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FOLK MEDICINE USE AMONG THE GULLAH: BRIDGING THE GAP BETWEEN FOLK
MEDICINE AND WESTERNIZED MEDICINE

by

TIARA BANKS

Under the Direction of Akinyele Umoja

ABSTRACT

This study examined the practice of folk medicine among a group of African Americans living on the coast of the Sea Islands, the Gullah/Geechee. The Gullah/Geechee are descendants of enslaved Africans, transported from Western and West-Central Africa, who have preserved their African influenced culture consisting of language, food ways, rituals, and folk beliefs. Twenty members of the Gullah/Geechee community, including three nurses, participated in this study consisting of semi-structured interviews relating to the use of folk medicine. The findings revealed folk medicine use was linked to family influence and traditions, spirituality, mistrust of the medical community, dual health care, lack of access to health care, socioeconomic status, and easy access to herbal medicine. The findings indicate that the use of folk medicine is still practiced within the Gullah communities and efforts should be made to integrate folk medicine into the healthcare system.

INDEX WORDS: African American, Gullah/Geechee, Folk medicine, Cultural retention, Cultural competency

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TIARA BANKS

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2013

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MEDICINE AND WESTERNIZED MEDICINE

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May 2013

DEDICATION

This thesis is dedicated to my parents, Howard and Cynetia, my daughter, Taryn, and members of the Gullah/Geechee communities. From each of you I have learned that love is never ending, life is a treasure, and listening is a skill that enhances knowledge. Peace and Blessings.

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First, giving honor to God who is the source of my strength and second, my family and extended family for their love and support. I would also like to express my sincere gratitude to my thesis committee, Dr. Akinyele Umoja, Dr. Sarita Davis, and Dr. Makungu Akinyela. Each of you has helped me realize that although challenges persist, I will not be defeated. Your knowledge and guidance is priceless.

My cohort, in the words of Ifeanyi Onuoha, “Teamwork is the secret that make common people achieve uncommon results.” I love you all. And lastly, thank you to my gatekeepers and all who courteously shared their stories and lived experiences with me so that I could bring to light the historical uniqueness of the Gullah/Geechee culture.

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1 INTRODUCTION

Background

According to the most recent statistics released by the Centers for Disease Control and Prevention (CDC) “in 2004, African Americans had the highest age-adjusted all-causes death rate of all races/ethnicities. In addition, African Americans had the highest age-adjusted death rate for heart disease, cancer, diabetes, and HIV/AIDS.”¹ To combat this crisis and fill the gaps in health disparities amongst the African American population will require the healthcare community to access as many resources as possible. Furthermore, healthcare officials must become more culturally competent and open to cultural beliefs and practices related to healthcare. One aspect of health, often overlooked, is the role of traditional medicine and healers, and the influence they have on cultural and ethnic groups. As described by Debra Harley, “...traditional medicine refers to the practices and knowledge that existed before the advent of modern conventional medicine that were used to promote, maintain, and restore health and well-being.”² Also referred to as folk medicine, home remedies, and complementary and alternative medicine (CAM), “historically, traditional medicine has been associated with a lack of access to health care because of a shortage of physicians, language or cultural barriers, socioeconomic status, or mistrust.”³ This is especially pertinent to an African American population living on the coast of the Sea Islands, the Gullah/Geechee (called simply “Gullah” from here on). Through this study, I explored the retention of cultural folk medicine practices, evaluated the perceived efficacy of folk medicine practices, and assessed

1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), “Health United States 2007 Table 29,” accessed October 1, 2012, <http://www.cdc.gov/omhd/Highlights/2008/HFeb08.htm>.

2. Debra A. Harley, “Indigenous Healing Practices among Rural Elderly African Americans,” *International Journal of Disability, Development and Education* 53, no. 4 (2006):433, accessed October 1, 2012, doi: 10.1080/10349120601008605.

3. Lynn C. Smitherman, James Janisse, and Ambika Mathur, “The Use of Folk Remedies Among Children in an Urban Black Community: Remedies for Fever, Colic, and Teething,” *Pediatrics* 115, no. 3 (2005): 297, accessed October 1, 2012, doi: 10.1542/peds.2004-1443.

the incorporation of Gullah folk medicine practices in among Western trained health care providers in the Gullah community.

In the late eighteenth century, enslaved people from West and West-Central Africa were brought to the United States through the main port of Charleston, South Carolina.⁴ The Sea Islands, another name that refers to the location of the Gullah communities, were accessible only by boat until the beginning of the 1930's. The location of the Sea Islands would later become an important factor in the culture retention of the newly imported people. Before the Civil War, many of the enslaved lived on plantations in relatively isolated areas. The minimal influence of American White culture and the large number of enslaved arriving directly from Africa helped to create a distinct African American culture heavily influenced by their African roots.⁵ Although contemporary changes have reduced the isolation of the Gullah, the group's folk beliefs and practices, which consist of oral stories, songs, a way of cooking, and a distinct language also known as Gullah, has not changed.

The health beliefs of the Gullah were also heavily influenced by their isolation, rural surroundings, and the absence of medical practitioners. This created a dependence on nature in which the Gullah favored and had faith in natural remedies versus Western medicine. According to the Cultural Competency website of the Medical University of South Carolina, "The enslaved population of the Sea Islands maintained their own medical practices for each other, especially those used to cure common illnesses; assistance was sought from the planter or plantation doctor if the slaves found their own remedies were not successful for a particular illness episode."⁶ Most ingredients used to cure illnesses could either be found in the kitchen cupboards or growing in the backyards of the Gullah. For example, in the Gullah culture, a common remedy for a stomachache is a mix of two teaspoons of flour in a glass of

4. Wilbur Cross, *Gullah Culture in America* (Westport: Prager Publishers, 2008), 15.

5. Faith Mitchell, *Hoodoo Medicine: Gullah Herbal Remedies* (Columbia: Summerhouse Press, 1999), 13.

6. Amy Blue, "The Provision of Culturally Competent Health Care," Medical University of South Carolina Cultural Competency, accessed October 1, 2012, http://academicdepartments.musc.edu/fm_ruralclerkship/curriculum/culture.htm.

water.⁷ Retained from their African roots and generations past, the Gullah were also very knowledgeable of plants and herbs used for medicinal purposes. Catnip leaves, a common herb, was made into a tea that was used to treat teething children and given to women during labor.⁸ It is also important to note the Gullah acquired some of their knowledge of plant and animal life and health remedies from the local Indians. Given the isolation and African roots of the Gullah, Black folk medicine flourished during the antebellum period.⁹

The evolution of folk and/or alternative medicine by the medical community, over time, has led to the establishment of the National Institutes of Health, Office of Alternative Medicine in June 1993. June Riedlinger and Michael Montagne point out that the agency's purpose is to aid in the evaluation of alternative therapies currently being used by Americans and to disseminate the resulting information to the public.¹⁰ Although seen as a viable avenue of health research, it was not until 2001 that the agency specifically addressed racial and ethnic health disparities.¹¹ Additionally, attempts at gaining systematic knowledge of African Americans' use of alternative therapies, compared to various ethnic groups have been limited.¹² For example, Alice Murphee and Mark Barrow's study involving rural residents found that the value of folk and home remedies was minimized or rejected by traditional or orthodox medicine, thereby causing residents that used a combination of "scientific" and folk medical systems to deny

7. Eleanor Kinlaw-Ross, *Dat Gullah and other Geechie traditions* (Atlanta: Crick Edge Productions, 1996).

8. Julia Morton, *Folk Remedies of the Low Country* (Miami: E.A. Seemann Publishing, 1974), 101.

9. Mitchell, *Hoodoo Medicine*, 30-31.

10. June Riedlinger and Michael Montagne, "Alternative Medicine in Managed Care Pharmacy," *Journal of Managed Care Pharmacy* 3, no.1 (1997):77, accessed October 1, 2012, <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=5813>.

11. Harley, "Indigenous Healing Practices," 435.

12. Stephanie Taylor, Eddie Boyd, and Leslie Shimp, "A Review of Home Remedy Use Among African Americans," *African American Research Perspectives*, (1998):126, accessed October 1, 2012, <http://www.rcgd.isr.umich.edu/prba/perspectives/spring1998/taylor.pdf>.

knowledge and use of such remedies when asked in a medical interview.”¹³ In relation to African Americans attending yearly visits to the doctor, data shows that they make significantly fewer visits compared with Whites. Wilbur Watson argues the consequence is “illnesses among middle-aged and older Blacks often go untreated for inordinately long periods of time, and when they finally come to the attention of health professionals, Afro-Americans are often overrepresented among patients with severe symptoms of physical and/or mental disability.”¹⁴ The CDC and other health organizations can see these health disparities and issues relating to the African American population in the published statistics.

Problem Statement

The Gullah have retained a very rich and unique culture and their folk medicine beliefs differ widely from westernized medicine. This difference in health practices can create many challenges in bridging the gap between health disparities and concerns when it comes to providing a quality healthcare for the Gullah community. The Gullah’s strong belief in nature and folk medicine has sometimes stunted their belief in modern medicine. There have been accounts where members of the Gullah community were given prescriptions to treat an illness; however, they decided to forgo the instructions of the doctor while using their own remedy. For example, Blake describes an account in which a woman “refused to use pills to control high blood pressure because she said that moss in the shoes was a better remedy.”¹⁵ Historically, the Gullah have dealt with abuse from medical doctors resulting in distrust. This has led to

13. Alice Murphee and Mark Barrow, “Physician Dependence, Self-Treatment Practices, and Folk Remedies in a Rural Area,” *Southern Medical Journal* 63, no. 4(1970): 406, accessed October 1, 2012, http://journals.lww.com/smajournalonline/Citation/1970/04000/Physician_Dependence,_Self_Treatment_Practices,.14.aspx.

14. Wilbur Watson, “Folk Medicine and Older Blacks in Southern United States,” in *Black Folk Medicine: The Therapeutic Significance of Faith and Trust*, ed. Wilbur Watson (New Brunswick: Transaction Books, 1984), 53.

15. Herman Blake, “Doctor Can’t Do Me No Good: Social Concomitants of Health Care Attitudes and Practices among Elderly Blacks in Isolated Rural Populations,” in *Black Folk Medicine: The Therapeutic Significance of Faith and Trust*, ed. Wilbur Watson (New Brunswick: Transaction Books, 1984), 39.

health care providers, often, being seen as meddlers compared to traditional healers because their advice conflicts with the strong traditional beliefs of the Gullah.¹⁶

While maintaining their culture, the Gullah are faced with many barriers when it comes to obtaining quality health care. Their unique language can present a major communication barrier between them and health care providers because it is only fully understood by those within the community. Furthermore, limited education by the elderly in the Gullah communities also contributes to the communication barrier. The foundation from which Gullah rituals and folk medicine derived also stands a challenge to quality health care. The belief that there is a relationship between humans, plants, animals and the spiritual world, has led to their reluctance to accept and seek medical care from health professionals.

Thus, I was led to ask the following questions: What socio-historical factors influence the Gullah's choice of healing in whether they use traditional, Western, or blending of both modalities? To what degree do health care providers engage in culturally competent practices with the Gullah community? I ask these questions in hopes that more medical providers begin to ask these same questions about patients with different cultural backgrounds. Understanding the Gullah culture is vital to bringing together the Gullah health practices and modern medical care. Awareness and knowledge of the Gullah culture is going to help break down the barriers of providing healthcare. Incorporating their practices with modern medicine can help to give the Gullah a better quality of life and thus, help preserve a one of kind culture in America.

Purpose of the Study

The purpose of this study was to examine the use of folk medicine by the Gullah in today's society. The study explored the different health practices, such as use of herbs, roots, and traditional healers, to look at the prevalence of folk medicine use by the Gullah in South Carolina. A qualitative research approach using semi-structured interviews was used to identify the Gullah views on health care

16. Ibid., 36.

and to see how the retaining of their culture influenced these approaches. Also, allowing the Gullah to tell of their lived experiences as it relates to folk medicine use and barriers to health care. As a result, I hoped this study would lead to a current understanding of the health disparities and issues affecting the Gullah population as well as raise awareness about the importance of cultural competence in the health care arena.

Significance of the Study

The significance of this study was that it addressed an aspect of healthcare that could essentially affect the health and well being of African Americans. With the rising health disparity trends among ethnic groups such as African Americans, it is imperative that all areas of health care dealing with folk medicine use are addressed as important, influencing factors to health management. In 2004, The World Health Organization indicated that indigenous medicine has a central role to play in the twenty-first century.¹⁷ Thus, it is important to establish a link between communities, such as the Gullah, who practice traditional medicinal use and public health providers who offer advice about preventive and management care of diseases and chronic illnesses.

Research related to the practices of folk and/or traditional medicine in response to symptoms and the factors that influence these behaviors among African Americans has been very limited.¹⁸ Previous studies have focused on specific aspects of home remedy use such as the type of remedies and their indication and have only been conducted on small samples in the form of case studies.¹⁹ These studies are vital in their contribution to understanding the types of folk medicine used; however, more research is needed in regards to understanding why they are used and the extent of usage. This assessment adds value to the previous studies that attribute folk medicine use to Southern, rural residency, limited personal

17. World Health Organization, "World Health Report 2004," accessed October 1, 2012, http://www.who/hrh/about_whr04/en.

18. Taylor, Boyd, and Shimp, "A Review of Home Remedy Use," 130.

19. Ibid.

income and education, importance of religion, increased age, and residing with a grandparent.

Furthermore, information needed to evaluate home remedy use among African Americans is not readily retrievable, available, or disseminated.²⁰

The unique culture and history of the Gullah has attracted many researchers and scholars in the African American Studies field to their communities; however, little research has been conducted on how their geographical location has impacted their health practices. The resulting information from this qualitative study can help identify the types of messages and approaches that need to be incorporated into existing health interventions that are more culturally sensitive to the needs of African Americans residing in rural areas like the Gullah. Further, this research adds to the discipline of African American Studies as it continues to explore issues of cultural sustainability in relation to African Americans and subgroups such as the Gullah.

