yeah, if it wasn’t for fornication, you wouldn’t have your grandson whom you love and you make excuses to come over.

In addition, participant #5 states how her birth was also intentional, as she used her spirituality to enhance her power as a woman:

I wrote in my journal almost daily. I read and created affirmations to keep me focused on the normalcy of my experience. I paid very close attention not only to what I put into my body in the form of food, but also what I listened to and watched. I believe that I am powerful and therefore I can create whatever I like. My pregnancy was highly intentional and my belief in my ability to create is what I attribute my experience to.

While discussing Conscious Conception, many of the women also felt the need to “go and get their babies from the spiritual world”. Participant #6 describes how she not only practiced Conscious Conception, but also “signed a spiritual contract for her child:

As I became more conscious, I understood what the conception and being in the conception role became. You know, what it’s about. I understand that it was these souls that are waiting and they pick who they want to come through. And I understood that role, and then also understood that that you lay with and your mindset and the frame of mind you’re in and the frame of mind that that person is in their body and their way of thinking all contribute to conception and what the child is going to be like. Also, you know, this was broken down to me so good where labor and delivery, where you are physically working to bring that baby here and you have to meet with the creator to do that. You literally have to go get your baby, and even in my practice as a midwife, I have seen women do that. I have seen them leave this planet and go and get their babies and go through that labor and delivery and the contractions as they added on to it, and I’ve seen them literally do that and then come back with their babies. So even before I got the calling to be a midwife, I understood that realm but I didn’t exactly know what it was. But once I became a midwife, I was like, okay that’s what that was. When I see baby sign that contract for life and we are agreeing to it before that baby could come here.

In addition to birthing for spiritual purposes, some of the women birthed from various positions based on political choices and viewpoints. Many of these beliefs were
based on previous hospital experience (11.1%), however, some were derived from an internal trust system in which they gave themselves permission to birth within their own right. When asked to discuss the ways in which their pregnancy experiences influenced their births, 55.4% of the women stated that they had either researched home birthing independently, or sought the advice and support of a midwife. Below is a reflection of the most noted influences, which led to natural birthing practices:

- The Responsibility of Bringing and Ancestor from the Past 33.3%
- A Deep Trusting of Body 44.4%
- Relied on Matriarchal Lineages of Women 11.1%
- Being in the presence of Positive People and Energy 16.6%

The pregnancy and birthing experiences of many of the women, prove to be a life-changing moment where they felt connected to the Ancestors, and proud to bring them back into the physical world. Many felt an obligation to themselves as women and mothers, to honor the traditions and spiritual paths of their Ancestors. Participant #1 states how her birth served to bring back an Ancestor:

Well, a lot of the people that I admired and looked up too, had past, they had become Ancestors. During my first pregnancy, my godmother, she became an Ancestor and right before my son was born. That was the first time I had ever taken him to a hospital to see her. I did not know she was going to pass as we were leaving. The last person she saw, the third person maybe was my son besides the nurses, me and the doctors, she held him up in the sky and thanked God for him in the hospital room. I was overwhelmed; throughout that time period it was like a lot of the people that I love and appreciated, and looked up to had become Ancestors, either they were already Ancestors, or they were becoming Ancestors, by the life they lived. I noticed how they worked three jobs and how they were always sick with diabetes, cancer, high blood pressure; that's what made me want to change my diet. I watched them go through that, and I watched them pass, and I watched them, their noses would be red and pink, I watched them go through their changes of their diets and the stress
weighing down on them, and that's when I really made the decision that I was going to have to live my life differently.

In addition to allowing the Ancestors to pass through, as noted, many of the women consciously opened their bodies up to trusting themselves and their babies. Participant #10 describes she had to “let go and trust herself and the baby”:

I think one of the main things was in being pregnant, I spent a lot of time in medication and trying to bond with my child. So I feel like that's a big part of home birth is really trusting yourself and trusting the baby. So I spent a lot of time trying to figure that out, and when I tell my birth stories, I experience the same thing. Had I not been able to communicate with him, then I don’t know, that birth could have been a much more difficult experience because it was at the end and I was like, okay, tuning everyone outside, no one say anything, let me just focus and let me and him just have a moment and we're going to work this out together. I think that was something I cultivate throughout my pregnancy and I tried very hard to cultivate and tried very hard to not do things, use chemicals, and not use things that could be harmful and that were not natural and were not based in nature and not based in spirit, throughout the pregnancy. So I was not taking iron tablets, you know, those chemical iron tablets. Like let me go get some wheat grass, let me go get something natural or something that comes from the Earth because I definitely want this to be a natural experience and a return to a time before. Something simple.

As noted many of the women previous experiences with the positive energy and birthing environments with home births, influenced their choices to birth in natural settings. The support systems of women, the calmness of the room, and the comfort level associated with being at home, support many of the women in their decisions to take control of their pregnancies and birth. Participant #11 states how being at home births, influenced her birthing choice:

Well, with my first child I was of the opinion, from watching and attending births of my sister, several of my very close friends, before I ever got pregnant, and I decided years before I ever got pregnant that I was not having my children in a hospital. I experienced a lot of stress and a lot of pressure that was not related to the well-being of the mother, which had to do with the needs of the hospital and the scheduling of the doctor and the convenience of the nurses, and things that were not in the
best interest of the mother and the child. And I just decided after attending a birth at a birthing center that I wanted my birth to be about me and my child. So I began studying – you asked the question about spiritual influence and that was spiritual to me because I believe that the energy that you surround yourself with while you’re pregnant and while your child is coming into the world is significant. You’re forming a person. Not just a physical person but a spirit and I believe that if you’re around a lot of negative energy, a lot of angry energy, a lot of, you know, things that are really negative, that it will have an effect on your forming child and it will have an effect on your child’s psyche, I believe. So that was part of my underlying reason that I chose the birthing center in Tallahassee. I lived in Tallahassee when I had my first child. And the spiritual considerations had to do with – I had certain rules and boundaries that I adhered to while I was pregnant, with all my pregnancies, where I stayed away from certain experiences and activities. I didn’t go out at night very much to avoid just a lot of spiritual activity goes on at night that is negative or undesired and things that you don’t want to expose yourself to. I did a lot of cleaning rituals like using a spiritual bath to keep myself and my child protected from spirits and other energies that could have a negative effect on our pregnancy.

In summary, the pregnancies and births of the women, proved to be a continuation of their spiritual beliefs, and extensions of their “power” in practice. By making sure that their children were spiritually fed, many of the women demonstrated their ability to trust themselves and their babies in very powerful ways. While conducting the interviews, many of the women demonstrated a sense of pride and esteem, as they reflected on their demonstration of their power as a woman, through their consciousness of motherhood.

Resistance

Throughout many of the dialogs, were prevalent themes of resistance, which many women openly explained. For some, this concept of resistance stood forth as a human right for the feminine, while others maintained it a collective effort to regain to control of the black female body; and its relationships. However, despite the varying
concepts and rationales for resistance, the overwhelming consensus among the women, is that the sacred right to birth for African-American women was constantly being taken, or misused with the medical power structure. It is for this purpose, that many of the women began to not only become empowered mothers, but assumed greater degrees of activism.

This section will be broken into the following components:

- Awakening to Activism
- Protection of Offspring
- Empowerment
- African-American Women Resist Control of the Reproduction

During the interviews, many of the women shared their journey to activism. Many of the women discuss how they felt raped in hospitals, and cold in places where there was no genuine concern for their well-being, or the wellbeing of their children. As a result 50% of the women stated that their unfavorable hospital experience, or experience of a loved one which they witnessed, began their journey to gynecological resistance or activism. Below is a list of the most noted reasons and percentages of women, which led them to resistance:

- Natural Lifestyle 38.8%
- Determined to Produce a Liberated Child 33.3%
- Spoke Out and Vocalized Intentions for Self and Baby 33.3%
- Traditional African Values 27.7%
- Worked as a Midwife 27.7%
- Wanted to Support and Empower Women 27.7%
- Felt Ignored by Doctor 22.2%
As noted, many of the women had experienced bad hospital experiences, which led to their activism. Participant #1 shares how she was ignored and pressured while in the hospital:

With the first pregnancy I was working three jobs up until I had the baby. I worked three job until I was around six or seven months pregnant. I was told that I needed to go on bed rest; and I was like resisting that; I didn’t want to go on bed rest. I went to the hospital. When I got to the hospital, I was really in pain; she (the nurse) wanted me to take these stimulants and then she talked about muscle relaxers ; I said, “I can’t take that kind of stuff, it has side effects to it, and I asked her about that and she was not available , the doctor was not available. She was having these conversations with the nurse. The doctor was not here. The fact that I kept going to the doctor several times and the doctor was not present, and not being available, just to me made me think about “wow, I really want to have this baby at home”. It really made me want that more. So when I got to the hospital, and I lay, I fell asleep. When I woke up I had all this equipment on my arm, and she was about to give me a shot.