Nature of the Study

A qualitative approach was best suited for the aims of the study. According to Creswell, qualitative research is conducted “to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study.”²¹ Because the Gullah are a very close-knit community, it was important to establish trustworthy relationships and create an environment in which the Gullah could share their stories and experiences surrounding the use of folk medicine. Quantitative research is instrumental in providing models that display trends, associations, and relationships. However, quantitative research does not detail the processes that people experience and/or capture the reasons behind their responses. Were this research quantitative in nature, statistical analysis could have shown whether the participants practiced or did not

20. Eddie Boyd, Stephanie Taylor, Leslie Shimp, and Colleen Semler, “An Assessment of Home Remedy Use By African Americans,” *Journal of the National Medical Association* 92, no. 7 (2000):342, accessed October 1, 2012, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2608585/>.

21. John Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (2nd ed.) (Thousand Oaks: Sage Publication, 2007), 48.

practice folk medicine, but would not be able to explain observations made beyond that. Knowledge of folk remedies used or factors that influence the use of folk medicine would not be obtained. By conducting this study in a qualitative nature, individuals felt empowered to share their own stories and experiences involving the use of folk medicine.

There is not sufficient data regarding the health of the Gullah. Thus, the exploratory nature of this study was warranted. Through the use of a narrative approach, the Gullah people interviewed were able to discuss their medicinal practices as well as, barriers they faced when it came to health maintenance. The one-on-one narratives hopefully encouraged open and honest discussions surrounding the use of folk medicine, which ultimately informed us about the prevalence of folk medicine use in the Gullah communities today.

Research Questions

- 1) What socio-historical factors influence the Gullah's choice of healing in whether they use traditional, Western, or blending of both modalities?
- 2) To what degree do health care providers engage in culturally competent practices with the Gullah community?

Theoretical Conceptual Framework

This research study used Michael A. Gomez's concept of a "polycultural" African –American community, which is introduced in his 1998 book *Exchanging Our Country Marks: The Transformation of African Identities in the Colonial and Antebellum South*. Gomez argues that enslaved Africans recreated a new culture unseen by the slaveholders. As a result of this second culture, enslaved Africans were able to maintain their own African influenced culture. Gomez asserts that there were two realms of acculturation that took place during this time in the American South. The first realm "was the world of the slaves, in which intra-African and

African-African American cultural factors were at play."²² The second realm involved the "host society –

22. Michal A. Gomez, *Exchanging Our Country Marks: The Transformation of African Identities in the Colonial and Antebellum South* (Chapel Hill: University of North Carolina Press, 1998), 8.

the white world-both slaveholding and nonslaveholding.”²³ The exchange of culture in the second realm involved power dynamics between the slave and the non-slave. Gomez believed that this exchange could not have been “fair” due to issues involving hegemony and subjugation.²⁴

The polycultural African American community gave rise to a culture that was negotiated and adopted by the enslaved themselves without the knowledge of the “host society.” Under this culture, African Americans could believe and practice what they felt was right freely. At the same time, they were involved in an exchange between Europeans that was based on political and economic control. Gomez quotes, “The host society enjoyed physical, psychological, and military powers of coercion and could to varying degrees determine the cultural choices of the enslaved.”²⁵ As a result, what emerged was not a syncretic lifestyle between African Americans and Europeans, but one based on coercion by the “host society” and the agency of the enslaved African community. However, even with the dual culture of the African Americans, the desire of them to define their own reality was important. Gomez refers to the result of this observation by using a concept by Melville Herskovits called “reinterpretation.” “That is, while the culture of coercion tended to dominate the forms of expression, the intent and meaning behind the slave’s participation was quite another matter.”²⁶ Many still decided to practice their cultural beliefs, folklore, and language in the confinements of the slave quarters.

This concept of the “polycultural” African American community plays a role in folk medicine use because the enslaved also used a dual health care system when it came to treating illnesses. In matters of health care, slave owners often extended their ideas concerning domestic medicine to their slaves. This allowed for the owner to provide care for the enslaved as well as, exercise their control over their bodies. However, the opinions that the enslaved held about medical care were very diverse. Although they

23. Ibid.

24. Ibid.

25. Ibid., 9.

26. Ibid., 10.

partook in domestic medicine, voluntarily or involuntarily, many blamed the doctors for incompetence. There are accounts where slaves were treated for minor illnesses and later ended up dying or were given the wrong medication to treat an illness. For these reasons and more, the enslaved often preferred their own system of medical care, which included herbs, roots, and the use of traditional healers. This created a separate system of healing practices in the slave quarters, which allowed the enslaved to retain their African influenced culture.

This system of dual health care, first introduced by Todd Savitt in his 1978 book *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*, allowed the enslaved to exercise some independence or resistance in providing their own health care.²⁷ Often this was in addition to and sometimes in defiance of the master's treatments. Many slave owners had no use for slave medical practices or healers. Drew Faust discusses this in his article, "Culture, Conflict and Community: The Meaning of Power on an Ante-Bellum Plantation," when he talks about what slave owner James Henry Hammond did when he discovered that a separate system of health existed on his property. He quotes that he "traced out the Negro Doctors...who have been giving out medicine for years & have killed I think most of those that have died... punished them and also their patients very severely."²⁸ Slave owners gave the enslaved little credit for their ability to care for their own health.

For African American populations such as the Gullah, the need to hide, conceal, and/or create a new secondary culture, when it comes to folk medicine use, is still prevalent. The power dynamics between the dominant group and minority cultures are also still at play in today's society, just like they were centuries ago in the slave communities. Studies performed by John Snow Public Health Group (1983) and Taylor, Boyd, and Shimp (1998) show that some believers in folk practices are reluctant to

27. Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 171.

28. Drew Gilpin Faust, "Culture, Conflict and Community: The Meaning of Power on an Ante-Bellum Plantation," in *Southern Stories: Slaveholders in Peace and War*, ed. Drew Faust (Columbia: University of Missouri Press, 1992), 65.

discuss their self-medication practices and beliefs with health care providers for fear of being belittled, misunderstood, and labeled ignorant.^{29 30} Many ethnic groups, such as the Gullah, utilize both “scientific” and folk medical systems. The use of home and herbal remedies by specific ethnic groups has been well documented; however, the studies pertaining to the Gullah communities are scarce.

Overall, Gomez’s work allowed a framework for exploring the use of folk medicine by the Gullah. With little research having previously been performed in the Gullah communities, on the prevalent use of folk medicine, the idea of a “polycultural” dual health care system helped to explain this. In using Gomez’s concept for this study, I hoped to create discussions regarding the reasons why the Gullah solely use folk medicine or Western medicine, a mixture, and most importantly, if this information was disclosed to their medical doctors. Folk medicine is an important part of the cultural retention of the Gullah population.

Definition of Terms

The following definitions are provided because of their significance to the study. They are as follows:

- Gullah/Geechee- This term is frequently used to describe the distinctive linguistic patterns of native Blacks living along the coast of Georgia, Florida, and South Carolina. The word Gullah is also used to refer to the unique cultural patterns and identity of Sea Island Blacks who are descendants of enslaved Africans predominantly from Western and West- Central Africa.³¹

29. U.S. Public Health Service Region II, *Common Health Care Beliefs and Practices of Puerto Ricans, Haitians, and Low Income Blacks Living in the New York/New Jersey Area: A Training Module Developed for the Public Health Service Region II* (New York: The John Snow Public Health Group, 1983), accessed October 1, 2012, <http://archive.org/details/commonhealthcare00uspu>.

30. Taylor, Boyd, and Shimp, “A Review of Home Remedy Use,” 126.

31. Lorenzo Dow Turner, *Africanisms in the Gullah Dialect* (Chicago: University of Chicago Press, 1949), 5.

- Folk Medicine- “Any health system at variance with Western scientific medicine; any health system at variance with a codified, formal, and literate medical tradition...any system of health practices at variance with the official health practices of the community or nation.”³²
- Cultural Retention- The act of African Americans retaining cultural traits from the continent of Africa by way of language, food ways, rituals, and folk beliefs.
- Cultural Competency in Health Care- “Awareness and acceptance of cultural differences. Recognition that cultural beliefs impact patient's health beliefs, help-seeking activities, interactions with health care professionals, health care practices, and health care outcomes, including adherence to prescribed regimens. An ability and willingness to adapt the way one works to fit the patient's cultural or ethnic background in order to provide optimal care for the patient.”³³

Assumptions

There is no one factor or experience that influenced my interest in the health practices of the Gullah. A number of considerations including, but not limited to, having extended family members who are Gullah played a major role in my interest. Having observed my family members practice folk medicine and also, partaking in the practice myself; I assumed that the Gullah participants were familiar with the use of folk medicine. Given the long history of folk medicine use associated with the Gullah culture, I also assumed they still practiced the use of folk medicine today. Although I cannot eliminate my assumptions and biases from who I am I attempted to minimize them by exercising reflexivity throughout this research process.

32. Irwin Press, “Urban Folk Medicine: A Functional Overview,” *American Anthropologist* 80, no. 1 (1978):72, accessed May 29, 2012, <http://www.jstor.org/stable/673512>.

33. Amy Blue, Medical University of South Carolina Cultural Competency, accessed October 1, 2012, http://etl2.library.musc.edu/cultural/competency/competency_7.php.

Scope, Limitations, and Delimitations

The scope of this study was to explore the use of folk medicine by the Gullah in today's society as well as, raise awareness about the importance of cultural competence in the health care arena. Limitations of this study included only having one male participant and not having a more representative age sample. Another limitation was that the study only included the medical perspectives of nurses. Delimitations of this study included only using the Gullah population to explore the use of folk medicine among African Americans living in rural areas. Also, the participants were not asked questions about their own health conditions, due to the Health Insurance Portability and Accountability Act (HIPAA) regulations. Because majority of the Gullah participants were females over the age of 50, the findings in this study cannot be used to generalize about the entire Gullah population. Yet these limitations or delimitations did not hinder the data collection.

Summary

This chapter presented the problems African Americans have encountered in the area of healthcare. It described the barriers to healthcare and the affects they have on health disparities affecting the African American population. The Gullah/Geechee culture was introduced as well as, the use of folk medicine as an alternative approach to healthcare. The significance of the study ties to the existing literature on folk medicine use. Few studies attempt to examine the factors that influence the use of folk medicine among African Americans, especially the Gullah/Geechee. The need for culturally sensitive health care providers and health interventions are vital to African Americans residing in rural areas like the Gullah/Geechee. Chapter 2 includes a review of the literature surrounding the history of the Gullah/Geechee, African Americans and folk medicine, Gullah health, and cultural competency in health care.

2 LITERATURE REVIEW

Today, folk medicine is not as widely used in the United States as it was in the past; however, it has a history that is much longer than that of scientific medicine. Dating back to the era of slavery, African Americans have relied upon a dual health care system.³⁴ This system consisted of both formal medical knowledge provided by Whites and folk knowledge maintained within slave communities. Studies conducted by folklorists and anthropologists attribute the persistence of folk medicine beliefs to the fact that such beliefs are closely intertwined with other aspects of a traditional society's life and culture. This study focuses on a distinctive group of African American's who have the highest number of African cultural retentions to be found in the United States.³⁵ They are known as the Gullah. This study explores the usage of folk medicine (e.g., home remedies, herbal medicine, and supernatural forces) by the Gullah in the 21st century. This chapter offers a definition of folk medicine and a brief history of the Gullah. In addition, this chapter will discuss the ways in which African Americans have and continue to utilize folk medicine as their favored approach to health. Most importantly, this chapter will discuss the state of culturally competent health care in the Gullah community.

Defining Folk Medicine

Irwin Press defines a folk medicine system as “any health system at variance with Western, scientific medicine; any health system at variance with a codified, formal, and literate medical tradition...any system of health practices at variance with the official health practice of the community or nation.”³⁶ Folk medicine systems are characterized by a high degree of shared knowledge between the community and the traditional healer. Traditional healers are designated people within a culture who provide various forms of assistance, healing, and/or guidance to individuals who see intervention for

34. Savitt, *Medicine and Slavery*, 150.

35. Mary Twining and Keith Baird, “Sea Island Culture: Matrix of the African American Family,” in *Sea Island Roots: African Presence in the Carolinas and Georgia*, ed. Mary Twining and Keith Baird (Trenton: Africa World Press, 1991), 2.

36. Press, “Urban Folk Medicine,” 72.

particular problems.³⁷ Often used interchangeably, folk medicine refers to folk remedies, home remedies, herbal remedies, and root medicines for the purpose of this study.

Folk remedies are derived from folk medical practices that are grounded in varying beliefs concerning the nature of illness and healing.³⁸ Folk remedies can consist of herbs, food products, or household items that are recommended by members of the lay community and are used by all health sectors.³⁹ Folk medicine is often associated with and/or used by members of a cultural minority group such as the Gullah. Studies conducted by folklorists, anthropologists, and ethnobotanists (Guthrie 1996; Mitchell 1978; Morton 1974; Vernon 1993) demonstrate that elderly African Americans in the rural South continue to maintain knowledge of traditional medicine and particularly the beneficial properties of locally available plants.^{40 41 42 43 44} However, studies related to African Americans' use and factors that influence this health behavior amongst African Americans are scarce.⁴⁵ This study adds to the literature on Folk medicine as it pertains to a rural population of African Americans known as the Gullah.

37. Harley, "Indigenous Healing Practices," 434.

38. Watson, *Black Folk Medicine*, 9.

39. Scott R. Plotkin and Robert Post, "Folk Remedy Use in the Inner City," *Southern Medical Journal* 92, no. 8 (1999):797, accessed October 1, 2012, <http://web.ebscohost.com/ehost/detail?vid=3&sid=6147c5e9-b4eb-4501a1e0d7937e688046%40sessionmgr113&hid=119&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=2203346>.

40. Patricia Guthrie, *Catching Sense: African American Communities on a South Carolina Sea Island* (Westport: Greenwood Publishing, 1996), 60-61.

41. Mitchell, *Hoodoo Medicine*, 37.

42. Morton, *Folk Remedies of the Low Country*, 11-14.

43. Amelia Vernon, *African Americans at Mars Bluff, South Carolina* (Baton Rouge: Louisiana State University Press, 1993).

44. Mark Groover and Timothy Baumann, "They Worked Their Own Remedy," *South Carolina Antiquities* 28, no. 1&2 (1996): 21, accessed October 1, 2012, <http://www.gbl.indiana.edu/baumann/Groover%20&%20Baumann%201996%20-%20SCA%2028%20%281&2%29.pdf>.