Participant #6 also voiced how she felt raped after her hospital experience:

The resistance came even before I became conscious of anything because I felt like I had been butchered when I had tray. I felt like they violated my body and my rights because they basically wouldn’t let me do anything with my body. They made all the decisions. They came with their scare tactics to me and my mom. They said my baby was gonna die and I was too young to have a baby and all this. So I guess from that point on – and that birth happened in 1990 – I guess from that birth on I had already took a stand to say you will never ever have control of my body like that again; you won’t ever take a child from me in that way, no one will ever butcher me again. So then practicing as a midwife, I don’t micromanage my mommies at all. I want them to know the benefits of their body and being in power. I’m not the kind of midwife who comes and says, I’m the midwife, you’re the client, you need to listen to me.

She goes on to say that:

Yes, it is okay if you choose drugs, but don’t pressure them so much into getting these things. If they want that, that’s fine, but don’t come to them in a way that you are making them second guess themselves. They know, okay, in a way that my body, I’m not gonna be able to handle this, or I do need something, then that’s fine. It should be that no one is taking mind control over anybody or taking their choices their way. If a woman says, no, I don’t want an epidural, then there’s no need for you to come back in
there and say do you want an epidural, do you want an epidural 15 or 20 times while she is laying there on her back basically and in labor, you know. There's no need for that but they do that. So I felt the resistance came for me, and I didn't know I had that power at that time when I had the Cesarean and I felt like they butchered me, and I just took my stand and my claim and said that won't ever happen again. You know, they always say one C-section always a C-section and that's not true. I had three children vaginally after that and I never for one minute doubted my body wasn't capable of having a baby, never.

As noted earlier, some of the women chose to resist because of political beliefs, and not wanting to assimilate into a power structure which controls the bodies of women. Participant #11 (already and activist), describes how her treatment at a local hospital justifies the need for her to continue her fight for reproductive justice for women of color:

My birth I feel like for me served as resistance. It was kind of a rejection of these institutions that are patriarchal that are racist, classist, so on and so forth. Like I am not trying to deal with that, especially in a space that is supposed to be about me. I know that if I am going into a system that has all of that baggage, that perpetuates all of those "isms", then it's not going to be about me. And so as opposed to trying to work within the system, I'm just going to reject it, and in addition to rejecting it I'm going to encourage other sisters to reject it and to recognize that that is what it is. I am an organizer by trade for the past 8-9 years. So I do community organizing activism work, and had been doing reproductive justice and talking about systems, racisms, classism, sexism, so on and so forth. And then I think a lot of times we think about it on a small scale. So when I got pregnant I started getting care at Grady because I had just moved here from New Orleans. So I was at Georgia State and I didn't really know where the hospitals were and what hospitals were around, but I knew Grady. So I'm like, hey, let's just go there. I get there and I'm like, okay, this is clearly the poor people of color hospital and they clearly do not want to care for. Like literally my first visit there, I was in that hospital for 17 hours just to find out we were pregnant. They did like four vaginal exams, it was bananas, it was bananas.

Participant #11 goes on to describe the way she was treated in the Women's Urgent Care:

I was so very aware of, you know, the way that race was playing out in our situation and especially when they told me that I was pregnant. That was when I found out I was pregnant. And it was very much like, you didn't know you were pregnant? Like really? And then I had to go
through this process of okay we want you to go to Women's Urgent Care but you can’t go there unless you can afford it, so you have to pay me this money now if you’re going to get out of this ER area and into Women’s Urgent Care. And I was like, shoot, I’m not working, I just got here. How am I going to come up with this money? So it was like panic, a level of panic. And this is supposed to be the hospital for the poor folk, right? So I’m like, shoot. I was able to come up with the several hundred dollars that they were requiring of me at that point but I’m like what about people who can’t? So I get up to the Women’s Urgent Care and at this point my partner had been with me all night but he had to go to work because like I said, we had been in there at that point ten hours and so he had to go to work. So now here I am, I am a college graduate in my 20’s but I look 16 and they don’t know me from Adam and here I am by myself in the hospital and I could feel that that’s how they were talking to me. I could tell they were looking at me like this young black girl, no money and she doesn’t know anything and here she is knocked up. I’ve always known about the patriarchy in the medical system but that’s when I recognized that it was happening to pregnant women in a very real way, and the pregnant women of color in a very real way.

In addition to bad birthing experiences, some of the women chose to not classify their births as resistances, however participant#16 states that her birth was more of “surrender”:

There are probably some people who would see my choice to homebirth as resistance (and I have experienced much resistance from both loved ones and friends on the subject), but I believe that allowing your body to serve the means of others is the true resistance: resistance to natural law, to the way that our ancestors lived and birthed. I felt more as though it was the opposite of resistance, a surrendering of myself and my body to its natural state, influenced only by my child’s desire to come forth, in her own time, and in his own way.

Likewise, participant #17 saw her choice to control her birth as a means to live on purpose, a deeper means for experiencing womanhood, through motherhood:

So in effect it is not the birth that serves as a “resistance”, it is living on purpose to glorify life, the Creator, and the lineages that we represent that has been foundation for self-actualization, self-realization, Creator knowledge and creation knowledge which are the prerequisites for becoming a liberated being. When there is a global agenda by the lineages of those who have been on a world conquering rampage for thousands of years, the correct response to being under siege is to not resist per se, but
surrender, submit, and love the laws that govern existence with the whole body, heart, mind, life, and soul.

The choice to resist, proved to be as embedded internally, as it was an external level of activism. Although the women were taking control of their reproduction by various means, the research reflected deep controversy with the word resistance. Therefore, this diversity of thought, as well as rationales, proved to be a fundamental component of the grounded theory, which was developed thematically from the oral narratives. Resistance will be discussed more in detail in chapter IV, when the theory, inducted reasonably from the narratives will be explained.

Many of the women spoke about the use of their spirituality as medicine beyond the experiences of birthing their children. Of the women interviewed, 66.6% stated that they will continue to use herbal remedies to heal themselves and their children, even after their natural childbirths. Below is a representation of the most noted medicines, which many of the mothers chose to continue to use, to protect their reproduction:

- Good Nutrition 33.3%
- Breastfeeding 27.7%
- Spiritual Baths, Rituals and Remedies 22.2%

Participant #18 notes that after the births of her sons she chose to use spiritual ceremonies and natural herbs as protection:

After I gave birth to my second son, I continued to use massage, Ancestral Worship, divination, offerings, and evocation to strengthen my children. Both of my sons have been given an African spiritual name, as well as Ileke’s. I continue to use red raspberry tea, nettles, sea moss, and blessed thistle, for the nourishment of my womb.

Likewise, participant #1 discusses her use continued use of libations which she used for connection with the Ancestors after her second son was born:
The libations, the libations have been a very strong part of this, the meditations have been ongoing; the herbal medicines. The spirilina and alfalfa has always been there, the sea moss is a very intense part of this. I think now the nuts, the walnuts, the almonds, the brazil nuts have come into play a lot more often now. To me, my last son made me appreciate, my son that I have, that whole birthing process and how they spent time together, and the relationship they had; and even being able to carry that child to term, though all that I went through was very liberating for me, it was a very liberating experience. Looking at that I can help more mothers-to-be able to visualize what that looks like for them, I didn’t think I was going to have that particular baby, I didn’t think I was going to carry that child to term.

In addition to the spiritual medicines used to protect their reproduction, some of the women chose more direct and political means to protect their reproduction. As participant #6 describes below, “I don’t do immunizations.. nor circumcision...”:

Well, we definitely don’t do immunizations here. I think Tray unfortunately, he was the only child that got the whole series of the immunizations. But one thing I didn’t do, and I have sons, is I didn’t circumcise them. I felt that that was a barbaric act and I just could not see them strapping my baby down and putting a bell on them and cutting. I couldn’t see that, and that was just unreal to me that they would do this to babies. So I didn’t choose to circumcise either one of my sons. Then also we don’t do immunizations or vaccines here. We do a lot of homeopathy, we do a lot of herbs. I have a 30-C homeopathy kit that if they start to get in any kind of way, we do enema cleanings and things like that. And then I have one child that has asthma and I try to work with him and I took away like dairy and wheat and sugar and eggs from him to keep his asthma under control but even when he’s away and goes to other people’s house, when he comes home I still have to pretty much retrain his body back to the way it is. And for the two oldest children I can probably count on one hand how many times they’ve been sick and I mean I just pretty much try to live as natural as I can and as much as I can afford to without having to do OTC all the time and keeping them strictly on a diet, and then taking them to Dr. A is a big plus, too.