45. Taylor, Boyd, and Shimp, "A Review of Home Remedy Use," 130.

Historical Context of the Gullah

The coastal region of Georgia and South Carolina, surrounded by a long stretch of fertile islands, is home to the land of the Gullah. These islands, known to some as the Sea Islands, consist of St. Helena, Hilton Head, Daufuskie, Tybee, Wilmington, Skidaway, Ossabaw, St. Catherines, Sapelo, and St. Simons. The Gullah are descendants of enslaved African's captured from Senegal, Sierra Leone, Angola, Liberia, and other places along the western coast of Africa that resembles the marshland regions of coastal Carolina and Georgia.

There are many origins of the name "Gullah" suggested in the literature. The first theory suggest the name originated as a shortened form of Angola, while another origin theory suggest the word "Golla" was used in the eighteenth century while "Gullah" was a nineteenth-century term for slaves in the coastal region of South Carolina.⁴⁶ The word "Gola" is also the name of a large African group from Liberia.⁴⁷ "African-American slaves who inhabited the Georgia coast were called Geechees, but had essentially the same culture as Gullahs."⁴⁸ The word Geechee may be derived from the Kissi (or Gizzi or Kizzi) of Sierra Leone.⁴⁹ An earlier argument is that it comes from the Ogeechee River near Savannah, Georgia; however, it is still in debate amongst scholars.⁵⁰ Today the term Geechee has taken on different meanings. It is generally used between acquaintances in a joking manner to mean someone is "country" or in a negative connotation to provoke a fight.

The Gullah/Geechee became big contributors in the economic success of the Sea Islands during the antebellum period. Bettye (Mbitha) Smith reports, "Africans known as the Gullahs were refined

46. Margaret Creel, *"A Peculiar People": Slave Religion and Community-Culture Among the Gullahs* (New York: New York University Press, 1988), 16-17.

47. *Ibid.*, 17.

48. *Ibid.*, 18.

49. Gomez, *Exchanging Our Country Marks*, 102.

50. Cornelia Bailey, *God, Dr. Buzzard, and the Bolito Man: A Saltwater Geechee Talks About Life on Sapelo Island* (New York: Anchor Books, 2000), 311-312.

indigo tillers, superior rice producers, and skilled farmers capable of growing cotton of the purest quality.”⁵¹ The introduction of rice and cotton in South Carolina during the eighteenth century foresaw the highest numbers of imported slaves to the region. Peter Wood states in his book *Black Majority*, “...two decades after 1695 when rice production took permanent hold in South Carolina, the African portion of the population drew equal to, and then surpassed, the European portion. Black inhabitants probably did not actually outnumber whites until roughly 1708.”⁵² For example, in 1800 there were 2, 150 whites and 12,400 slaves in the Georgetown district, and by 1840 the same region contained 2,200 whites and 18,000 slaves. A large portion of the imported slaves came directly from the windward coast of Africa to South Carolina during the eighteenth century. “Africans from the Kongo-Angola region, Bantu-speaking peoples, were imported in large numbers during the Carolina’s early colonial history.”⁵³ The Africans from this region were highly sought after by plantation owners because of their exceptional agricultural and cultivating skills.

After the Civil War, land was made available for purchase to the African Americans under the guidance of the Freedman’s Bureau in 1865-1869. The Freedman’s Bureau was set in place to aid former slaves with acquisition of food, housing, education, and employment. With this- newfound freedom, many preferred to put their great skills to use by working for themselves. However, “Their former association with the land was continued under altered circumstances and a kind of peasantry came into being.”⁵⁴ The European American farmers did not like the idea of African Americans owning land and furthermore, did not like the demands for increased wages and better working conditions by the freed slaves. Thus, they brought in “foreign contract laborers from Florida, many of whom were Caribbean.”

51. Bettye (Mbitha) Smith, “Gullah Images: The Art of Jonathan Green,” *Essays on Gullah Culture*, (1996):1.

52. Peter Wood, *Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion* (New York: W.W. Norton & Company, 1975), 36.

53. Creel, “*A Peculiar People*,” 15.

54. Twining and Baird, “*Sea Island Culture*,” 15.

⁵⁵This resulted in a shortage of jobs for the newly freed slaves. Many were shipped off to the North or migrated to other places looking for work in hopes of being able to earn enough money to return back home to the Sea Islands. A number of Gullahs migrated to southern cities such as Savannah, Georgia and Charleston, South Carolina following the Civil War, while others migrated to northern cities along the eastern seaboard such as Philadelphia and New York. Tibbetts reports, “While some migration did occur, it’s important to note the majority of Gullahs remained on the islands tending to family farms and gathering clams, oysters, shrimp, crab, and fish.” Those who stayed behind would contribute a great deal to the Gullah culture. The geographic location of the Sea Islands would also help to nourish the Gullah culture.

The coastal climate along the Sea Islands bred tropical diseases such as malaria and yellow fever; however, a dangerous strain of malaria, known as *falciparum*, was endemic before 1700. Peter Wood states, “Annual recurrences of this sickness quickly produced the dubious reputation...prompting some whites to leave the colony and others to avoid it.”⁵⁶ This left many plantations being run by only a few White managers and/or overseers. Creel states, “Because their isolation precluded direct exposure to mass Euro-American influences, Sea Island Gullahs offer evidence of significant combinations of traditional retentions, American acculturation, and intergroup socialization.”⁵⁷ The Gullah retained more extensive African influences in their speech, folklore, behavior, self-expression, and culture than any other African American group.^{58 59 60}

55. Ibid.

56. Wood, *Black Majority*, 87.

57. Creel, “*A Peculiar People*,” 15.

58. Juanita Jackson, Sabra Slaughter, and Herman Blake, “The Sea Islands as a Cultural Resource,” *The Black Scholar* 5, no.6 (1974):32-39.

59. William S. Politzer, *The Gullah People and Their African Heritage* (Athens: University of Georgia Press, 1999).

60. Smith, “Gullah Images,” 1-6.

The retentions can be widely seen in the language of the Gullah. Also referred to as Gullah, many believed that the language spoken by the Gullah was bad English. However, linguist Lorenzo Dow Turner, who has performed extensive research on the Gullah language, suggests that Gullah is a creole language developed during the slave trade. Turner describes the Sea Island speech vocabulary in his book, *Africanisms in the Gullah Dialect*, “These survivals are most numerous in the vocabulary of the dialect but can be observed also in its sounds, syntax, morphology, and intonation; and there are many striking similarities between Gullah and the African languages in the methods used to form words.”⁶¹ Today, the Gullah language is recognized by many linguists, cultural historians, and anthropologists as a language in its own right.⁶² Along with their influence on African American language, the Gullah are also noted for their distinguished Sea Islands folk beliefs and practices. Those relating to the use of folk medicine and traditional healers have become the focal point for this study.

African Americans and Folk Medicine

African Americans have a long history of folk medicine use. The origins of Black folk medicine can be traced back to 1619 when enslaved Africans were brought to the United States. Unknowingly, slave traders brought together a unique mixture of healing systems when they grouped together Africans from different ethnic groups and regions of Africa. Among the enslaved were their African priests, priestesses, herbologists, medicine men and women, and sorcerers. Black folk medicine developed from the combination of African and Native American traditional medicine.⁶³ Enslaved Africans and their descendants would help to preserve Black folk medicine because they recognized the herbs in the American forests and coupled them with their African beliefs, rituals and appropriate incantations. Religious beliefs and traditional healers would also play an important role in the retaining of folk

61. Turner, *Africanisms in the Gullah Dialect*, 15.

62. *Ibid.*, xxxviii.

63. Loudell Snow, *Walkin' over Medicine*, (Boulder: Westview Press, 1993), 32.

medicinal practices, while Black American oral traditions would help to perpetuate the passing down of these practices.

According to Watson, folk healers are seen as permanent and identifiable members of the villages and communities where they practice.⁶⁴ They are highly regarded individuals who have established faith and trust amongst their fellow community members. Practitioners of traditional medicine can be classified in relation to the healing practices they utilize and how they received the ability to heal. There are three ranks of healers according to the source of their healing powers:

Those who learned the ability from others; these are the individuals considered to have the least amount of power, older persons who received the gift of healing from God during a religious experience later in life; these are middle rank in power, and those who are born with the gift of healing, the most powerful.⁶⁵

Root and herb doctors are included among the groups who learned to heal from others, and are believed to have the least amount of healing power.⁶⁶ Roots are objects that are believed to have magical powers and can take form including dolls, colored stones, and red flannel bags as well as roots of plants grown domestically or in the wild.⁶⁷ The effectiveness of a root is normally determined by its color. “A blue root wards off evil and helps in love affairs; a black root is called a death root; a red root causes evil things to happen to a person.”^{68 69} Among African American healers, individuals that specialize in occult and

64. Watson, *Black Folk Medicine*, viii.

65. Loudell Snow, “Folk Medical Beliefs and Their Implications for Care of Patients: A Review Based on Studies Among Black Americans,” *Annals of Internal Medicine* 81, no.1 (1974): 92-94.

66. *Ibid.*, 93.

67. Klaus de Albuquerque, “Folk Medicine in the South Carolina Sea Islands,” *Review of Afro-American Issues and Culture* 2 (1981): 44-47.

68. Bruce Roberts and Nancy Roberts, *Faces of South Carolina* (New York: Doubleday, 1976), 52.

spiritual illnesses are often men; while herbalists and those who cure natural illnesses are usually women.⁷⁰

The folk medical system used by African American healers divides the causes of illnesses into three interrelated categories composed of natural, occult, and spiritual illnesses.⁷¹ Natural illnesses are a result of a physical cause, such as infection, disease, weather, and other environmental factors.⁷² Herbalists or root doctors that specialize in the application of various medicinal plants for common ailments treat these illnesses.⁷³ Many of these treatments include the use of herbs, barks, teas, and similar natural substances. As discussed by Mark Groover and Timothy Baumann, different portions of the same plant, such as the fruit, leaves, roots, and seeds, have multiple medicinal purposes and are used in varying ailments.⁷⁴ The herbalist or root doctors will often times give the patient the instructions to make and administer specific medicine to treat their natural illness.⁷⁵ In addition to healers, there are many people who simply practice herbal medicine for themselves and their immediate families. For example, as quoted by Herman Blake in the book *Black Folk Medicine*, one woman wrapped a sore limb in oil-leaves to “draw the pain”; while another refused to use pills, prescribed by her doctor, to control high blood pressure because she said that moss in the shoes was a better remedy.⁷⁶

The second type of illness recognized within the traditional African American medical system is occult illnesses. Occult illnesses are considered to be products of supernatural causes, such as evil spirits.

69. Zora Neale Hurston, *Mules and Men: Negro Folktales and Voodoo Practices in the South* (New York: Harper and Row, 1970), 338-339.

70. Groover and Baumann, “They Worked Their Own Remedy,” 23.

71. Mitchell, *Hoodoo Medicine*, 19-21.

72. Watson, *Black Folk Medicine*, 1.

73. Groover and Baumann, “They Worked Their Own Remedy,” 23.

74. Ibid.

75. Ibid.

76. Blake, “Doctor Can’t Do Me No Good,” 38-39.

Also referred to as a hex or curse, these illnesses are intentionally induced by a conjurer through the practices of hoodoo, conjure, or juju.⁷⁷ Charms and spells are used to control the behaviors of others such as, to win love, keep a spouse from straying, revenge on a neighbor, etc. The most common reasons for hexes are love and envy.⁷⁸ Faith Mitchell states in her book *Hoodoo Medicine*, “A hoodoo amulet or hand will protect the wearer financially and occupationally, as well as medically.”⁷⁹ Reported symptoms of magical illnesses range from headaches, unexplained weight loss, and/or out of the ordinary behavior. For example, a recurring theme in witchcraft is the belief that animals are present in the body, introduced by magical means.⁸⁰ Thus, there are reports that people who have been hexed may attribute animal-like behavior such as howling like a dog. According to Mitchell, there are two important distinctions between natural and occult illnesses:

Occult illness is a result of supernatural, not physical, causes. The conjurer uses his or her own powers, as well as fetishes, to induce and/ or ward off illness in specific individuals. While natural causes primarily induce physical illness, conjuration may affect the physical and psychological as well as the spiritual life of the person.⁸¹

Root doctors treat both natural and occult illnesses. Yet, both the conjurer and root doctor use herbal medicines in their work.⁸²

Finally, spiritual affliction is the third type of illness. Spiritual illnesses are a result of willful violation of sacred beliefs or of sin, such as adultery, theft, or murder.⁸³ Spiritual illnesses are also

77. Groover and Baumann, “They Worked Their Own Remedy,” 22.

78. Loudell Snow, “Traditional Health Beliefs and Practices Among Lower Class Black Americans,” *The Western Journal of Medicine* 139, no.6 (1983): 826.

79. Mitchell, *Hoodoo Medicine*, 19.

80. Snow, “Traditional Health Beliefs,” 826.

81. Mitchell, *Hoodoo Medicine*, 19-21.

82. Groover and Baumann, “They Worked Their Own Remedy,” 22.

considered to be the result of sin or “bad living,” as derived from Christian influence. Similar to the occult illness, spiritual forces can affect all aspects of life ranging from physical to the spiritual characteristics of the person. Preachers are typically the individuals that cure spiritual illnesses. Utilizing the healing power of God through prayer and meditation does this type of spiritual and medical work. “In contrast to conjurers and root doctors, spiritual leaders and teachers tend to have limited knowledge of herbal medicine.”⁸⁴ It is also believed that the doctor is unable to help the patient whom God is punishing. Such punishment, whatever its nature, is considered natural because it is the will of God.⁸⁵

The spiritual component of folk medicine has ties to the African past. Sharla Fett, a historian, has identified four themes that link the medical practices of Southern African Americans to West and Central African cultures. She argues that the links all speak to the importance of the “relationship of healing to spiritual power.” The first link emphasizes the belief that “medicines themselves possess spiritual force.” Next, the act of preparing and administering the medicines brought the healer close to spiritual power. Lastly, the ritual of healing helped “maintain proper relationship between living persons and the world of ancestors and spirits.”⁸⁶ In many instances, spiritualism and interconnectedness are intimate aspects of healing and health among indigenous people of the United States, like the Gullah.

Cultural Competency in Health Care

African Americans in rural areas, such as the Gullah, possess certain beliefs about medical treatment and a mistrust of the medical community. And according to Marcellus Walker and Kenneth Singleton, the distrust of western medicine is one of the reasons for the bad health statistics for African

83. Watson, *Black Folk Medicine*, 2.

84. Groover and Baumann, “They Worked Their Own Remedy,” 23.

85. Snow, “Folk Medical Beliefs,” 84.

86. Sharla Fett, “Body and Soul: African-American Healing in Southern Antebellum Plantation Communities” (PhD diss., Rutgers University, 1995), 84-86.

Americans.⁸⁷ Historically, African Americans have exhibited mistrust of formal services due to their experiences with prejudice, discrimination, or culturally insensitive treatment.⁸⁸ Much of this distrust is related to unethical testing conducted on African Americans during slavery and in research studies in the twentieth century. One well-known example is the “Tuskegee experiment” in which 600 African American men with syphilis were untreated for a more than 40-year period to investigate the impact of the disease on the body.⁸⁹ Also important to understand is the Gullahs approach to healthcare. The Gullahs approach health care through a frame of reference that assumes nature has its own processes and that as actors; we must understand them, become a part of them, not alter or try to master them. This is in contrast to the professional approach to health care that alters or in some way interrupts what the Gullahs would consider a natural process.⁹⁰ Therefore, in reflecting on the African American experiences with professional health care and its contradictions to their culture, one can conclude that many African Americans, like the Gullah, find a level of comfort and validation with a traditional healer than a medical practitioner.

According to the Project SuGAR (Sea Island Genetic African American Family Registry) study released in 2009, the Gullah population has high rates of type 2 diabetes characterized by early onset and relatively high rates of complications.⁹¹ This same data was used in a similar study dealing with diabetes self-management practices and service utilization. The results revealed the Gullah’s diabetes self-

87. Marcellus Walker and Kenneth Singleton, *Natural Health for African Americans* (New York: Lynn Sonberg, 1999), part I.

88. Leonie Brooks, Deborah Haskins, and Judith Kehe, “Counseling and psychotherapy with African American clients,” in *Practicing multiculturalism: Affirming diversity in counseling and psychology*, ed. Timothy Smith (Boston: Pearson, 2004), 145-166.

89. Janet Helms and Donelda Cook, *Using Race and Culture in Counseling and Psychotherapy: Theory and Process* (Boston: Allyn and Bacon, 1999), 123.

90. Blake, “Doctor Can’t Do Me No Good,” 36.

91. Michele Sale et. al., “Genome-wide linkage scan in Gullah-speaking African American families with type 2 diabetes: the Sea Islands Genetic African American Registry (Project SuGAR),” *Diabetes* 58, no. 1 (2009): 260-267.

management behaviors were not consistent with recommendations from the American Diabetes Association.⁹² When the participants were asked questions regarding the use of home remedies to treat diabetes, over 20 % of the 1, 276 participants did not answer the question. The 151 participants who responded to the home remedy question, the highest frequencies were among the following remedies: garlic, ho-hung tea, vinegar and water, aloe Vera, boiled celery, cherry bark, goldenseal, herb teas, peach kernels, and lemon juice. The lowest were found using the following remedies: bitter aloe, snakeroot, boiled grape peel, dandelion tea, devil's claw, and life everlasting, cinnamon, moss, celery apple, and carrots.⁹³ Although less than 15% of the respondents answered the home remedy question, it is possible that the use was more common in families. However, participants may have been hesitant to self-report for fear of chastisement from the provider.

Recent studies suggest that African Americans, such as the Gullah, are not the only ethnic groups utilizing a dual health care system. Mexican Americans and Ghanaians from Ghana, West Africa also finds comfort in seeking a traditional healer when they are not satisfied with professional treatment. According to a study by H. Edward Ransford, Frank Carrillo, and Yessenia Rivera on Latino immigrants, many were found to turn to traditional healers or alternative medications after being unsuccessful with mainstream care.⁹⁴ These alternative methods involved the use of home remedies such as herbs, teas, and religious figurines, oils and votive candles purchased from local grocery stores or *botanicas*. In the sample of 96 interviews, 75 % stated that spiritual elements such as personal prayer were also an important part of their approach to health. The participants discussed the use of folk healers and doctors and/or medicines from their native country Mexico as more holistic and natural. One participant stated:

92. Ida Johnson-Spruill et al., "Health of Gullah Families in South Carolina with Type 2 diabetes: Diabetes Self-Management analysis from Project SuGar," *Diabetes Education* 35, no. 1 (2009): 117-123.

93. Ibid.

94. H. Edward Ransford, Frank Carrillo, and Yessenia Rivera, "Health Care-Seeking among Latino Immigrants: Blocked Access, Use of Traditional Medicine, and the Role of Religion," *Journal of Health Care for the Poor and Underserved* 21, no.3 (2010): 870, accessed October 1, 2012, <http://www.ncfh.org/pdfs/2k12/9406.pdf>.

I was having psychological problems. I went to a doctor and got medications but they made me feel like a zombie. So I went to Tijuana to the *botanicas* and purchased herbs. I have more faith in natural remedies than conventional medicine and I seek help from people who run the store.

Folk healers among the Mexican American and Mexican population are referred to as *Curanderos* (males) and *Curanderas* (females). “Curandero” is derived from the Spanish term “curar” which means to cure.⁹⁵ Similar to traditional healers found among African American communities, *Curanderos* see themselves as agents doing God’s work, for their healing powers are a gift from God.⁹⁶ They are not only competent in rubbing, known as *sobando*, but also with herbs and card readings.⁹⁷

Health care delivery in Ghana is also pluralistic consisting of traditional and modern medicine.⁹⁸ In 2010, it was reported that there were currently 45,000 traditional healers in Ghana and 70 % of the population utilized them for health problems such as mental health^{99 100} Traditional healers (in Twi, *okomfo*) in Ghana are trained to administer locally prepared herbal medicine for the treatment of diseases.^{101 102} Traditional healers in Ghana consist of faith healers or pastors/imams who base their

95. Watson, *Black Folk Medicine*, 8.

96. Ari Kiev, *Curanderismo: Mexican-American Folk Psychiatry* (New York: Free Press, 1968).

97. Watson, *Black Folk Medicine*, 8.

98. Charles Anyinam, “Traditional medical practice in contemporary Ghana: A dying or growing profession?,” *Canadian Journal of African Studies* 21, no.3 (1987): 316, accessed October 1, 2012, <http://www.jstor.org/stable/485649>.

99. I. Ewusi-Mensah, “Post colonial psychiatric care in Ghana,” *Psychiatric Bulletin* 25 (2001): 228, accessed October 1, 2012, doi: 10.1192/pb.25.6.228.

100. A. O. Osei, “Types of psychiatric illness at traditional healing centres in Ghana,” *Ghana Medical Journal* 35 (2001): 106-110.

101. T.A. Crawford and M. Lipsege, “Seeking help for psychological distress: The interface of Zulu traditional healing and western biomedicine,” *Mental Health, Religion & Culture* 7, no.2 (2004): 131-148, doi: 10.1080/13674670310001602463.

treatment on the powers of God to heal sickness.¹⁰³ One Ghanaian traditional healer described this process by stating, “We find out from god and he in turn reveals to us which medicine to use in curing a particular problem. The diseases are different so it is the god who reveals to use which medicine to use at every instance.”¹⁰⁴ The main difference between traditional and faith healers in their treatment practices is that traditional healers pour libations (sacrifice to the gods), while faith healers employ prayers, fasting and the sprinkling of holy water to treat illnesses.¹⁰⁵ According to a study performed in 2000 in Cape Coast, participants perceived spiritual illness as a reason to seek traditional care.¹⁰⁶ One participant stated that she would “seek all other results with modern medicine, and then seek the herbalist. When there is no way out you definitely have to use the herbalist.”¹⁰⁷ Another participant talked about consulting traditional medicine to treat her rheumatoid arthritis and sickle cell disease after modern medicine failed to relieve her pain. When asked why traditional medicine worked for her she stated, “I don’t have any motive about the spiritual powers. I believe in the medicine. It is only by faith. You see using a certain medicine you have to believe that the medicine that you are using will cure you. If you do not believe that and have no faith in it, it will not work.”¹⁰⁸ This quote encompasses the same ideas and beliefs that are seen in African American, Mexican American and other ethnic groups who utilize a dual health care system. Because

102. World Health Organization, “Traditional Medicine Strategy 2002-2005,” accessed October 1, 2012, <http://apps.who.int/medicinedocs/en/d/Js2297e/>.

103. Kenneth Ae-Ngibise et al., “Whether you like it or not people with mental problems are going to go to them: A qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana,” *International Review of Psychiatry* 22, no. 6 (2010): 559, accessed October 1, 2012, http://r4d.dfid.gov.uk/PDF/Outputs/MentalHealth_RPC/Ae-Ngibise_etal_IntRevPsy2010.pdf.

104. *Ibid.*, 561.

105. T. Puckree, M. Mkhize, Z. Mgobhozi and J. Lin, “African traditional healers: What health care professionals need to know,” *International Journal of Rehabilitation Research* 25, no.4 (2002): 247-251.

106. M. Tabi, M. Powell, and D. Hodnicki, “Use of traditional healers and modern medicine in Ghana,” *International Nursing Review* 53, no.1 (2006): 56.

107. *Ibid.*

108. *Ibid.*, 57.

traditional folk medicine has been around for centuries and will continued to be used in the future, according to recent studies; policies and programs need to be implemented that support the collaboration between folk medicine and biomedical services.

The widespread presence and use of traditional healers in the United States, Africa, and other countries has led to an increased awareness of the importance of collaborative links between communities of indigenous practices and public health. For example, the World Health Organization (WHO) made an international commitment to promoting the inclusion and integration of traditional practitioners in national and donor-specific health programs at the 2002 Alma Ata International Conference on Primary Health Care.¹⁰⁹ One respondent from WHO stated:

We should involve them [traditional and faith healers] and also collaborate with them, so that even when they [patients] come to their place, like faith healers, even though they are praying for that person, at least the pastor can advise that: See your doctor, take your medication, come back to the church, and let's pray. So I think we need to involve them and collaborate with them a lot.¹¹⁰

The African Union also declared the period 2001-2010 as the Decade of African Traditional Medicine, and the New Partnership for Africa's Development (NEPAD) has noted traditional medicine as an important strategy in its plan.¹¹¹ One nurse interviewed in Ghana discussed working successfully with traditional and faith healers. She stated:

109. Joy Violet Summerton, "The organisation and infrastructure of the African traditional healing system: Reflections from sub-district of South Africa," *African Studies* 65, no.2 (2006): 297, doi: 10.1080/00020180601035708.

110. Ae-Ngibise et al., "Whether you like it or not," 562.

111. M.G. Hewson, "Traditional healers in southern Africa," *Annals of Internal Medicine* 128 (1998): 1029-1034.

Some patients will like to visit them [traditional healers] and we don't deny them that. All that we are interested is taking your medication from our side whilst you are attending for treatment from the other side too. So when our clients are maybe admitted at such places we pay them visits. We talk to either the spiritualist, the fetish priests, we chat with them, tell them they are friends, and then we find some of them encourage the relatives and the clients to come for treatment whilst they are there.¹¹²

The potential for collaboration was also revealed through some accounts given by faith and traditional healers in Ghana. One healer stated, "Those illnesses where I try all possible means yet is not going, I advise them to go to the hospital so that a doctor can diagnose what is wrong with them. Because the medicines are the same so if someone comes here and is above my control I refer him to the hospital."¹¹³ In the United States, disciplines such as social work, cross-cultural psychology, cultural studies, biology and medicine, anthropology, etc. are also recognizing the value of alternative medicines and are devoting their attention to the role it plays as part of treatment for clients and patients.¹¹⁴

Although efforts are being made to provide links between traditional medicine and modern medicine, many seem to have gone unnoticed and/or are unsuccessful. The scientific tradition inherent in western biomedical interventions tend to devalue indigenous healing practices because they do not lend themselves empirical investigation, and thus provide no scientific basis for therapeutic effectiveness.¹¹⁵ According to Linda Smith in her book, *Decolonizing Methodologies: Research and Indigenous Peoples*, the underlying issue "may no longer be over the recognition that indigenous people have ways of

112. Ae-Ngibise et al., "Whether you like it or not," 564.

113. Ibid.

114. Harley, "Indigenous Healing Practices," 443.

115. Courtland C. Lee, "MCT theory and implications for indigenous healing," in *A theory of multicultural counseling and therapy*, eds. D.W. Sue, A.E. Ivey, and P.B. Pedersen (Pacific Grove: Brooks/Cole, 1996), 86-98.

knowing the world which are unique, but over proving the authenticity of, and control over, our own forms of knowledge.”¹¹⁶ For these reasons and more, there seems to be a mixed acceptance among public health practitioners and researchers towards indigenous healing practices.

One suggestion for improving the efforts of integration between the two health systems is cultural competence in health care. This also relates to a “culturally sensitive” health care system. Lee Pachter quotes, “A culturally sensitive health care system is one that is not only accessible, but also respects the beliefs, attitudes, and cultural lifestyles of its patients.”¹¹⁷ It is important for physicians and other health care personnel to be aware and understand the health belief system of the population being served. Questions regarding home/folk remedy use should be asked at each medical visit, along with having the patients to list any folk remedies they use. This will encourage dialogue and may open up discussions of folk/home remedy use. Most importantly, if folk remedies are being used, a negotiation to combine biomedical therapy with traditional health treatments should take place. If the folk remedies are not harmful and patients think that they are benefitting from them, then they should be supported in their efforts and not ridiculed. Harmful remedies should be addressed in a nonjudgmental and supportive manner, with suggested alternatives, because many people are not aware of the effects of the remedies.¹¹⁸ According to Fayth Parks, “Clinicians must consider the potential implications in treatment when their lack of knowledge of unfamiliar cultural worldviews forms barriers to establishing trust and understanding in a therapeutic relationship.”¹¹⁹ And with a population such as the Gullah, where mistrust

116. Linda Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (Dunedin: University of Otago Press, 1999), 104.

117. Lee Pachter, “Culture and Clinical Care: Folk Illness Beliefs and behaviors and Their Implications for Health Care Delivery,” *The Journal of American Medical Association* 271, no. 9 (1994): 692, accessed July 3, 2012, doi: 10.1001/jama.1994.03510330068036.

118. Smitherman, Janisse, and Mathur, “The Use of Folk Remedies,” 303.

119. Fayth Parks, “The Role of African American Folk Beliefs in the Modern Therapeutic Process,” *Clinical Psychology: Science and Practice* 10, no. 4 (2003): 465, accessed July 3, 2012, doi: 10.1093/clipsy.bpg046.

of modern medicine is prevalent, finding a doctor who is informed and sensitive to their unique health needs is vital.