The means by which the women protected their reproduction varied in materials, preference, as well as spiritual strength. Some women chose very direct daily approaches, while some selected Earth based practices which involved plants, shea butter from the
shea nut and care of the Earth. Participant #7 describes how her organic garden and aloe vera plant are used to protect her children:

Basically what I do now, we always use Shea butter. We use it natural every day. Any time there's a breakout or whatever, we use Shay butter. I always teach my children to breathe because a lot of times we get excited and we forget to breathe, and so that breathing technique. I try to go as holistic as I possibly can. I always will use like Aloe vera plants, we use peppermint tea. We use things so natural that we don’t even know it’s natural anymore because it’s just part of our everyday lifestyle. So we will venture off every now and then and do something different but we stick to soy milk, whole wheat flour, whole wheat bread. We also do whole wheat over white preservative, but like I said it’s so engrained now that their favorite dish is a tofu casserole with nutritional yeast and broccoli and macaroni and fried tofu. So when we do it, we don’t realize it’s something different from the norm because it’s norm in our house. And right now we’re about to start an organic garden in my daughter’s backyard because she’s having a baby end of June. She’s not bold enough to do it at home; she’s young. She’s going to do it in the hospital but she chose to have a midwife in the hospital so she’s moving in that direction. But we will have an organic garden in her back yard and we decided we’re going to start doing Sunday dinner and instead of having what they call soul food, we’re gonna have soul food for real. It’s gonna be organically grown.

As demonstrated in the narratives, the women felt an intense need to continue to protect their children, beyond the choices to birth naturally. Many of the women stated that they believed that their children needed their protection from the inhumanities and brutalities, which exist in many power structures in this country. Several of the themes discussed where the need to educate their children at home, breastfeed for longer periods of time, develop the capacity to trust natural medicines, and to bind the spirits of their children to their Ancestral forces. It was generally accepted among the women that the practices which defined the enslavement of African-Americans, were still operating as power structures which continue to oppress African-American people in America; especially women.
One of the most recurrent concepts noted in the resistance theme was empowerment. Every women interviewed (100%), stated that their births served as a deep source of power within themselves. After completing their births, many of the women felt a deep sense of esteem, and power both a woman and a mother. Below are the most noted sources of empowerment, the women expressed during their interviews:

- Within Themselves as Women 66.6%
- Instincts 38.8%
- Divine Purpose 22.2%
- Ancestors 22.2%
- Deepened their Connection with their Children 22.2%

Although the sources of empowerment varied among the women, the overwhelming notation of how they felt powerful as women and mother was noted substantiately. Some of the women referred to these feelings as liberating, while simultaneously giving themselves permission to become empowered in many aspects around their womanhood. Participant #1 noted how she felt empowered to help other women because of the liberating feeling she felt after taking control of her birth:

It has been liberating. It has been extremely liberating. When I went to the meet-up meeting with my midwife the other night, and I heard the C-section stories, I looked at myself, rolling myself out of the hospital. I was like wow, they went through that. So for me it was liberating. I want to share with other women to give them that power. To let them know that they have that power. That it has never really gone anywhere. We feel that we have been disempowered. We feel that because we have not learned our Ancestors traditions, that we don’t have the power. Because of the circumstances of our situation, because of our situation, we feel disempowered sometimes. I want to be able to share that it is there. That it is there. Even with my last child, throughout the pregnancy, birth, and labor I was still happy. A big part of me was finding joy. I had to go find it. I had to go get it and bring it so I could create that, and being able to
share that with other women, I want to be able to do that. To share that with other women. The empowerment of doing that on a regular.

Likewise, participant #3 reflects on how her empowerment came as a result of being disempowered as a woman, and as a creative force:

I actually had some challenges. I grew up in a very – in a household that was very suppressive to the expression of my power as a woman. My father had some serious issues with his mother who she gave him up. She actually didn’t really take very good care of him and his dad gave him to his maternal grandmother....You know, there’s definitely some generational karma running through my family and I felt like it was my personal job to assert myself as a woman of positive female power because my grandmother is a strong woman but in a very negative way. So he perpetuated this perspective of the negativity of the black woman. When I was growing up it was like, oh look at those bees, look at those, you know, just all sorts of derogatory language referring to any women, black or white or whatever color that we would see on TV, and I grew up with that. So I’ve had a lot of time in dealing with that and so part of my personal goals in my adult life was to overcome those challenges and to assert myself and find my true spiritual power as a woman. This is not an industry, this is definitely a process that involves spirit, God, and all the rest of it. So yes, the birth itself was very empowering just to experience myself as a woman, creative. You know, my son is my best work and I’ve done a lot of good stuff in my life but nothing as good as this.

As noted earlier 38.8% of the women stated that their empowerment came from trusting their bodies, and allowing themselves to experience birth instinctually. Many of the women, chose natural or home birthing specifically for this purpose. Participant #5 states how her birth gave her a “license to be a fierce mama”:

My birth was my badge, my license to be a fierce mama. Doing it my way gave me the courage to mother “my way”. I also wanted to intuitively experience pregnancy, birth, and parenting. I felt as though everything I needed to guide me on this journey was already inside of me, passed on from my Ancestors.

The feelings of empowerment, led some of the women on the path to be midwives, activists, and some to birth at home for the rest of their children. Although
empowerment symbolized different strengths within the women, participant #10 reflects on how her birth was “transformative”, and gave her a deep permission to “trust her body and trust herself”:

Oh I think I was absolutely empowered. I think I was transformed. I think like it was just, you know, and I talk about this even with. It’s like you can do this. You start to trust in your body and trust in yourself. My gosh, like God endowed me with the ability to do this amazing thing, you know, to bring a life into this world and my body did that without help, intervention from white man and their machines and their drugs. I was able to do that, you know? And I like was able throughout my pregnancy to nurture my body in such a way that made it easy for me to do it and so I put myself in a mind frame where I was able to do it. And so she allowed me to trust myself and allowed me to be powerful in that moment and I don’t think that you can come out of that not feeling powerful. So I feel I was definitely, definitely empowered, and empowered to go out and help other women seek that empowerment. It empowers us to either envision how empowerment or disempowerment in birth can affect how you feel about the rest of your life, you know, how you feel about, how empowered or disempowered you are to go out, it effects your surroundings in your everyday, your community and all that, so.

Feelings of empowerment led many women to take a more active role in their lives. For some women, they dedicated their lives to helping other women resist gynecological oppression, while others took on a more personable role to become midwives themselves. During many of the interviews women often discussed the power structure which sought to control their reproduction, as well as dictating the ways in which African-American women should birth. Of the women interviewed, 72.2% stated that they felt it was important to allow their birth to serve as resistance to the medical model, because it is the women themselves, who have the power to birth, not the system. Below is a list of the most noted reasons, the women felt compelled to resist the power structure which dictated to African-American women, how they should birth:
- 50% Voicing the True Concerns and Intentions for themselves and their Children
- 44.4% Lifestyle Management
- 38.8% Honoring their Ancestors
- 27.7% Releasing Fear through Practice
- 11.1% Honoring the Ways of Our Maternal Mothers

Many of the women felt deeply compelled to stand up for other women, and to help them have their most empowered births. Some of the women interviewed were midwives, and many envisioned a world where African-American women were empowered around their reproduction. Participant #6 states that “the Creator gave her the gift to bring life into the world and to fight”:

The Creator gave me this gift and I don’t take this gift for granted and I take it where – I’m here for these women that don’t want to go with the quote norm birth or what it is to be normal; how we’ve been programmed to think that birth is – when I got done with school, I could have easily left Georgia and set up some practice in Florida where home birth is considered the norm. But here in Georgia nobody is fighting for these women here. Nobody is giving these women no freedom of choice, nobody here, they don’t care about these women. They want to tell black women, you need somebody to manage you, you need somebody to make you have prenatal care, somebody needs to make you have birth control because you birth too many babies. All this kind of things like that. So why me, is because I am the voice for the women who will not stand up and who will not talk for themselves and don’t have the information and the knowledge. I’m here for them. That’s why.

Likewise, participant #7 states that her birth served as resistance, because she was declared “at risk”:

I was 42 years old when I birthed my daughter which I was supposed to be at risk in quotation marks. Number one, I was not supposed to have a healthy baby. Now, yes, I did have prenatal care but I did, like I said, holistic and I did strict vegetarian. Everything under the sun said that I
was not supposed to have a healthy normal and highly intelligent child. And as you well know, she is gifted. In a natural spiritual way she is gifted. So everything that I did in terms of delivery, birthing, pregnancy, proved that yes we are the mothers of civilization; yes, we don’t need anyone to tell us how to give birth; and yes, the ancestors work with us 100% to make sure our children come out fine. She did not have any of the things that they said could have happened. And like I told them, a plane could fly through the building and blow up with us sitting in the hospital, if we want to look at the negative of what could happen.