While the health profile of other ethnic groups is improving, the prognosis for African Americans is deteriorating.¹²⁰ Thus, it is imperative that numerous efforts are made by both traditional healers and health care professionals to create a link between the two practices. Creating this link will help to minimize the mistrust, embarrassment, and the secrecy surrounding populations that practice folk medicine. Health care professionals who are cultural competent of their serviced populations can also help to bridge the gap between traditional and modern medicine. This will help to improve the quality of health and reduce the health disparities among African Americans and other ethnic groups. Folk medicine and biomedical systems of health care can coexist and lend support to one another without compromising and contradicting each other. Just look at populations such as the Gullah; they have been combining the two systems for centuries.

Summary

This chapter provided a brief overview of the literature. The term folk medicine and its various definitions were introduced as well as, the definition used for the purpose of this study. The literature review provided a historical and cultural background of the Gullah population located along the coast of the Sea Islands. The Gullah connection to Western Africa, by way of enslavement, was discussed to show the influence their native land had on their speech, folklore, behavior, self-expression, and culture. This literature review also discussed how folk medicine has been utilized, since the early 1600s, to treat natural, occult, and spiritual illnesses. Many of these remedies are inter-generational among the Gullah. With the rising use of folk medicine worldwide, the idea of linking folk medicine and modern medicine is relevant to the healthcare system. Studies and models performed on other ethnic groups such as Ghanaians from Ghana, West Africa and Mexican Americans were presented to support the need for

120. Walker and Singleton, *Natural Health for African Americans*, 1.

cultural competency in health care. The next chapter discusses the methods used in conducting the examination of folk medicine use in the Gullah communities.

3 METHODOLOGY

Research Design

This research utilized a qualitative, exploratory approach through the use of narratives. According to Creswell, the narrative approach is “best for capturing the detailed stories of life experiences of a single life or the lives of a small number of individuals.”¹²¹ This approach allowed for the discovering of the lived experiences of the Gullah as they strive to maintain their culture. The research questions were centered on exploring the factors that influence folk medicinal practices of the Gullah and a need for cultural competency when dealing with health issues affecting different ethnic groups. Thus, the narrative approach allowed individual members of the Gullah community to discuss their approaches to health care as well as the barriers they faced when it came to health maintenance. Oral history is also an important part of this approach. Alessandro Portelli describes oral history as “...a relationship between the past and the present, an effort to establish, through memory and narrative, what the past means to the present.”¹²² Thus, this approach fitted well with the Gullah population because many of their folk medicine practices have survived due to them being passed down, orally, from one generation to the next.

Overall, this study explored the use of folk medicine by the Gullah and looked at cultural competency in the health care field as it pertains to eliminating health issues and disparities amongst African Americans. Therefore, such research called for qualitative analysis that employed data collection techniques such as in-depth, semi-structured interviewing. I was the primary instrument of data collection.

121. Creswell, *Qualitative Inquiry & Research Design*, 55.

122. Alessandro Portelli, “What Makes Oral History Different,” in *Oral History, Oral Culture, and Italian Americans*, ed. Luisa Del Giudice (New York: Palgrave Macmillan, 2009), 21.

Participants

For this research, twenty participants who identified themselves as native born, raised and still residing member of the Gullah communities were interviewed. Included in the twenty participants, three nurses, who practice medicine in the Gullah communities, were also interviewed. Both the Gullah residents and health care professionals were recruited through a gatekeeper who resides in the community. Snowball sampling was used to recruit additional participants. Russell Bernard describes the snowball technique as a way to locate one or two key participants in the population of interest who then recommend additional participants.¹²³ However, snowball sampling does not represent a random sample that is representative of a large population.¹²⁴ Therefore; this study does not reflect a uniform use of folk medicine across the board among all Gullah communities. However, these two approaches were the most compatible with the Gullah population because the communities are close-knit and require gaining access by way of trustworthy individuals.

I initiated recruitment by contacting the gatekeeper and providing the gatekeeper with the recruitment ad flyer (See Appendix B) to disperse to potential participants. The recruitment ad flyer provided a brief summary of the purpose of the research study as well as my contact information for anyone who was willing to participant. Once the participants expressed interest in the study, the gatekeeper forwarded the potential participant's information to me for follow-up. To be eligible participants must have identified as Gullah, still resided within the Gullah communities, and were 18 years of age or older. Compensation was not given for participation in the study. Participants were advised that their participation in this study was voluntary. Confidentiality, with regards to privacy and comfort of participants, was of the utmost importance for this study. The study secured human subjects approval from Georgia State University.

123. Russell Bernard, *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (Maryland: AltaMira Press, 2006), 193.

124. Ibid.

Procedures

The interviews were conducted between the months of October 2012 through February 2013. The gatekeeper contacted potential participants to ascertain their interest in the study. With the potential participants' permission, the gatekeeper forwarded their information to me for follow-up. The potential participants were contacted to discuss their eligibility and interest in participating in the study. The participant and I scheduled a mutually agreed upon time and location to conduct the interview. Participants taking part in this study completed an informed consent form prior to the start of the interview. The informed consent form was kept in a secure location, along with their interview recordings. After obtaining informed consent, each participant was asked a series of questions from a designated interview guide (See Appendix C). All interviews were digitally tape-recorded and transcribed verbatim. The information provided by the participants was included in the results of this research; however, no identifiable information was used. Participants were given pseudonyms. All participants did not have any more risks than they would in a normal day of life.

As stated earlier, the interviews took place in the home of the participant or at a mutually agreed upon location. I conducted all interviews. The interviews were conducted over a two day period. Interviews lasted no longer than 60 minutes on the first day of interviewing. There was a 15- minute follow up visit, depending on time, or phone call to each participant the next day to clarify any questions the participant or I may had.

Interview questions pertaining to the participants' use of folk medicine guided the semi-structured interviews. Although the interview questions served as the guide for discussion, participants were encouraged to elaborate. Each session was audio taped and I transcribed them verbatim into text files by using Express Scribe. All hard copy data was stored in a locked cabinet at my place of residence. Consent forms were stored separately from data. I saved all electronic files on password and firewall-protected computers. After written notes were made, I destroyed the audiotapes. The participants' name and other

facts that might point to the participant did not appear in this study as well as in any subsequent presentations or reports about the study.

Instrument

This study included in-depth, open-ended semi-structured interviews. The interview guide consisted of 17 questions. Items included in the questions related to the participants' personal and family use of folk medicine, the origins of the folk remedies, generational folk remedy practices, and the incorporation of trained health care professionals in meeting their health care needs.

Although the interview questions served as a prompt and guide for discussion, participants were encouraged to elaborate. This style of interviewing allowed me to probe information in detail and frame further queries based on the participant's answers versus asking close-ended survey style questions. In addition, observance of body language and other behaviors was primarily possible through personal interaction by way of in-depth interviews. One on one interviewing also allowed for the clarification of responses and modification of research questions when necessary. Furthermore, Karen O'Reilly states that closed questioning keeps participants from answering freely and the researcher might not be able to obtain a range of thoughts or reflections on the issue.¹²⁵ Thus; in-depth, open-ended interviewing was a feasible method for obtaining data that concerned sensitive issues such as health and cultural beliefs.

Data Analysis

This study used In Vivo Coding and Focused Coding to examine the use of folk medicine among the Gullah population. The language of the participants guided the development of code and category labels, which were identified with short descriptors, known as In Vivo Codes. In Vivo Coding was chosen for the first cycle analysis to extract exact words used by participants to form categories. Focused Coding was used during the second cycle analysis to further develop major categories or themes from the In Vivo Codes. Meanings were then formulated from the significant statements and phrases regarding the shared experiences of the Gullah in reference to folk medicine use. The resulting meanings were clustered

125. Karen O'Reilly, *Ethnographic Methods* (Oxon: Routledge, 2005), 120.

into themes allowing for the emergence of themes common to all the participants' transcripts. The results were then integrated into one table describing the themes.

Reliability and Validity

Upon completion and review of the transcripts, I met with the participants to review the transcript for accuracy. I also, employed the technique of “restorying” the stories of the participants in the study and reporting themes that built from the story to tell a broader analysis.¹²⁶ Once the themes were obtained, I solicited views from each participant on the accuracy of the findings and interpretations to validate the findings. To further guarantee validity, the method of triangulation was utilized. According to Lisa Guion, David Diehl, and Debra McDonald in their article, *Triangulation: Establishing the Validity of Qualitative Studies*, “Triangulation is a method used by qualitative researchers to check and establish validity in their studies by analyzing a research question from multiple perspectives.”¹²⁷ Data triangulation was used in this study to secure different perspectives from different sources regarding the use of folk medicine. Generally, the sources are likely to be stakeholders or members of a particular community.¹²⁸ The Gullah participants in this study represented ideas from a stakeholder perspective, health professional perspective, and community member perspective. Therefore, the findings regarding the use of folk medicine were compared to determine areas of agreement as well as areas of divergence.

Summary

This chapter discussed the research design and method of the study. The Qualitative, exploratory approach was utilized in this study to capture the detailed experiences and stories of the Gullah as they reflected on their use of folk medicine. The twenty Gullah participants were recruited through a gatekeeper and by snowball sampling. They participated in audio-taped, semi-structured interviews,

126. Creswell, *Qualitative inquiry and research design*, 57.

127. Lisa Guion, David Diehl, and Debra McDonald, “Triangulation: Establishing the Validity of Qualitative Studies,” *University of Florida IFAS Extension*, (2002):1, accessed October 1, 2012, <https://edis.ifas.ufl.edu/fy394>.

128. *Ibid.*

which were conducted in person and led by an interview guide. The data analysis consisted of In Vivo and Focused Coding, which allowed for the development of themes and categories common to each participant. The study was validated by meeting with the participants to discuss accuracy, “restorying” the ideas to build a broader story, and employing the technique of triangulation to compare the perspectives of different sources. The next chapter will provide the findings of the study.

4 FINDINGS

The purpose of this study was to examine the use of folk medicine by the Gullah in today’s society as well as raise awareness about the importance of cultural competence in the health care arena. The research questions guiding this study were as follows: What socio-historical factors influence the Gullah’s choice of healing in whether they use traditional, Western, or blending of both modalities? To what degree do health care providers engage in culturally competent practices with the Gullah community? These questions were important to the study as they allowed the Gullah to tell of their lived experiences as it relates to folk medicine use and barriers to health care.

This study utilized a qualitative design and was conducted from November 2012 to February 2013. During this time Gullah residents were recruited via a gatekeeper and snowball sampling to participate in face-to-face interviews. Of those recruited, 20 Gullah residents were interviewed for 45 minutes to an hour. The interviews took place in the home of the gatekeeper as well as the home of the participants. All interviews were transcribed verbatim. Significant themes and statements were derived from each transcript. The meanings of the significant statements were transformed into clusters of meaning and significant themes. The results from the themes were then put into context to provide a comprehensive and exhaustive description of folk medicine use among the Gullah today.

This chapter presents the findings from the study. Three sections characterize this chapter. The first section presents a description of the 20 participants. Each participants name is under a pseudonym to

protect their identity. Data from the individual interviews is presented in the second section. Lastly, the final section provides a summary of the chapter.

The Participants

Twenty participants who identified themselves as a native, someone who was birthed, raised and currently resided within the Gullah communities were interviewed individually. The typical participant was female, between the ages of 60-70, was a high school graduate, lived in Sumter, South Carolina, retired from public service, and identified as a Christian. Two of the participants were from Beaufort, South Carolina, three were from Savannah, Georgia, and two were from Sapelo Island, with one still living on the island and the other in Savannah, Georgia. The remaining thirteen participants were from Sumter, South Carolina. Nineteen of the participants were female and one of the participants was a male. The ages ranged from 50 to 79 years. All participants completed high school or obtained a GED, seven finished a Bachelor's degree, and one finished a Master's degree. Most of the participants identified as Christian, with two indicating they were Muslim and one indicating non-denominational. The occupations ranged from retired and current school teachers, retired and current nurses, retired military, customer service, factory worker, social worker, and author. Table 1 is an overview of the participant's current profiles.

Table 1: Overview of Participant's Profiles

Participant	Age Range	Gender	Birthplace	Occupation
Alice	50-60	F	Beaufort, SC	Customer Service
Jane	50-60	F	Beaufort, SC	Customer Service
Martha	70-80	F	Sapelo Island	Retired Educator
Donna	60-70	F	Savannah, GA	Educator
Rachel	70-80	F	Savannah, GA	Retired Nurse
Bernice	50-60	F	Savannah, GA	Social Worker

Carrie	60-70	F	Sapelo Island	Historian/Author
Mabel	60-70	F	Sumter, SC	Retired Educator
Bobby	60-70	M	Sumter, SC	Retired Military
Nancy	60-70	F	Sumter, SC	Customer Service
Lily	60-70	F	Sumter, SC	Retired
Ashley	70-80	F	Sumter, SC	Retired
Vickie	70-80	F	Sumter, SC	Customer Service
Shelly	60-70	F	Sumter, SC	Nurse
Ethel	60-70	F	Sumter, SC	Unidentified
Eve	60-70	F	Sumter, SC	Unidentified
Mahalia	60-70	F	Sumter, SC	Factory Worker
Gretchen	50-60	F	Sumter, SC	Nurse
Peggy	60-70	F	Charleston, SC	Homemaker
Janice	60-70	F	Charleston, SC	Retired

Data Analysis

The purpose of this study was to examine the use of folk medicine among the Gullah as well as to raise awareness about cultural competency in the health care arena. Data analysis revealed two major categories in regards to socio-historical factors that influenced the participant's use of folk medicine, Westernized medicine, and/or a blending of the two. These overarching themes were social factors and environmental factors. Social factors included two sub-themes: family and community influence and mistrust of the medical community. Family influence was characterized by family traditions, while mistrust of the medical community was associated with the theoretical concept "polyculturalism." Participants who chose not to discuss their use of folk medicine with their doctors often utilized a "dual health care system," in which they used both folk remedies and prescribed medication to treat illnesses.

Spirituality was another emergent theme under the social factors category. Environmental factors included two sub-themes: geographic location and socioeconomic status. Geographic location was characterized by easy access to herbal medicine and lack of access to health care. Generally, lack of access to health care also coincided with socioeconomic status. These themes emerged from the significant statements extracted from the transcriptions. Table 2 is an example of the significant statements and derived meanings.

Table 2: Overview of Significant Statement and Derived Meanings

Significant Statement	Derived Meaning
... grandparents, grandma, grandpa, cousin Annie...all of the old people. It was a part of the community and they all shared knowledge.	The family and the community were responsible for teaching the remedies.
...chop the root up into small pieces and boil it... take the boiled extract and drink it every winter. It became a tradition for us.	The home remedies were preserved into traditions.
I believe in the almighty...through his stripes I am healed, but you have to believe it in order to receive the healing that it would bring.	Spirituality influenced the participant's healing process.
... I went to them but I didn't trust them.	Mistrust of the medical community influenced the Participant's use of folk medicine.
Most people choose not to...[discuss folk medicine use with doctors] Yes, I use a mixture.	"Polyculturalism" concept-The use of folk medicine being hidden from doctor or "host society." "Dual health care"-The use of folk remedies and prescribed medication.
Back in the day they couldn't afford prescribed medication... Isolation. Isolation...	Socioeconomic status influenced the participant's use of folk medicine. Geographic location influenced the participant's use of folk medicine.
...we could dig it in the backyard.	Easy access to herbal medication influenced the Participant's use of folk medicine.

Family and Community Influence

All participants reported their family's influence as their first introduction to folk medicine use. They mentioned growing up with grandparents, aunts and uncles, and mothers and fathers who practiced

folk medicine use. When asked the question: From whom did you learn of these remedies? Carrie, one of the last true born-and-raised Sapelo islanders, proudly stated, “my grandparents, grandma, grandpa, cousin Annie and all of the old people. It was a part of the community and they all shared knowledge.”

Martha, who was also born-and-raised on Sapelo Island, talked about the influence that her family had on the entire Sapelo Island community. She stated:

My mama’s daddy was the doctor for the island and everybody came to him...everybody called him Paw Bill and when anything went wrong with people they came to Paw Bill or Big Mama. Paw Bill knew the roots...I guess it was because he was part Cherokee Indian.

Bernice, a retired social worker, also described the influence of her family when she stated, “my moms, my aunt, and my uncle. My uncle was from Barbados so we got a lot of that from him.” Two participants, Eve and Rachel, summed up their responses in one sentence. Rachel simply said, “my grandmother” while Eve concluded with, “any elderly person in the community.”

Folk Medicine Traditions

When participants talked about their family’s influence they also described in detail the many remedies used to treat certain illnesses. Over time, the remedies became traditions that were preserved and passed down between generations. There were several home remedies and common herbs that were prevalent among the participants. The herb asafetida was named by the participants as an herb used to treat illnesses pertaining to the stomach. Martha described how asafetida was prepared and used by people today when she stated, “people still do asafetida and boil it and make tea and drink it...it used to be used for stomach aches or headaches. They would give you a tablespoon of that and it worked.” Martha further explained that her Paw Bill kept “big bunches” of asafetida when he was the doctor on Sapelo Island. Vickie, a 73-year-old resident of Sumter, South Carolina, also talked about her mother giving her asafetida as child. Although Vickie no longer uses the herb today she stated, “back then we used to have worms in our stomach and there was a medication called asafetida...it would make us pass

the worms.” Sassafras root was another common herb used to treat colds. Donna, an advocate of folk medicine, described growing up in the 50s and obtaining the sassafras root by “digging it out of the yard...chop the root up into small pieces and boil it... take the boiled extract and drink it every winter. It became a tradition for us.” Another participant, Lily, discussed being given a combination of ingredients such as “lemon, sassafras tea, and pine tar” to treat colds. Pine tar was also combined with other ingredients such as lemon and honey to treat colds. Another herb indigenous to the Sea Islands is life everlasting. Bobby described life everlasting as an “herb that grows wild.” He further explained, “you boil it and drink it as a tea at night.” Alice, Jane, Donna, and Carrie also discussed using this herb to treat the common cold and fevers.

Although the participants talked about the many herbs and roots used to treat illnesses, they also described other ingredients used to treat ringworms, cuts, mumps, and pink eye. As explained by Alice, a common item used to treat the ringworm was a penny that had to be placed on the infected area. According to Rachel, a retired nurse, the penny was also used to heal wounds associated with stepping on rusted nails. Spider webs were used as sutures to stop bleeding and to heal deep cuts. Carrie described this process when she stated: If you cut yourself spider web was used. Spider web is still used...it was one of the first sutures. Something in the spider web...stops the bleeding.” Another participant, Mahalia, also supported Carrie’s claim of using spider webs to treat cuts. Bernice and Eve both talked about using sardines to reduce the swelling when it came to mumps. Eve commented on the process, “you get a soft, white rag and put the sardine in the rag and tie it across you.” Another common childhood illness was pink eye. Nancy, a native of Sumter, South Carolina, described using urine to treat pink eye. She stated, “I remember that the wet baby diaper you could squeeze the water out of it and put it in your eye. It was good for pink eye.” Mabel, a retired schoolteacher, told a similar story about treating the pink eye; however, instead of using urine she used rainwater. She stated, “If you had the pink eye they would put a bottle of water on the outside. They would take the rainwater and put it on your eye to clear up your eyes from the pink.”

Certain foods were also used to treat colds, fevers, hypertension, and puncture wounds. One participant, Rachel, quoted “Your medicine cabinet is really not in the bathroom it’s in the kitchen. Your kitchen is your medicine cabinet because of the healthy fruits and vegetables.” Onions was one of the major foods discussed among the participants. Rachel described using “onions, apple cider, and vinegar...let it sit for 1-2 hours and use as a cough syrup.” Nancy also described using onions by putting them “under the feet to bring fever down.” Another food used to fight colds was rock candy. Rock candy is composed of sugar, water, and any other ingredient needed to treat a cold. Most of the time it is missed with corn liquor and/or drinking alcohol. Vickie talked about the process when she stated, “my mother would put drinking alcohol on rock candy and keep it for a length of time and when you got a cold she would give it to you for your cold would not be as bad.” Nancy, Bernice, and Carrie all mentioned using garlic to treat hypertension. Pork, including bacon and fatback, was used on puncture wounds. Rachel described using pork to “draw out the poison from the wound.” She further explained, “because pork is poison to our bodies, it’s like poison for poison.” Ethel was also accustomed to using this remedy as a child to treat nail punctures.

Superstition was a part of treating illnesses as well. Two participants, Shelly and Eve, described being treated for chickenpox as children. Shelly, a nurse, stated, “my mother used to make us back into the chicken house for nine mornings to get rid of the chicken pox.” Eve had a very similar experience as a child. She laughingly added, “I remember when I got the chickenpox. They took me in the chicken coup and they had to make that chicken jump over my head. I had to stoop down and stay there until the chicken jumped over my head.” Table 3 is a compiled list of the home remedies and their primary use as indicated in the findings.

Table 3: Home Remedies and Primary Use(s)

Remedies	Primary Use(s)
Asafetida (herb)	Stomach aches, any illness pertaining to the stomach, and/or headaches
Sassafras (herb), lemon, honey and pine tar	Colds

Life Everlasting (herb)	Colds and fevers
Onions, apple cider, and vinegar (makes a cough syrup after sitting for 1-2 hours)	Cough associated with Colds
Rock candy (sugar and water) mixed with corn liquour or drinking alcohol	Colds
Garlic	Hypertension
Pork	Puncture Wounds
Sardines	Mumps
Urine or rainwater	Treat pink eye
A copper penny	Treat ringworms and puncture wounds
Spider webs	Sutures to stop bleeding
Back into chicken house for nine mornings or Make a chicken jump over your head	Treat chickenpox

Spirituality

Spirituality was a theme that emerged during the discussion surrounding healing. Along with using traditional folk remedies, participants also talked about the need to “believe” in order to be healed. Jane, a native of Beaufort, South Carolina stated, “I believe in the almighty...through his stripes I am healed, but you have to believe it in order to receive the healing that it would bring.” Shelly also talked about believing. However, she felt like you had to believe in the doctor as well. She remarked:

If you go to the doctor and you don't believe in the doctor it's not going to do you any good anyway. Just like you believe in God you got to believe that God gave this human being the knowledge, understanding, and wisdom to work with certain parts of it and God does the rest.

Bernice, a practicing Muslim, had something similar to say about doctors also. She added, “whenever I go for an operation, I ask the Lord to hold the doctor's hand. I feel like in my spirituality Allah guides me and he has me...I believe Allah is there telling the angels to tell the doctor how to treat me.” Martha, who was healed from a coma by her big mama as a child declared, “I believe in miracles...I've had a miracle.

God is the ultimate healer. You can go to these doctors and they do what they were trained to do. If you believe and have faith then it works for you.”

Two participants described spirituality as a way of living for themselves. Donna proclaimed that her spirituality involved not doing “harm to anybody or anything.” She further added that her holistic approach to health included “meditation, acupuncture, and massage.” Rachel also saw her spirituality as an individual effort. She shared, “I am a believer in a supreme being and creator. I think that helps me to have a good spirit about myself. I’m a grounded, well-rounded, educated person.” Carrie, who is considered an expert in the folk medicine field, believed that spirituality was all encompassing when it came to health. She summed it up by saying, “they go hand-in-hand. When you go to a church and they pray about the health of everybody, when you go to bed at night and you ask God to give you good health, but the next day you have a doctor’s appointment. Yep it all goes hand-in-hand.”

Polyculturalism

The concept of “polyculturalism” emerged during the participants reflections on whether they chose to disclose the use of folk medicine to their medical doctors. Mistrust of the medical community is a common theme in the literature and discussion surrounding folk medicine use. The participants expressed this same sentiment as they described whether or not they felt comfortable disclosing the use of folk medicine to a medical professional. When asked the question whether she discussed the use of folk medicine with her doctor Jane stated, “not really because there are some who don’t really believe in the home remedy. They believe in Science.” However she added, “doctor O he believes in home remedies and he do certain things with home remedies.” Dr. O is a doctor from West Africa that practices medicine in the Beaufort, South Carolina area. Dr. O was also mentioned by another participant, Eve, who lives in Sumter, South Carolina. Eve described a similar attitude by other doctors when she stated, “they don’t want to hear it.” Carrie, a folk medicine guru for Sapelo Island, simply stated, “most people choose not to” discuss folk medicine use with their doctors.

Alice, whose parents are faithful folk medicine users, commented, “it’s going to be a while before they decide to go see the doctor. I think they have more faith in their home remedy than the doctor.” As far as whether or not her parents talked to their doctors about folk medicine use she said, “I think they do, certain doctors. Some doctors agree with them.” Bernice also did not have a problem with discussing folk medicine use with her doctor. When asked the same question she affirmed, “yes I do. When I go to my doctors it’s like a 45 minutes to an hour visit. I tell my doctors everything. I think that’s the best way.” When asked whether she had ever been discouraged from using folk medicine by her doctors Bernice confirmed, “never.”

Although Bernice had described a positive experience with discussing folk medicine use with her doctors, another participant had not been so lucky. Donna, who is a faithful folk medicine user, communicated in detail her unrewarding experiences with doctors. She stated:

I have stayed away from doctors when I really should have gone to doctors. I went to them but I didn’t trust them. I have issues now as a result of me pushing aside a doctor and not having the stamina to do plants and herbs...what I truly believed in. I’ve had several appointments and would just not go back. I’ve been pre-op for surgeries and call back and say I’ve changed my mind.

Donna went on to add, “If doctors could talk to me about some of the natural things I want to do...just not say no you do it like this. But they are not very conducive to listening to things that I know will help me.” Once upon a time, Donna used to discuss the use of folk medicine with her doctors, but after failed support, she stopped. She stated, “I used to do it all the time. I used to tell them I want you to write in your notes that on this day I said to you I need to do...however; I do not do it anymore because I found that they are not tolerant.”

Rachel, a retired nurse, also illustrated some interesting points regarding folk medicine use and the medical arena. Personally she stated, “I’m not one to run to the doctor. I would rather try my home remedies.” As far as talking to doctors about folk medicine use she said, “some doctors will go along with

it but most doctors don't. They believe in what they went to school for. A lot of doctors don't want you to talk about herbal medication." She went on to describe her experience working with doctors, "I've been around doctors and practitioners...they believe in the knife, ready to cut. I don't think that's necessary."

However, she added:

I would never say to a person don't take this while I'm working. You can't tell another nurse that folk medicine would be better because it's unprofessional putting your opinion on others. Folk medicine does not work for everyone. Prescribed medication works for some people.

While the responses differed regarding folk medicine use and the medical arena, mostly all the participants stated they had not experienced any discrimination from a medical professional. However Bobby, the only male participant, confirmed he had experienced discrimination. He could not go into much detail because it was still in litigation.

Dual Health Care

With regards to mistrust of the medical community, participants talked about utilizing their folk remedies with prescribed medication, often times, unbeknownst to their doctor. Of the twenty participants interviewed, seventeen of them partook in a "dual health care" system. Rachel stated, "I listen to them [doctors]. If he tells me to take a certain amount of medication, I never do. I always take half or none. I only try prescribed medication...it makes me feel worse than I was feeling." Rachel went on to say that she is a firm believer in the herb "turmeric" and has been taking it for over fifty years. She proclaimed that "out of the seven children my father had...I'm the only one in my family that don't have cancer." Peggy, when asked whether she used both folk remedies and prescribed medication, simply stated, "Yes, I use a mixture." Another participant, Bernice, replied she uses a mixture of both as well. However, once she found a remedy to treat her specific illness she stopped using prescribed medication. She stated, "I do a mixture until I can find out what really is wrong. If I could find out a remedy to treat blood thinners then I would stop [using prescribed medications]."

Other participants also described their mistrust of prescribed medication. They talked about the side effects of prescribed medications and how they are sometimes more deadly than the actual illness. Bernice described prescribed medications as having “so many side effects. I’d rather take home remedies.” Donna also expressed her frustration with prescribed medication by stating, “the side effects will list death as a possibility and people still use it. I just don’t understand.” Eve added, “I do not take all the medicine I get from my doctor.” Interestingly, Rachel the retired nurse also expressed her concerns with prescribed medication. She stated:

Prescribed medication has side effects and allergic reactions and they tend to, when you take them, give you other health problems and then you have to take another prescribed medication. With home remedies you have definite ingredients and with prescribed medications it’s from the lab. It’s not natural...we are natural people.