Participant #7 goes on to say:

Everything happened in divine order and we as African women can do this. We have been doing it for centuries and we have been birthing intelligent people who have invented and built this society that we live in. Now the babies that are being born in the hospital are being born with ADHD, all these other “isms” that they’re putting on our children because they are injecting them with so many drugs and so forth. The other thing I want to say is that she has never been given an immune shot for anything. She has never had chicken pox, measles, mumps, rubella or any of that other stuff. After delivery and after she was introduced to school, she went to a Hebrew Israelite school and they had the same spiritual and holistic environment for her. So her first years of development also went along with how she was born. Just wait and see what she’s about to show the world, that’s all I can say.

In addition, many of the women spoke on the need to resist patriarchy, and the control of the black woman’s body. Participant #16 states that:

I think it resists that power structure in that I was able to take control of the birth. I was able to say, this is what I’m gonna do and I’m gonna do it. And it happened in a beautiful way. I think there is a tendency in this culture for black women to feel weak and to feel like they have to rely not only on man but on white men specifically, especially when it comes to matters of their body. And black folks, like we have this inherent distrust of medicalization but we have this heavy reliance on it by the same token, you know? So it’s like, my birthing experience, it was like we don’t have to rely on that. Even when I was pregnant, I was telling people I was going to have a home birth and people were like, you need those machines, though; what are you going to do? Even like black folks in my family, my uncle who was born at home, my grandmother’s first child, he was born at home, and came into the world very easily and simply, you know, but was very much like, how are you going to have a baby without the machines, what are you going to do? And I was like – and I did it, you know? And it did it and my body provided the nourishment that my kid
needed through breast milk and through my own placenta and I was able to have that baby with no – the only man in the room being my partner and only people in the room that I trusted and I loved, and I think that is – I even think that a love culture in and of itself is resisting most structures, the power structure, because I feel like patriarchy, racism, capitalism, all those things can’t exist in a love culture and so to have like a community and have a space where it’s all about like loving myself, loving my family and people around me loving me and supporting me and not like bumping against me and trying to control me, I think that in and of itself is resistance.

In summary, the women interviewed reflected deep levels of commitment to the reproductive freedoms associated with themselves, as well as their offspring. Throughout their pregnancy and birth experiences, the women demonstrated a firm connection to themselves and their children by integrating meaningful rituals of spirituality, folk medicine, and gynecological resistance. Overall, the women empowered by these experiences to deepen their Ways of Knowing, and expand into more innate ways of mothering their children. Furthermore, many were inspired to become birthing advocates, midwives, healers, and pursue careers which address the political rights of women to birth naturally. Although most of the women’s resistance fell underneath the title of gynecological resistance, the results of this research unfolded a new paradigm and rationale for resistance. This modality was derived from the women’s way of knowing, and maternal memory; not in response to oppression. Chapter V will explore the manners in which the women’s choices to resist, was not only generationally based, but sought to transcend the restraints of race, class, gender, and political identity.

Research Question Summary Statements
1. What active behavior patterns do urban African-American women adopt to protect themselves and their children and to undermine the systematic oppression and exploitation of their reproduction?

The women interviewed for this study displayed an array of behavior patterns to protect themselves and their children from the systematic oppression and exploitation of their reproduction. Many of the women saw themselves as advocates for their bodies, and in general, the well-being of women. Therefore, it was important to many of the participants to resist the control of their reproduction by developing specific behaviors which would empower them simultaneously.

**Spiritual Rituals and Ceremonies**

Many of the women interviewed referenced their spiritual systems as a means of resistance. These practices included rituals, naming ceremonies, pouring libations, Ancestor Worship, cleanings, readings, prayer, and spiritual baths. The overall purposes of these practices was to spiritually protect their children from harm, as well as gaining support from their Ancestors to overcome obstacles. As noted earlier, 33.3% of the women referenced Ancestor/Orisha Worship as part of their spiritual practices surrounding their birthing experiences. In addition, 77.7% of the women stated they were healers who used spirituality as medicine in their daily lives.

**Conscious Conception and Birth**

Issues surrounding consciousness, and enlightenment during pregnancy and birth were recurrent themes, which were noted as means of resisting control of their reproduction. Many of the women (27.7%) stated that during the actual conceiving of their child, they prayed for spiritual protection and guidance during the child’s passage to
Earth. This practice was coupled with the understanding that children were returning
Ancestors, and were returning with a divine purpose. The women used their
consciousness as a means to birth by trusting themselves and trusting their bodies. As
noted, 77.7% of the women had birthed or were planning to birth at home. This notation
demonstrates a very direct behavior of trusting their body, and resisting control of their
reproduction.

**Natural Lifestyle & Nutrition**

Lifestyle was an important means for many of the women to resist control of their
reproduction. Many of the women practiced yoga, meditation, spent time in nature,
practiced visualization, and affirmations as a way to avoid stress during their pregnancies
and births. These lifestyle patterns were generally seen as a way to keep their children
developing holistically, and a way to provide a safe space to exist within their wombs. As
noted, 55.4% of the women stated that they were vegans or vegetarians while pregnant.
In addition, 16.6% stated that they used affirmations while pregnant, and 22.2% stated
that they routinely meditated.

2. **In what way does the use of Folk Medicine, as practiced by African
American urban women, serve as gynecological resistance?**

Many of the women stated that they regularly used natural (folk) medicine
practices to protect their womb (reproductive system), and their children. The use of folk
medicine practiced, generally varies among the women, as well as the frequency and
application of medicinal products. Some of the most noted uses of folk medicines were
herbal remedies (edible and topical), aromatherapy, candle burning, smudging, spiritual
baths, rituals, and libations, and Offerings to Spirits. These medicines were used to
protect their health, and well as the spirit of their child. In addition, they were used to call forth protection and guidance from the spiritual world of the Ancestors.

**Herbal Nutrition used for Gynecological Resistance**

Many of the women (66.6%) stated that they used their herbal remedies during their pregnancy and/or birth. The most popular herb was red raspberry, which is known for its medicinal properties on the uterus. The women spoke of using this to tone their uterus as well as creating a sustainable area for the baby to grow and be nourished. In addition, the women also used Alfalfa for vitamin K, Blessed Thistle, as a breast milk enhancer, and Echinacea, for its immune properties. All of these efforts were seen as opportunities to resist the marketing and solicitation of prenatal vitamin companies, which were often promoted to expecting mothers. Therefore, the women became advocates for their own reproduction, used the herbal remedies, which had been used by their Ancestors, for generations.

**Matrifocal Support and Empowerment for Gynecological Resistance**

In nearly all of the accounts of gynecological resistance, the woman stated that either their midwife (or natural medical provider), or other women were sought for information, education, and service. During the discussions of empowerment, 66.6% of the women stated that they used their power as a woman to center themselves in their birthing experience. In addition, 33.3% stated that the knowledge, and wisdom of their maternal mothers, was constituted as a way of knowing during their birthing experiences. It is also important to note that 22.1% of the participants were already midwives or doulas (birth supporters); while 27.7% stated that they were already healers.
The women also discussed their efforts to flow with the natural rhythms of their body, and to resist control or pressure from external structures. Many of the women, discussed how birthing was completely natural to them, and they trusted their bodies, not the norm which was set medically for African-American women. Similarly, many of the women were part of natural birthing movements as well as reproductive rights organizations.

**Spiritual Remedies used for Gynecological Resistance**

Many of the women discussed spiritual remedies which were used to protect themselves and their children gynecologically. Some of the participants referenced the wearing of ilekes, and spiritual items around their necks and bellies for protection. Likewise, it was noted that some wore banti belts (herbs wrapped in spiritual fabric) for protection and blessings. In addition, some of the women referenced access to priestess to prayer for, and lay hands on their bellies. The priestesses were also referenced for calling forth the Ancestors and Orishas during their births.

3. **Given the historical factors, which have controlled the reproduction of African American women, what are the continuing factors from enslavement, which sustain the continued need for African-American women to resist gynecologically?**

The participants discussed several factors which derived from the enslavement of African people, which specifically effects the reproduction of African-American women. Hospitals, doctor's offices, state health departments, and the legality of home birth were viewed as extensions of enslavement, which sought to control the black female body. The women also discussed how the pressure to birth in hospitals, with medications, and
adverse positioning during childbirth were noted as part of the rationale for their choice
to birth at home. In addition, many of the mothers were covered through state health
plans for under-privileged women and children, therefore they were forced to conceal
their choices to birth at home. Currently, in the state of Georgia, homebirth is deemed
unsafe, and is seen as illegal.

Due to the aforementioned factors, the women saw a need to resist these
systematic controls of their reproduction. Of the women interviewed 72.2% stated that
they had the power to decide how their child would enter the world, and this stance is
what propelled them to continue to resist as their Ancestors did. In addition, 27.7% of the
women stated that as an African-American woman, they had been indoctrinated with fear
of their bodies and birthing, therefore they had to undergo a release before they were
comfortable with trusting their bodies.

Of the population interviewed 50% had experienced or witnessed a bad hospital
experience, while 22.2% stated that they felt completely ignored by the doctor while in
the hospital for a previous birth. The women expressed that they felt as though they had
no choice in their birthing style or freedoms while in the hospital, and felt controlled.
These feelings were oppressive, and limited their ability to make positive decisions for
themselves and their babies.

Due to the fact that African-American women are at risk for higher infant
mortalities, maternal mortalities, SIDS, fibroids, and STD’s the women felt that the need
to continue to resist systematic control of their reproduction was critical for all African-
American women. It was noted in many of the interviews that enslavement exists within
the hospitalization of African-American women’s bodies, and many of the women chose
not to participate in the chattel process. In summary, many of the women viewed African-American women's choice to resist gynecologically, as a means of resisting total enslavement.
CHAPTER V

MOVING FROM RESISTANCE TO LIBERATION: TRANSFORMING INTO DEEPER RATIONALES FOR ACTIVISM

Rationale

While conducting the oral interviews, a very powerful phenomenon unfolded. Although the research questions were answered, a deeper rationale unfolded; producing a grounded theory evolving from within the experiences of the women. This phenomenon stemmed from the concepts and themes discussed, while surfacing a new paradigm of memory, and shared experiences among African-American women. During the interviews, several of the “knowings,” for many of the women, could not be articulated within the theoretical frameworks of general Africanisms. Rather, they were derived from a collective consciousness, which has traveled the human vehicle of the African female. Therefore Chapter V, will discuss these new findings, as well as propose a more woman-centered means for understanding and assessing gynecological resistance, and its relevance to the reproductive liberation of African-American women.

While conducting the oral interviews, many of the participants spoke of their connections to women, their lineages, and “The Mothers”. This remembrance was often noted as the vital force which sustained their “knowing to act”. For some, it was a feeling of “rightness”, while others referenced feeling deeply connected with women whom had birthed before. The remembering of ancient ways was for many a means a strong voice of affirmation and permission to listen and trust their bodies. In this section, the “means of
“remembrance” will be presented as a vital, living memory within the collective consciousness of African-American women. Furthermore, this discussion will strive to reengineer the proponents of activisms for reproduction as well as develop a women-centered perspective which does not centralize patriarchy as its reason for activism.

Although many of the women shared their understandings, the paths and levels of activism was greatly varied. Many noted bad hospital experiences, while others noted a more centering experience involving other women or aspects of their spirituality. Therefore the discussion in this section seeks to introduce a common consciousness among the women, as well as focusing the actualizing force of their resistance.

As noted, African-American women resisted control of their reproduction during enslavement. One of the most popular incidents of gynecological resistance, which is most, cited by researchers, is the Margaret Garner Case. This act of resistance resulted when Margaret Garner and sixteen other slaves attempted to run away from their plantations in Kentucky, and were soon after caught by “catchers.” Upon being returned to enslavement, Garner cut her baby daughter’s throat with a knife, and attempted to terminate the lives of her two sons by smashing their heads. Although she was desperately attempting to kill her sons, they survived, and she was taken to jail.¹

The Margaret Garner case illustrated the lengths to which African mothers would extend themselves to protect their young. When the resistances included the killing of their offspring, many historians dismiss these occurrences as “extreme cases,” and claim that the cases do not represent the experiences of average, enslaved women. Accordingly,

these rebellions were deemed as forms of “extreme drapetomania,”² and were considered rare incidents. Supporting the understanding that the reproduction of African woman sustained enslavement, the interests of enslavers could not be humanistically rationalized beyond their financial interests.

The Margaret Garner case received particular attention from reporters in Cincinnati, and she was perceived to be a wild, erratic mother who was insane. However, transcripts from her interview noted her calm demeanor, and when asked about her daughter, she replied with the “tenderness of a loving mother.” In addition, when questioned about her “proposed insanity” when she killed her daughter she replied “No, I would much rather kill them at once, and thus end their suffering, than to have them taken back into slavery and have them murdered by piece-meal.”³

The Margaret Garner resistance gives valuable insight into the unique horrors and inhumane conditions faced by enslaved African females and mothers.⁴ This example also illustrates the degree to which African women were willing to execute complete and total autonomy over their bodies and motherhood. In addition, this resistance may be an implication of a larger community of African women’s resistance, which operated with the support of midwives, healers, as well as ordinary enslaved women.⁵

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³ Caroline Neely, _Dat’s one chile of mine you ain’t never gonna sell: Gynecological Resistance within the Plantation Community_ (PhD diss., Virginia Polytechnic Institute, 2000), 72.

⁴ Ibid., 53.

The decision to engage in gynecological resistance was a deep psychological, and psychospiritual determination based on the correctness of African traditions. African women on southern plantations often were reared in cultures which revered fertility and childbearing, in West Africa. After being forced into enslavement, their reproduction was controlled by the financial institution of enslavement, which transformed them into systematic breeders. Their bodies and beings were under the constant control for reproductive means; therefore enslaved African women sought to take control of their sexuality and reproduction by measures within their means.

Although the system of enslavement shaped the rationales for direct resistance of Western gynecological medicine, there were deeper rationales which not only sustained the momentum to resist, but elevated the levels of consciousness and womb-body experiences for the women. During the interviews, the women referenced previous hospital experiences, unsubstantiated cesarean sections, and need for medical authority to make demands on and decisions for their body as pivotal points in their gynecological resistance. However, the births were often seen as a linkage to the collective struggles of women, and the permanent re-control of their black female bodies. Aside from the collective gynecological experiences of the women, they demonstrated a shared memory, which not only defined the parameters of their resistance, but developed a need for total liberation of that which is female. Indeed, the women shared a collective memory, which demanded the inclusiveness of their full consciousness of the African experience, placed respectively in the deeper context of what it meant to be a woman.

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6 Ibid., 97.

7 Ibid., 98.
By understanding the context *Afrikan Ancestral Maternal Memory*, it can be stated that gynecological resistance for African-American women, is not a level of isolated activism disassociated from the collective struggles of Afrikan people. But rather, its presence serves as a vehicle by which African women regain control over their reproduction, children, and consciousness. The *Afrikan Ancestral Maternal Memory*, as written and defined by the researcher is:

A function encoded genoculturally, by the collective transmission of melanin, through the female vehicle of childbirth. This memory is derived from chronic, inhumane forms of conception and birthing, outside of the asili of Afrikan people. More specifically, although this memory is shared by all Afrikan people, it is activated at childbirth, and is often masked as Post-Partum Depression. However, these feelings of anxiety, and depression were genetically encoded through systematic trauma and abuses as it was in direct violation of the melanin based biological functions associated with childbirth. As a result, these emotions of loneliness, bitter sweetness, as well as depression, are generated and activated from a collective maternal memory, which remains connected to our Ancestral lineages. It is through this collective maternal memory, which reproductive activism is initiated and sustained through conscious creating activities. This memory not only links the mind/body connection of Afrikan women with their maternal Ancestors, but serves as a progressive force of liberation of that which is Woman.

It is through this theory, that this research proposes a new means to explain the phenomenon of liberation, stemming from the context of resistance. Furthermore, the basis for this theory is not only cultural, but written in the context of mind/body medicine, which links the thoughts and energy of the women, to biological processes within their bodies. Simply stated, resistance according to Afrikan Ancestral Maternal Memory is not only social, but biologically based. Furthermore, the psychological and
emotional remembrances and factors influence the health of the women as they have
direct biochemical reactions in the body.8

**Afrikan Ancestral Maternal Memory Traits and Defining Characteristics**

1. **Afrikan Cosmological Orientation**: In general, this concept directs the
phenomenology of the Universe through which Afrikan people interact, construct,
and sustain. However, this phenomenology is ordered by the orientation of
Woman. In this view, the working of all is orchestrated by the nurturance of the
female archetype, and all returns into her void. This understanding can be shared
by all within the culture group, however, the interactive dimension are based on
the knowing and understanding of the Woman. Some of the defining
characteristics are:

   - Emphasis on nurturance and instinctual abilities
   - Places childbirth as an extension of harmonic understandings
   - Orders birth, within the contexts of the spirit of the Woman
   - Sees birth as a communal ritual between the living and the dead
   - Connects Woman with all living and non-living things

2. **Matrifocal Communalism**: Innately matrifocal. This concept orders interactions,
culture, and social structures of birth around the centralizing force that which is
Woman. This concepts genoculturally base the thoughts, feelings, and experiences
of women, within the context of all Afrikan women. Furthermore, the experience,
ownership of the body, and liberation of that which is Woman is linked to the

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collective struggles of all women. In terms of memory, this genetic and emotional relationship forms the basis for recollection, and activism.