Geographic Location: Lack of Access to Health Care and Socioeconomic Status

Geographic location is another common theme in folk medicine use. It is often associated with easy access to herbal medication as well as, lack of access to health care. Geographic location is equally important to the Gullah communities who experienced geographical isolation up until the 1930s. This isolation influenced the Gullah use of folk medicine. Carrie, who still resides on Sapelo Island, summed up this idea by stating:

Isolation. Isolation. You living on Sapelo Island, you ain’t going to the doctor. The time it takes you to get to the doctor and come back and hire somebody to take you to the doctor once you get to the mainland...you either die or realize it’s a hassle. People only go to the doctor in extreme cases.

Martha, who also grew up on Sapelo Island, had similar views as well. She added, “there were some people who hated to go off the island for anything.” She further commented on the influence of geographical isolation on folk medicine use:

We lived on an island with no causeway. It wasn't a matter of choice. You either used what you had...there was no other doctor on the island except for my granddaddy. The white people who came to the island for work also used him because he knew what he was doing.

Lack of access to health care was also associated with the participants past or present socioeconomic status. Participants talked about not being able to afford prescribed medication or being able to go to the doctor. Jane began her discussion by saying, "back in the day they couldn't afford prescribed medication and there wasn't too much prescribed medication available because people didn't go to the doctor. They just used the home remedies and it work very well." Ethel also supported Jane's claim of not being able to afford going to the doctor. It is also important to note that Martha discussed how her granddaddy Paw Bill, the doctor for Sapelo Island, did not charge people on the island but was paid through barter. She quoted, "he wouldn't charge people. People gave him things...people hunted and fished...it was done through barter." On the other hand, there were participants who took advantage of having the luxury of going to the doctor in today's era. Vickie described no longer using folk medicine because she was now able to go to a doctor. She remarked, "Now that I can go to the doctor, I do. And I take my medications because I want to live." Vickie was one of the few participants who used folk medicine as a child, but had abandoned it in her adult life. Martha, who grew up solely on folk medicine, also described how it's "not a part of my life" any more. She added, "now, anytime something is wrong...I run straight to the doctor."

Easy Access to Herbal Medications

Relating to geography, many participants discussed having easy access to herbs and roots. The yard was the most common place named as the source for herbal medications. Jane talked about obtaining the roots "in the yard." She also stated you can obtain the herbs from the "herbal remedy store...you can buy the seeds to plant." Carrie agreed with Jane by stating most herbs are found "in the backyard." Alice also supported the idea by stating, "It grows wild. You don't even have to plant it." Bernice described

obtaining most of her herbs from the herbal remedy store, Brighter Day, located in Savannah, Georgia. However, she stated, "I have aloe, but I only use it in grave emergencies. In case I burn myself...then I will go out back, cut them, and use them." Ethel, a native of Sumter South Carolina, described growing up and knowing "an old lady in the community...if you got sick she would go into the woods and make medicine to give to your parents...and your parents made you drink it." Martha's granddaddy, Paw Bill, was the person on Sapelo similar to the lady Ethel described in her community. Martha recalled her granddaddy obtaining medicine from the woods, but also from "another medicine man in the area."

Donna talked about the Sassafras root, which was "indigenous to Georgia and South Carolina." As a child she remembered, "we could dig it in the backyard." Donna also added that she believed plants had "intellect." According to her, she believed "the things your body need...the plants are intuitive enough to grow up around you." She gave an example of living across the street from milk thistle, which is a liver cleanser. She said, "one day, the milk thistle grew right up to my front door...telling me to cleanse my liver and that's what I did."

Geographic location also corresponds to the origins of the home remedies. When participants talked about where to obtain the ingredients for the remedies they also discussed where the remedies originated. Alice believed that most of the home remedies she knew originated from the south, specifically South Carolina. She stated, "I think in the South Carolina area. The only people I hear talk about it are in the country or the South." Two participants, Jane and Bernice, acknowledged that their remedies were products of family members who were brought from other parts of the world to America. Jane described how the remedies in her family came from her "great-grandmother who was brought from the West Indies, to Virginia, and then to Beaufort." Bernice said some came from "great-grandmother on my father side who was from West Africa...her husband was from St. Croix and a lot come from there." Most participants believed majority of the remedies were brought, by way of enslaved Africans, to America. Martha proclaimed, "almost all are African derived." Martha also noted the interaction with Cherokee Indians. Rachel supported this same interaction with Native Americans by stating, "we were

brought to America and many of them came with us. We are all from different parts of Africa and different tribes. The Indians had recipes and medicines they used and people get together and exchange.” Although Carrie acknowledged that a lot of the remedies are “African remedies,” she had mixed feelings about the Native American exchange. She regarded, “sometimes I get a bit protrude when I read things and they attribute medicine to Native Americans and Europeans and they don’t say anything about the African influence on medicinal things in this country.”

Conclusion

In looking at the many factors that influence folk medicine use, it is also imperative to understand the significance and the value of the remedies to the people that preserve them as traditions. Rachel described the significance when she stated, “folk remedies do work and that’s why people pass them on. They have been used for generations.” Jane used her own personal example to describe the significance of folk medicine. She quoted, “when I lived with my in-laws in North Carolina, they got to go to take their children to the doctor. I didn’t. All I had was home remedies to heal my daughter, that’s how I know it works.” Donna also believed that folk medicine worked and could ultimately be a lifesaver for some people. She added, “when most people who are very ill recognize that the medications are not working, they start calling for these remedies. A lot of times it might be a little bit late. Although, I believe any time there is life in the body it is never too late.” Some participants talked about how generational differences also affected the preservation of home remedies. Alice believed that the younger generation was beginning to utilize home remedies more. She explained, “they see the older people are healthier than the younger generation these days and they are.” Bernice also talked about generational differences, “younger generations they will take all the doctors medicine and never do the herb. Then later they will ask you what you take and they will take it.” Gretchen, a practicing nurse in Sumter, South Carolina, felt that her generation had also “gotten away from their roots.” She said it was due to “no one listening to their parents and grandparents.” However, Eve felt the remedies had been preserved “because somebody listened and somebody cared.” Carrie, once again, felt that isolation was the best reason for why the

remedies had been preserved. Carrie also believed that although people went to the doctor, folk medicine was still a vibrant, second culture that was used by Blacks. She concluded:

Any community that virtually stayed black, there is a lot of home remedies in those particular communities. Yes they will go to the professional doctor, but then they will come home, get a hot cup of this or rub down with that. It's who we are.

Summary

The Gullah participants described many social and environmental factors that influenced their folk medicine use. The findings revealed their families and communities provided the first, vital influence regarding folk medicine use. Folk medicine was preserved through traditions and was also influenced by their spirituality. Mistrust of the medical community, dual health care, geographic location pertaining to the accessibility of herbs, and access to health care and socioeconomic status were all great influences on folk medicine use. Summarily, the participants believed folk medicine was and still is important to their communities.

The next chapter discusses the conclusions and implications of the findings. Connections to the empirical literature and theoretical concepts emerge in the chapter. Finally, recommendations are made for future studies.

5 CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The general purpose of this study was to examine the use of folk medicine by the Gullah as well as raise awareness about the importance of cultural competence in the health care field. The research questions guiding this study were as follows: What socio-historical factors influence the Gullah's choice of healing in whether they use traditional, Western, or blending of both modalities? To what degree do health care providers engage in culturally competent practices with the Gullah community?

Nineteen Gullah women and one Gullah man between the ages of 50 and 79 were recruited and interviewed for the purpose of this study. All of the participants interviewed for this study met the criterion. They had to self-identify as Gullah, which included being born and still residing within the

Gullah communities. All twenty participants were interviewed individually and in person. All of the interviews were semi-structured. A qualitative research design was used to explore the Gullah lived experiences as it relates to the use of folk medicine and barriers to health care.

An analysis of the data revealed two major categories related to socio-historical factors that influenced the participant's use of folk medicine: social factors and environmental factors. Social factors included sub-themes regarding family and community influence, mistrust of the medical community, and dual health care. Family influence was also characterized by family traditions. Spirituality was another emergent theme under the social factors category. Environmental factors included sub-themes concerning the impact that geographic location and socio-economic status had on the participant's approach to health. Geographic location also intersected with easy access to herbal medicine and lack of access to health care. Generally, lack of access to health care also coincided with socio-economic status.

This chapter is divided into three parts. The first section is the discussion and conclusion of the study where each category and sub-theme is discussed in relation to the empirical literature and the theoretical concept discussed in Chapter 1. The second section is the implications of the study. Lastly, recommendations for future research are discussed.

Discussion and Conclusion

In observing which socio-historical factors affected the Gullah use of traditional medicine, there were many personal and/or individual factors identified by the participants in this study. Family and community were described as having a significant influence when it came to their use of folk medicine. Members of their family, whether it was a grandparent, aunt, and/or uncle, were the first to introduce them to the practice. Many of the remedies discussed were handed down through their families to maintain good health and to treat illnesses. Carrie mentioned she learned the remedies from her grandparents and other older people in the community, while other participants stated key words like "grandmother" and/or "elderly person." One participant, Martha, had firsthand experience with her family's use of folk medicine. She stated:

My mama's daddy was the doctor for the island and everybody came to him...everybody called him Paw Bill and when anything went wrong with people they came to Paw Bill or Big Mama. Paw Bill knew the roots...I guess it was because he was part Cherokee Indian.

Previous research reveal a positive association of folk medicine use with living with a grandparent when less than 16 years of age.¹²⁹ Also, research suggests that home remedy users were often older adults.¹³⁰ Anthropologist Irwin Press wrote about how folk medicine systems are often characterized by a high degree of shared knowledge between members of a community.¹³¹ Thus, the influence of family and community supports the literature surrounding Black folk medicine being passed from generation to generation and becoming part of the culture.

As described in the literature on Black folk medicine, illnesses can be categorized as natural, occult, and/or spiritual.¹³² Many of the remedies listed in this study were used to treat natural illnesses, which are the result of a physical cause such as infection; disease, weather, and other environmental factors.¹³³ The participants discussed using herbal teas to treat natural illnesses such as the cold, flu, and body aches. Another component of Black folk medicine is the belief of impurities in the body.¹³⁴ Impurities can enter the body through the mouth, top of the head, the soles of the feet, and the pores. Thus, it is important to purge the body of these impurities, which can result in fever. One participant, Nancy, described using onions to bring the fever down by "placing them under the feet." Another participant, Rachel, described using pork on puncture wounds to "draw out the poison." Both of these

129. Boyd, Taylor, Shimp, and Semler, "An Assessment of Home Remedy Use."

130. Murphee and Barrow, "Physician dependence, self-treatment practices."

131. Press, "Urban Folk Medicine," 72.

132. Mitchell, *Hoodoo Medicine*.

133. Watson, *Black Folk Medicine*.

134. Snow, *Walkin' Over Medicine*.

participants associated their healing with removing the impurities of fever and poison/infection from the body.

Some of the remedies discussed in this study were also identified in previous studies concerning the use of folk medicine. According to research, an herb called asafetida was commonly used to treat abdominal discomfort among children and adults in Southern black communities.¹³⁵ Martha described boiling the herb and making it into a tea to drink for “stomach aches or headaches.” Another participant, Vickie, was also given asafetida as a child to make her “pass worms in the stomach.” Life everlasting was another herb mentioned that is indigenous to the Sea Islands. Bobby described it as an “herb that grows wild.” Many of the participants discussed drinking this herb as a tea to treat colds and fevers. Life everlasting was also an herb acknowledged, by participants, in the Project SuGAR (Sea Island Genetic African American Family Registry) study concerning the treatment of type 2 Diabetes among the Gullah.¹³⁶ A previous report compiled by archeologists Mark D. Groover and Timothy E. Baumann suggest life everlasting is a plant that was formerly and/or currently listed in the United States Pharmacopeia or The National Formulary, which are referenced by physicians.¹³⁷

Regarding the health of African Americans, mistrust of the medical community and/or treatment is a common theme discussed in the literature. Historically, African Americans have displayed signs of mistrust towards the medical community because of their experiences with prejudice, discrimination, or culturally insensitive treatment.¹³⁸ Although some of the participants expressed different levels of mistrust of the medical community, only one out of the twenty participants had experienced discrimination from a health care provider.

135. Ibid.

136. Johnson-Spruill et al., “Health of Gullahs.”

137. Groover and Baumann, “They Worked Their Own Remedy.”

138. Brooks, Haskins, and Kehe, “Counseling and psychotherapy with African American.”

The reasons behind whether or not the use of folk medicine is disclosed to medical professionals are also associated with mistrust. Researchers conducting a study of rural residents found that when the value of folk and home remedies were rejected by westernized medicine, residents who combined the two medical systems denied knowledge and use of such remedies when asked in a medical review.¹³⁹ Historically, the use of two medical systems has been utilized by African Americans since the beginning of slavery. Todd Savitt coined the term “dual health care” in his 1978 book, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. He believed the system of dual health care allowed the enslaved to exercise some independence or resistance in providing health care for themselves¹⁴⁰ As evident from Michael Gomez’s concept of a “polycultural” African American community, the use of folk medicine is often hidden from the “host society” or in this case, the medical community.

In this study, participants expressed similar sentiments of mistrust when it came to the medical community and using prescribed medication. They talked about not discussing the use of folk medicine with their doctors because they felt the doctors “really didn’t want to hear it” or “didn’t believe in it.” And some chose simply not to discuss it with their doctors. On the other hand, there were a few who had decided to discuss the use with their doctors, in which the responses differed. Bernice was the only participant who disclosed the use of folk medicine with her doctor and had “never” been discouraged from using folk medicine. Other participants weren’t so lucky. Donna used to discuss the use of folk medicine with her doctor, but after failed support she stopped. Participants discussed their rejections toward prescribed medication as well. Rachel, who has worked in the medical field as a nurse, also expressed her concerns with prescribed medications as having “side effects and allergic reactions.” A

139. Murphee and Barrow, Physician dependence, self-treatment practices.”

140. Savitt, *Medicine and Slavery*.

review written about home remedy use among African Americans supports the idea of side effects of drugs contributing to the loss of confidence in the traditional health care system.¹⁴¹

The medical professionals who took part in this study also expressed concern with the level of cultural competency in the health field. Gretchen and Shirley are both practicing nurses in Sumter, South Carolina and they felt there was not enough culturally competency training taking place in today's health field. Gretchen stated, "I don't think there is enough of training, especially when there are more different cultures coming into the U.S." She went on to say that "one weekend out of a year was not enough" and "classes should be a part of job orientation." Shelly felt the same way and even noted that her job did not require her to continue taking cultural competency classes. She said, "I go to a cultural competency conference each year. It's something that I do on my own so I can understand the different cultures I work with." Rachel, the retired nurse, talked about working in the 70's and 80's and not receiving any training on how to work with different cultures. She commented "the only training I had was on death and dying, nothing about how certain cultures handle death."