Some defining characteristics are:

- "Knowings" transmitted through the Afrikan female body generationally
- Emphasis on that which is naturally felt, experience, or needed for women as an authoritative knowledge
- Defines a mind/body relationship with influences on consciousness

3. Afrikan Womb Self: Deeply rooted in the African Cosmology, the Afrikan Womb Self trait which explains the psychospiritual awakening which African women undergo to facilitate gynecological resistance. African Womb Self can be defined as:

A psychospiritual state of consciousness in which the instinctual maternal guardianship and welfare for their offspring, becomes awakened through the pursuit for an altered state of reproductive liberation. This activism is sustained through a mind/body awareness, which biochemically links the Afrikan woman to her innate processes of resistance. It is the exertion of complete authority in which an African woman seeks resolve, based on traditional and communal understandings. Furthermore, in this state of liberation, Afrikan women activate autonomy over their reproductive needs, and seek to establish a holistic and traditional means of communal birthing, childrearing and deeper experiences of womanhood.

Some defining characteristics:

- Altered consciousness to instinctual awareness
- Emphasis on birth as a portal to deeper levels of womanhood
- Synthesize needs for liberation, and form this interchange with the mind, body, and spirit
Given the historical reproductive violations of enslavement, the practices of gynecological resistance can be best understood within the epistemological frameworks of resistance for African women. The experiences, positioning, and resistances of enslaved African women often included herbal remedies to prevent or terminate pregnancies, abortions, and infanticide. These incidents allowed women to gain control over their reproduction and offspring on southern plantations by actively taking part in the resistance process. This state of rebellion is characterized as the *African Womb Self*, and illustrates the direct opposition to the systematic regulation of their reproduction on southern plantations. Furthermore, this theory speaks to the understanding, that the "woman" in African tradition had a role and the compromising of that role, could lead to the destabilization of the family/communal unit.

The African Womb Self also explains the rationale for continued gynecological resistance in urban and modern areas for African women. The continuous control of African women's reproduction through legislation, health departments, and insurance regulations for poor mothers on state health insurance, exemplifies that the need for resistance remains, and is fundamental for the healing of African families in America. Through the facilitation and development of the African Womb Self, African-American women can begin the holistic process of reclaiming autonomy over their bodies and motherhood, especially in urban settings.

Maternal instincts are not just a learned behavior, nor socialized process; but rather a highly (if activated) genonoculturally based process of maternal realignment. The fundamental basis for understanding this behavior mandates an examination of the reproductive controls and conditions which continue to shape the lives of African women.
in various European controlled states. Although the acts of gynecological resistance may have been collective or individual by African women, the psychospiritual processes involved were not only induced environmentally, but rather shaped by the continued experiences of abuse, rape, and torture, which were prolonged over time. Furthermore, as the African women reproductively remained under constant threats of torture and inhumanity on southern plantations, this containment produced a psychospiritual rationale for gynecological resistance.

The activation of the Afrikan Womb Self, is not limited to the resistance in which a Black woman participates, however, it is a cumulative process which links her resistance to her Ancestors. The sacredness and cosmological practices of gynecological resistance is highly ritualistic, and speaks to the connectedness of African women to their Ancestral resistance. This phenomenon can be understood using the Afrikan Ancestral Maternal Memory, as a paradigm to articulate the lineage and need for continued resistance.

It is the assertion of this research that the phenomenon, described earlier in this section can be best described as a shared Afrikan Ancestral Maternal Memory, which develops the propensity and rationale of the women to develop deeper concepts of self(Afrikan Womb Self), as a means to experience true liberation for themselves and their children. It was discovered that while the women were resisting control of their reproduction by external systems of medicine and control, they were collectively operating from a memory when often displayed itself as instinctual, or ways of.

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knowing.” Many of the women say it as their duty, to birth as a liberating force, to represent the lineages of women from which they came from, by taking control of their bodies. As participant #9 states:

I think for me personally I continue to resist because for me it’s a sense of control. And like I said, it’s my personal experience and I should be able to control my personal experience. And I’m not going to let somebody define who I am and what I need to do. So for me it’s my personal struggle with making sure every step I take is something that either I’ve allowed or — do you know what I’m saying? It’s in that sense, you know? Everything that happens to me is a result of my decision or my lack of decision. So it’s that movement, it’s that empowerment, it’s that example that I’m walking that role for other people to see and just say, hey, I want to do what that sister is doing, or she has been successful in this area so let me follow her. Just wanting to make a stand with helping encourage other women and other generations to return back to the beginning, to return back to how our ancestors used to do it because you don’t have to follow mainstream America, you don’t have to follow modern medicine. Our ancestors have lived longer lives and better lives as a result of following what they had in front of them and not a concoction that manmade to say pop this, take this for two weeks and you’re fine. But going out into the earth and finding the plants, the herbs, the fruit and things that God has made, the creator has made, the most high has made, you know, to nourish us and prevent certain things, you know what I’m saying? So that’s a personal thing or a personal objective I have and it’s a personal stand that I’m making to encourage the whole community of women and particularly African women living in America that yes, you can make a stand, you can control your life and you don’t need a better social structure or system to find what it is that you should be doing as a woman, especially from the leaders that are inside in me.

Likewise, participant #10 states how getting back to love in its simplest form and women allowing themselves to trust their bodies, is the ultimate form of resistance:

Black women, women of color more generally are resisting in our seeking out our traditional ways, our folk ways. And I think, yeah, you know, western medicine can be useful but I don’t think it should be primary at all because what western medicine does is it does (inaudible) control away from you. It does make you rely on it. It does make you take away the trust that you have in yourself and it also doesn’t speak to like how you live as a healthy person and how you remain healthy, and that’s the thing that western medicine only deals with disease and we can’t always be dealing with disease because we have to stay healthy. Like if we’re only concerned and consumed by disease, then we’re always going to be a diseased culture.
Participant #10 goes on to say:

We can’t normalize disease, we have to be a healthy culture and we have to be a healing culture. To that same token, like disease not just like in the literal physical sense but disease as far as like our outlook on the world, how we treat each other. So I think it’s of the utmost importance that we’re always being aware and always trying to return ourselves to our natural selves because that is a period when, you know, when we get back to the earth, get back to the simple things, get back to love in its simplest form, in its truest form, that’s when we are getting the furthest away from oppression and hierarchy and all of that business.

For many of the women, reflecting the traditions of their Ancestors and sharing in their collective memory was a means of activating the higher intelligence within themselves. The development of consciousness was ultimately discussed as a means of liberation for themselves as women, and also their families and communities. Participant #11 speaks on how intelligent African-American women are, and how they have the power to bring forth their inner wisdom:

I believe that some of us have been blessed with mothers who taught us to think and to listen to our inner wisdom as well as our intellect. And I think that at the time when I observed things, I observed the births I was blessed to attend, I thought about it and it didn’t make sense. And I believe that maybe my ancestors, my elders, they just taught me to think about stuff and question it and do what is right for myself and people around me, so maybe that’s why I ended up on this path because it simply didn’t make sense and there was no other option except for me to go, I’m not going over there because don’t make sense at all so I’m gonna do this and I’ll make sure I have my backup plan; if there’s an emergency we know how to get here and we know what to do. And I’m intelligent, I’ve been taught in race to know that I’m intelligent and if we as black women begin to affirm our own inner wisdom and our own intelligence, we will figure out all the solutions to all the problems we have but as long as we keep just taking what’s given to us not questioning the fact of who’s giving it to us, the same institutions and organizations that seek to undermine our existence and the existence of our children, then we will all of a sudden one day wake up and go, we know the answer to all of these problems we have, but we keep accepting what they give us because I think sometimes we forget where we are.

The study conducted substantiated many rationales for continued resistance for African-American women. Furthermore, this study explained the various usages of folk
medicine as gynecological resistance for African-American women. In addition to the aforementioned findings, this research produced a theory, which was grounded in the experiences of the women interviewed. More specifically, the Afrikan Ancestral Maternal Memory was developed as a means to articulate the phenomenon which coexisted within the context of the findings. This theory adds meaning to the binding forces, which cause the women to seek deeper levels of activism. As participant #17 states: “this was not resistance, but rather a deeper commitment to self”:

I am not “resistant”; I Am Absolutely committed to the Absolute and the Triumph of Its Laws, Light, Love, Wisdom, Will, Ethic, and Integrity as the Absolute Reality of My Life and those who will come through me. Those who have proven themselves to be murderers, liars and thieves have no power at all; the issue for women of all hues is to reclaim their right to be rightfully aligned in the laws that govern existence. We are in the day where every head will bow and every knee will bend as people of all nations and races face the consequences of their own choices and will be inspired to make better choices that facilitate greater good for themselves as well as their lineages.

Overall, this review of literature presented an array of the various works written within the domains of folk medicine and healing, as well as substantiating the need for continued gynecological resistance by African-American women. The intent of this research was to contribute to the body of knowledge surrounding the need for continued gynecological resistance, and to articulate the defining rationales for the way African-American women shape their resistance to the deliberate attempts to control their reproduction. The contribution this research has brought forth to the growing body of literature on African-American women, and their uses folk healing medicines, will entail deeper understanding behind the behaviors which influence resistance, as well as expressing a new paradigm to discuss resistance outside of the context of Euro-American oppressive forces.
In summary, the women interviewed reflected great pride and esteem as women and mothers. The Afrikan Ancestral Maternal Memory serves to capture the momentum this ever-present conscious, which speaks to the collective reproductive experiences of African-American women. It is the intent of this theory, to develop a means to discuss the reproductive liberation outside of the context of oppression as a centralizing power. Indeed, this research has shown that there are many women who are birthing beyond resistance, and assuming their power as liberated women and mothers.
CHAPTER VI
CONCLUSION

The purpose of this study was to examine the active presence of folk healing medicines in urban, African-American pregnancy experiences as gynecological resistance. Furthermore, this study sought to clarify the epistemological frame of knowledge constructed within the African-American cultural base, which motivates, influences, and constructs rationales for pregnancy choices, decision making, and the pursuits of resistance. Additionally, this dissertation aimed to discover the characteristics surrounding such pregnancy experiences, which leads African-American mothers to resist the disempowerment, victimization, and lack of control over their reproduction.

The interconnected assertion of the control African women’s reproduction was not a phenomenon which ended with enslavement. For many generations, throughout the African Diaspora, women have formed fertility cults, traditions, and rituals to have the sacred ability of reproduction blessed by the forces of the Earth, the Creator, and their Ancestors. Historically, this inextricable relationship of fertility has been rarely understood by anthropologists and researchers due to a lack of understanding of group dynamics, maternal lineage awareness, and various forms of folk healing.

Traditionally, African women, on the continent of Africa, deemed the relative, social, and political structures, which relied on their fertility, and its application to the land as fundamental to the group’s survival. Contrary to western medical beliefs that good health is the absence of dysfunction, traditional African women view health and/or
an individual’s wellness as an interconnectedness of specific relations. Furthermore, this relational status grants access not only to fertility, but sustains integral connections of personhood and overall well-being.¹

The continued practice of folk healing medicines, have not only sustained African women since the beginning of time, but its practice continued through enslavement, through the present. In an effort to substantiate the rationale for continued gynecological resistance and empowerment, this research explored the historical positioning of African mothers during enslavement, to assess indicators of authentic empowerment for decision-making by urban African-American women.

Historically, African-American women resisted their enslavement, through the continuous actions of undermining the ruling powers of plantation owners, while assuming the empowerment for control over their bodies, and their children. African-American enslaved women resisted European exploitative measures on their bodies, identities, sexuality, and their children. The scope of this research, utilized and explained the impact of resistance, and parallels its significance to modern day gynecological resistance. Furthermore, the acts of resistance explored through the usage of folk healing medicines, a domain which is becoming increasingly more useful and substantiative for urban mothers, whom are continuously targeted reproductively for exploitative measures.

Acts of gynecological resistance proved to include actions such as the usage of herbs, potions, a state of mind, and empowerment. Gynecological resistance was also demonstrated as a working force in which African-American, urban women resist European control over their reproductive beings, either by direct force, or relationally.

This study examined the intersectionality of gynecological resistance and activism, through the uses of folk healing medicines. Furthermore, the research unveiled deeper rationales for resistance, and formulated a basis for reproductive liberation outside of the context of European control. The primary domains explored were spirituality, pregnancy and childbirth, and gynecological resistance. In addition the research addressed specific questions pertaining to empowerment, liberation, and ways of knowing.

The women interviewed for this study displayed an array of behavior patterns to protect themselves and their children from the systematic oppression and exploitation of their reproduction. Many of the women saw themselves as advocates for their bodies, and in general, the well-being of women. Therefore, it was important to many of the participants to resist the control of their reproduction by developing specific behaviors which would empower them simultaneously.

**Spirituality**

Many of the women interviewed referenced their spiritual systems as a means of resistance. These practices included rituals, naming ceremonies, pouring libations, Ancestor Worship, cleanings, readings, prayer, and spiritual baths. The overall purpose of these practices was to spiritually protect their children from harm, as well as gaining support from their Ancestors to overcome obstacles. As noted earlier, 33.3% of the women referenced Ancestor/Orisha Worship as part of their spiritual practices surrounding their birthing experiences. In addition, 77.7% of the women stated they were healers who used spirituality as medicine in their daily lives.
Issues surrounding consciousness, and enlightenment during pregnancy and birth were recurrent themes, which were noted as means of resisting control of their reproduction. Many of the women (27.7%) stated that during the actual conceiving of their child, they prayed for spiritual protection and guidance during the child's passage to Earth. This practice was coupled with the understanding that children were returning Ancestors, and were returning with a divine purpose. The women used their consciousness as a means to birth by trusting themselves and trusting their bodies. As noted, 77.7% of the women had birthed or were planning to birth at home. This notation demonstrates a very direct behavior of trusting their body, and resisting control of their reproduction.

Lifestyle was another important means for many of the women to resist control of their reproduction. Many of the women practiced yoga, meditation, spent time in nature, practiced visualization, and affirmations as a way to avoid stress during their pregnancies and births. These lifestyle patterns were generally seen as a way to keep their children developing holistically and a way to provide a safe space to exist within their wombs. As noted, 55.4% of the women stated that they were vegans or vegetarians while pregnant. In addition, 16.6% stated that they used affirmations while pregnant, and 22.2% stated that they routinely meditated.

**Folk Medicine**

Many of the women stated that they regularly used natural (folk) medicine practices to protect their womb (reproductive system), and their children. The use of folk medicine practiced, generally varies among the women, as well as the frequency and application of medicinal products. Some of the most noted uses of folk medicines were
herbal remedies (edible and topical), aromatherapy, candle burning, smudging, spiritual baths, rituals, and libations, and Offerings to Spirits. These medicines were used to protect their health, and well as the spirit of their child. In addition, they were used to call forth protection and guidance from the spiritual world of the Ancestors.

Herbal nutrition accounted for 66.6% of the women’s remedies during their pregnancy and/or birth. The most popular herb was red raspberry, which is known for its medicinal properties on the uterus. The women spoke of using this to tone their uterus as well as creating a sustainable area for the baby to grow and be nourished. In addition, the women also used Alfalfa for vitamin K, Blessed Thistle, as a breast milk enhancer, and Echinacea, for its immune properties. All of these efforts were seen as opportunities to resist the marketing and solicitation of prenatal vitamin companies, which were often promoted to expecting mothers. Therefore, the women became advocates for their own reproduction, used the herbal remedies, which had been used by their Ancestors, for generations.

In nearly all of the accounts of gynecological resistance, the woman stated that either their midwife (or natural medical provider), or other women were referenced and sought for information, education, and service. During the discussions of empowerment, 66.6% of the women stated that they used their power as a woman to center themselves in their birthing experience. In addition, 33.3% stated that the knowledge, and wisdom of their maternal mothers, was constituted as a way of knowing during their birthing experiences. It is also important to note that 22.1% of the participants were already midwives or doulas (birth supporters); while 27.7% stated that they were already healers.
The women also discussed their efforts to flow with the natural rhythms of their body, and to resist control or pressure from external structures. Many of the women, discussed how birthing was completely natural to them, and they trusted their bodies, not the norm which was set medically for African-American women. Similarly, many of the women were part of natural birthing movements as well as reproductive rights organizations.

Spiritual protection was discussed by the women as remedies which were used to protect themselves and their children gynecologically. Some of the participants referenced the wearing of Ilekes, and spiritual items around their necks and bellies for protection. Likewise, it was noted that some wore banti belts (herbs wrapped in spiritual fabric) for protection and blessings. In addition, some of the women referenced access to priestess to prayer for, and lay hands on their bellies. The priestess was also referenced for calling forth the Ancestors and Orisha during their births.

**Gynecological Resistance**

The participants discussed several factors which derived from the enslavement of African people, which specifically effects the reproduction of African-American women. Hospitals, doctor's offices, state health departments, and the legality of home birth were viewed as extensions of enslavement, which sought to control the black female body. The women also discussed how the pressure to birth in hospitals, with medications, and adverse positioning during childbirth were noted as part of the rationale for their choice to birth at home. In addition, many of the mothers were covered through state health plans for under privileged women and children, therefore they were forced to conceal
their choices to birth at home. Currently, in the state of Georgia, homebirth is deemed unsafe, and is seen as illegal.

Due to the aforementioned factors, the women saw a need to resist these systematic controls of their reproduction. Of the women interviewed 72.2% stated that they had the power to decide how their child would enter the world and this stance is what propelled them to continue to resist as their Ancestors did. In addition, 27.7% of the women stated that as an African-American woman, they had been indoctrinated with fear of their bodies and birthing, therefore they had to undergo a release before they were comfortable with trusting their bodies.

Of the population interviewed 50% had experienced or witnessed a bad hospital experience, while 22.2% stated that they felt completely ignored by the doctor while in the hospital for a previous birth. The women expressed that they felt as though they had no choice in their birthing style or freedoms while in the hospital, and felt controlled. These feeling were oppressive, and limited their ability to make positive decisions for themselves and their babies.

Due to the fact that African-American women are at risk for higher infant mortalities, maternal mortalities, SIDS, fibroids, and STD’s the women felt that the need to continue to resist systematic control of their reproduction was critical for all African-American women. It was noted in many of the interviews that enslavement exist within the hospitalization of African-American women’s bodies, and many of the women chose to not participate in the chattel process. In summary, many of the women viewed African-American women’s choice to resist gynecologically, as a means of resisting total enslavement.
In summary, this research suggested that deeper rationales exist and formulate, based on the unique gynecological needs of African-American women. Given the historical foundation of enslavement, this research proposed a distinct emergence of resistance, which developed from the historical awareness of experiences as felt by many of the women. Given the oral accounts from the participants, this research concludes that an African Ancestral Maternal Memory exists, which stimulates and articulates acts of resistance beyond the parameters of European controls. It proposes that the women shares historical understandings, and sought to heal their whole beings through higher acts of consciousness, which may or may not be derivative to resist the gynecological resistances of European control.

It is through the theory of *Afrikan Ancestral Maternal Memory*, which this research proposed a new means to explain the phenomenon of liberation, stemming from the context of resistance, and make a contribution to the Humanities. Furthermore, the basis for this theory is not only cultural, but written in the context of mind/body medicine, which links the thoughts and energy of the women, to biological processes within their bodies. Simply stated, resistance according to *Afrikan Ancestral Maternal Memory* is not only social, but biologically based. Furthermore, the psychological and emotional remembrances and factors influence the health of the women as they have direct biochemical reactions in the body.

It can be concluded that the women interviewed reflected great pride and esteem as women and mothers. The *Afrikan Ancestral Maternal Memory* serves to capture the momentum this ever-present conscious, which speaks to the collective reproductive experiences of African-American women. It is the intent of this theory, to develop a
means to discuss the reproductive liberation outside of the context of oppression as a centralizing power. This study not only described the aspects of folk medicine which led to gynecological resistance, but revealed deeper implications supporting the rationales for resistance. Indeed, this research has shown that there are many women who are birthing beyond resistance, and assuming their power as liberated women and mothers.

Overall, the women exerted powerful means of reclaiming the various aspects of their total womanhood which included their experiences as mothers. This research explicated some of the defining relationships, and rationales which supported gynecological resistance, which simultaneously explored active means of the women’s reproductive liberation. In addition to seeking means in which the women could experience deeper levels of womanhood, the enfoldment of mind/body connection systems implicated the various ways in which the women sought to develop their intelligence and consciousness as women. In an effort to develop a more thorough means of assessing the gynecological behaviors of select African-American women, this research recommends that more research be conducted on the behavioral aspects, which derive from the activism, and decision making of African-American birthing mothers who are gynecologically resisting control of their reproduction.
APPENDIX A

Oral Interview Questions

Spirituality

- Is your birth a spiritual or healing experience which is connected to your Ancestors? (Was your birth a spiritual or healing experience that was connected to your Ancestors?)

- What medicines or healing techniques will you use during your childbirth? How did you select them? (What medicines or healing techniques did you use during your childbirth? Why did you select them?)

- Do you plan to have any spiritual activities take place at your birth? If so, why and how? (Did you plan to have any spiritual activities take place at your birth)

Pregnancy/Birth

- What are your primary forms of spiritual nutrition during this pregnancy? (What were your primary forms of spiritual nutrition during pregnancy? Meditation, prayer, affirmations, Ancestral Worship, etc.?)

- How, or in what ways will your spirituality influence the manner in which you conceived, carry, or plan to birth your child? (How, or in what ways did your spirituality influence the manner in which you conceived, carried, and or planned to birth your child?)

- How will your pregnancy experience influence the kind of birth you will select? (How did your pregnancy experience influence the kind of birth you will select?)

Resistance

- In what ways will your birth serve as a “resistance”? (In what ways did your birth serve as a “resistance”?) Describe your “awakening” to this point of activism.
• What non-conventional medicines and healing tactics will you continue to use after your birth to protect your reproduction; your children? What non-conventional medicines and healing tactics did you continue to use after your birth to protect your reproduction; your children?

• Has this birth empowered or disempowered you as a mother?

• How will your birth process serve as a form of resistance, form the power structure which defines how, when, and where an African-American woman should birth? (How does your birth process serve as a form of resistance, from the power structure which defines how, when, and where an African-American woman should birth?)
APPENDIX B

Letter of Participation/Informed Consent Form

Dear [Participant],

You are invited to be in a research study on the practice of folk healing medicines as gynecological resistance. You were selected as a possible participant based on your knowledge of the proposed subject matter. Please read this form and ask any questions you may have prior to agreeing to participate in this study.

This study is being conducted by Portia Fulford, a Doctor of Arts in Humanities candidate concentrating in Africana Women's Studies at Clark Atlanta University.

**Background Information:**

The purpose is to examine the practice of folk healing medicines, as used by African-American women to aid in the protection and empowerment of their gynecological reproduction.

**Procedures:**

If you agree to participate in the study, the researcher would ask you to provide simple demographic and personal details about yourself and reproductive experiences. There is a possibility that you may be questioned further depending on the clarity of your responses.

**Risks and Benefits of Being in the Study:**

There are no risks involved with participating in the study. However, the benefits to participants would be in the added knowledge of folk healing medicines as practiced by African-American women in the United States. The additional scope of information provided by this study would provide a different perspective on a common social function, as well as the psychospiritual elements childbearing experiences.

**Confidentiality:**

The researcher does not plan to destroy any of the data. All original footage will be deposited in the Atlanta University Center Library with a typed transcript. Consent forms will be kept in the African American and Africana Women's Studies Department of Clark Atlanta University. You may choose to not be identified by name. In such cases, your identification will remain confidential and anonymity will be maintained where instructed in all or parts of your responses.
Voluntary Nature of the Study:

Your participation in this research is strictly voluntary. You can withdraw from participation anytime during this study.

Contacts and Questions:

The researcher conducting this study is Portia B. Fulford. You may ask any questions you have now. If you have questions later about the research, you may contact: 1) the researcher at 404-734-6175 or pfulford@atlanta.k12.ga.us, or 2) Dr. Mary A. Twining, Committee Chairman/Advisor at (404) 880-8413.

If you have any questions now, or later, related to the integrity of the research, you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404 880-6979 or gbolden@cau.edu) or Dr. Paul I. Musey (404 880-6829 or pmusey@cau.edu) at Clark Atlanta University.

Please sign and date below if you agree to voluntarily participate in this study:

_________________________________________
Name

_________________________________________
Date

You will be given a copy of this form to keep for your records.


“Afro-American Folk Medicine and Practices in Rural Louisiana.”


good. So it was all dark, the white pillar candles all around the room and the fireplace. It felt spiritual.

In general, Ancestor Worship and Reverence proved to be central in the birthing process from pre-conception to post birth. Many of the women, focused heavily on the Orishas and Ancestors known to govern the feminine as well as children. In particular, Participant #18, not only worshiped her Ancestors, but also built an altar, and performed Warrior Dances in honor of Yemonja:

My birth was definitely a spiritual connection to my Ancestor. I believe that there is a very strong, and continual spiritual relationship with the lineages that have come before me. I believe in immortality, and the right of spirit to exist eternally. My Ancestors are reborn through my womb, thus connecting us forever. During my birth I also used massage, spoken worn, as well as Kothbiro Warrior Dances to nourish the soul of my baby. During my birth, I build an altar for Yemonja, the one who grants life, so that she could bless the life of my baby, and bless him with the waters of life. I prayed a lot for everything to be ok. I lit candles, and made offerings to the Vodoun Spirits and placed a spirit bowl under my birthing bed.

In addition to Ancestor Worship, many of the women referenced using their births to heal and restore energy to their Ancestral Lineages. During the interviews 33.3% of the women referenced allowing their births to serve as a means to heal their blood line, many of which had become traumatized through enslavement. Many women began to discuss how their births served to heal their lineages, by providing their child with the proper passage and spiritual tools for this life experience. Participant #1 reflects on how her birth served her lineage, and set the tone for future generations:

I chose to birth at home; I chose it because I feel like we need to heal our lineages. I felt like the work I was doing would be healing to my lineages, and it would, set a tone for the children 's children, children that would come. I told her that, and she begin telling me more about my great grandmother, and the more I heard about my great grandmother, the more I became comfortable with myself and doing what I am doing; living the lifestyle I am living, everything, I became more comfortable because I


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