The reasons for why the nurses felt culturally competency training is needed were described in their experiences with patients and other healthcare providers. Gretchen strongly proclaimed that, "many people are often misdiagnosed because of their culture." She spoke about working in the mental health field and observing a psychiatrist make smart, insensitive remarks about an African American patient who was being treated for "hearing voices from God." The patient was labeled a schizophrenic; however, Gretchen did not agree with the diagnoses. When Gretchen decided to talk to the doctor about how African Americans and some other cultures view communication with God in a spiritual sense; the doctor even questioned Gretchen's sanity. Gretchen stated, "the doctor looked at me and said oh my God, you hear voices too in a mockery manner." Gretchen talked about the uneasiness she felt at that moment because the psychiatrist was Pakistani, the counselor was White, and she was African American. She remarked, "at that moment I understood why patients were reluctant when talking with doctors." Shelly

141. Taylor, Boyd and Shimp, "A Review of Home Remedy Use."

had also observed medical professionals at her job make fun of a lady that refused to take her medication for “hot flashes,” but relied heavily on “black cohosh” which is a poplar herbal remedy that is used to treat menopause. She would overhear the other nurses and doctors label the lady as “foolish” or say “this doesn’t make sense.”

On the other hand, Shelly stated that was just once instance. She went on to describe how the hospital she works at does try to accommodate patient’s requests. She stated, “when patients use herbal remedies or folk remedies we have them to sign a release form that is put in their files. Questions about folk or herbal remedies are asked in a questionnaire they fill out.” Signing the release forms allow the medical professionals to administer the folk remedies to the patients while they are in the hospital setting; however, the remedies come from the patient’s own personal belongings not the hospital. Although Shirley felt this allowed for more open discussions surrounding different approaches to health, she still felt minority patients concealed a lot. She quoted, “African American’s still have what we call the “white coat fear.” They are not going to tell everything.” Shelly did note that she believed her hospital worked hard to incorporate folk remedies and other health approaches because they “practice in area that services different cultures, such as the Gullah.”

When asked if they ever thought there could be an integration of folk medicine and Western medicine in the healthcare field, as modeled after other countries, there were mixed but somewhat similar views expressed by the nurses. Rachel did not have much faith in integration. She stated, “some doctors will accept it and some won’t because medications is a big business.” She also believed some doctors might accept the use of folk medicine, but not respect what it stands for. Shirley felt the same way about the pharmaceutical field being a “money market.” However, she had mixed emotions about integration. She commented, “if everyone used folk remedies then there would be no need for a hospital,” implying that her job as a nurse could be placed in jeopardy. Gretchen seemed enthusiastic about an integration of folk medicine into the healthcare field; however, she still felt cultures that have a strong history of folk

medicine use “will continue to keep some parts of it hidden because it’s a part of who they are and they want to protect it.”

The last theme to emerge under the social factors category was spirituality. The spiritual component of folk medicine has long been a theme in Black folk medicine and has ties to the African past. In a study exploring the use of traditional and faith healers in Ghana, West Africa, one Ghanaian traditional healer described receiving the knowledge from God of which medicines to use for particular illnesses.¹⁴² In Sharla Fett’s book, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, she also argues that the act of preparing and administering the medicines brought the healer close to spiritual power.¹⁴³

In this study, spirituality was favored over religion because the beliefs of the participants cut across different religious institutions or doctrines. Although majority of the participants were Christians, there were a few who were Muslim and one that was non-denominational. Spirituality tended to extend beyond all facets of the participant’s lives. Spirituality was also associated with whether or not participants believed in the doctor, the remedy or treatment being used, and/or the ability to be healed. Many of these beliefs were discussed in relation to having faith in a high power or entity. They referenced believing in “God” or “Allah” in order to be healed. Some even saw the connection between spirituality and medical professionals. Bernice stated she would “ask the Lord to hold the doctor’s hand” during operations. Shelly supported this idea by believing it was necessary to have faith in the doctor. She stated:

If you go to the doctor and you don’t believe in the doctor it’s not going to do you any good anyway. Just like you believe in God you got to believe that God gave this human being the knowledge, understanding, and wisdom to work with certain parts of it and God does the rest.

142. Ae-Ngibise et al., “Whether you like it or not,” 561.

143. Fett, *Working Cures*.

Because participants believed spirituality was all encompassing, they described it as a way of living and relating to the world and people around them. Donna described her spirituality as not doing “harm to anybody or anything.” She also included meditation in her holistic approach to health. Carrie, who is considered a Gullah expert on folk medicine, summed up the idea of spirituality by saying:

they go hand-in-hand. When you go to a church and they pray about the health of everybody, when you go to bed at night and you ask God to give you good health, but the next day you have a doctor’s appointment. Yep it all goes hand-in-hand.

Earlier studies have shown that African Americans who were born in the rural South are more likely to use home remedies.^{144 145} Geographic location is significant to the Gullah population because up until the 1930s, they lived in relatively isolated rural areas. Although isolation has allowed the Gullah to maintain their heritage, it has also created barriers to health care. In this study, geographic location was attributable to lack of access to health care as well as, easy access to herbal medication. Lack of access to health care was also associated with a participant’s past or present socioeconomic status. The participants, who grew up on Sapelo Island, stressed the importance of isolation on their use of folk medicine. When talking about why she used folk medicine Carrie proclaimed, “isolation, isolation.” She further added, “if you living on Sapelo Island, you ain’t going to the doctor.” This was in reference to the time it took to catch a boat to the mainland and then finding a ride into town. Martha, who also grew up on Sapelo Island, supported Carrie’s claim of isolation by stating, “we lived on an island with no causeway. It wasn’t a matter of choice. You used what you had.”

Home remedy use has also been positively associated with decreased socioeconomic status.¹⁴⁶ When discussing their childhood, Jane and Ethel both discussed not being able to afford a visit to the

144. Snow, “Folk Medical Beliefs.”

145. Horace Stewart, “Kindling of hope in the disadvantaged: A study of the Afro-American healer,” *Mental Hygiene* 55, no. 1 (1971): 96-100.

146. Snow, “Folk Medical Beliefs.”

doctor or prescribed medications. Interestingly, Martha talked about her granddaddy, who was the medicine doctor on Sapelo Island, not charging the residents when they paid him a visit. Martha added that the transaction “was done through barter.” The idea of bartering for folk medicine supports research that suggests folk remedies are relatively inexpensive.¹⁴⁷ There were a few participants who favored the luxury of going to the doctor in today’s era, even when they grew up using folk medicine. Vickie talked about taking her medications faithfully while Martha discussed going “straight to the doctor anytime something was wrong.”

The readily availability of folk remedies has found to be an important trend in the use of folk medicine.¹⁴⁸ Majority of the participants related their geography to easy access to herbs and roots. Participants talked about obtaining roots from “in the yard,” or “backyard.” Some even obtained their herbs from an “herbal remedy store.” Others described knowing someone in the community who could “go into the woods and make medicine” to give away. The geographical origins of the remedies were also discussed in relation to their availability. Majority of the participants believed the remedies originated by way of their ancestors. Jane believed the remedies in her family came from her “great-grandmother who was brought from the West Indies, to Virginia, and then to Beaufort.” Bernice attributed her remedies to a “great-grandmother who was from West Africa.” Other participants could not name a specific family member by which the remedies were transported; however, they all believed the remedies were “African derived.” Some even attributed them to the interaction with Native Americans. Literature on Black folk medicine supports this claim as well.¹⁴⁹

In conclusion, the Gullah participants identified many socio-historical factors that influenced their use of folk medicine. Through the interactions with their family and community, participants were able to

147. M.R. Ritter, “Take two spider webs and call me in the morning: Southern folk medicine,” *NC Medical Journal* 53, no. 5 (1992): 244-247.

148. Ibid.

149. Snow, *Walkin’ Over Medicine*, 32.

describe the traditions and experiences surrounding the use of folk medicine. They were also able to talk about the perceptions regarding mistrust of the medical community, access to health care and easy accessibility to herbs and roots. Summarily, the participants believed folk medicine was and still is important to their communities. Therefore, one can safely assume the use of folk medicine is still prevalent among the Gullah culture.

Implications

The findings of this study imply that folk remedies are still used in the Gullah communities, and these remedies have been handed down through generations. Many of these remedies are still obtained, prepared, and used in the same ways as they were centuries ago. Furthermore, it can be implied that these remedies still work and are believed to have originated from Africa, given the accounts by the participants and current literature. The emergent theme of spirituality also implies that it is connected to the healing process.

Another implication of this study is that the lack of trust in medical professionals and treatments is still a valid perception among the Gullah. The decision to not discuss the use of folk medicine illustrates the validity of the “polycultural” concept discussed in Gomez’s work. Because participant’s beliefs and traditions are not being supported and are being made mockery of in the health care arena, they tend to hide or conceal the use of folk medicine from their health care providers. They also tend to utilize a “dual health care” system in order to hold onto their family and culture beliefs. Importantly so, these findings imply there is a need for the medical community to become more culturally sensitive and competent of the populations they service. Culturally competency training classes should be required for each new employee and continued throughout. Questions pertaining to the use of folk medicine should be asked at each doctor visit and accommodated if found not to be harmful to the patient. This will create better relationships between medical professionals and patients and also, ensure more open and honest discussions regarding the use of folk medicine.

Recommendations for Future Research

The purpose of this qualitative study was to examine the use of folk medicine by the Gullah as well as raise awareness about the importance of cultural competence in the health care field. Based on the research findings, the following recommendations have been proposed for future research:

- Conduct studies with groups other than Gullah or African Americans.
- Include a more representative sample of male participants.
- Include a more representative sample of younger participants.
- Include a more representative sample of medical professionals.
- Include research questions regarding self-care behaviors for specific health conditions.

Conduct studies with groups other than Gullah or African Americans:

Using the Gullah in this study had implications for the degree to which the use of folk medicine was familiarized and practiced. Because of the long history and association of folk medicine with the Gullah population, their perceptions of folk medicine use might differ widely from someone who currently practiced the use of folk medicine, but did not have a long history of practice. More so, a review of the literature indicates that home/folk remedy use is not limited to the Black culture. For these reasons, using a population other than Gullah or African Americans may yield differed results.

Include a more representative sample of male participants:

The participants in this study imply that females are the primary users of folk medicine. Although previous work indicates that women are frequently the family caregivers and the healing role is passed from mother to daughter,¹⁵⁰ men also play important roles in folk medicine use. Research suggests that among African American healers, individuals that specialize in occult and spiritual illnesses are often men; while herbalists and those who cure natural illnesses are usually women.¹⁵¹ Thus, it is important to

150. Snow, "Folk Medical Beliefs."

151. Groover and Baumann, "They worked their own remedy," 23.

include a representative sample of men in order to gain their perspectives and insights towards the use of folk medicine.

Include a more representative sample of younger participants:

The participants in this study imply that older people are the primary users of folk medicine. Previous research has found that home remedy users were often older adults.¹⁵² As well as, home remedies being passed down from a grandparent or older relative and/or person in the community. However, there is no strong empirical support for this theory. For these reasons, including a younger population sample can provide further insight regarding who practice the use of folk medicine and how the remedies are passed down.

Include a more representative sample of medical professionals:

This study utilized the data triangulation method to further validate the findings. This method allows for the comparison and contrasting of different perspectives expressed by the participants, who are often stakeholders within the community being studied. The perspectives of nurses were used in this study to provide further insight into how folk medicine use is perceived in the medical community. Although the perspectives of the nurses were vital to this study, the need for a more representative sample of medical professionals, including doctors and specialists, are equally important. If cultural competency is to become relevant in the health field, this inclusion must take place.

Include research questions regarding self-care behaviors for specific health conditions:

Literature suggests there are a limited number of studies of self-care behavior regarding the trend in home remedy use.¹⁵³ However, there is an increasing trend of self-care behaviors among patients. Furthermore, African American's are dealing with health disparities relating to heart disease, cancer, diabetes, and HIV/AIDS.¹⁵⁴ In order to gain a better understanding of these health conditions and the

152. Snow, "Folk Medical Beliefs."

153. Taylor, Boyd, & Shimp, "A Review of Home Remedy Use," 127.

154. CDC, "Health United States 2007."

remedies being used to treat them, questions regarding self-care behaviors must be examined and addressed in future studies.

Summary

The purpose of this study was to explore the use of folk medicine among the Gullah as well as, support the need for more culturally competent and sensitive health care professionals in the health care arena. This study adds to the existing body of literature on the use of folk medicine and health disparities affecting African American populations such as the Gullah. The findings in the study revealed that the use of folk medicine was still prevalent among the Gullah. The factors that influenced the use of folk medicine ranged from family and community influence, spirituality, mistrust of medical professionals and treatment, geographic location, which related to lack of access to health care, socioeconomic status, and easy access to herbal remedies. Furthermore, a dual healthcare system is often utilized because people want to hold onto their culture beliefs and practices. Culturally competency training could be a first step in bridging the gap between folk medicine and Westernized medicine. These conclusions, along with implications and recommendations for future research were provided.

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APPENDICES

Appendix A

Informed Consent

Georgia State University Department of
African American Studies Informed
Consent

Title: Folk Medicine Usage by the Gullah in the 21st Century

Principal Investigator: Dr. Sarita K. Davis

Student Investigator: Tiara S. Banks

I. Purpose:

You are asked to take part in a research study. The purpose of this study is to look at the ways the Gullah use folk medicine in today's society. You are asked to take part because you are Gullah and still live within the Gullah communities. A total of 20 persons will take part in the study. The study will require 45 minutes to 1 hour of your time for the first day. The second day will require a 15 minute follow-up visit or phone call.

II. Procedures:

The interview will focus on the use of folk medicine by the Gullah. I will ask you questions about you and your family's use of home remedies. We will also talk about how doctors and traditional healers influence folk medicine use. The student P.I. will interview you at your home or another place we have both agreed upon in your community. The interview will be audio-recorded. An interview guide will guide the interviews. However, you are encouraged to share more. The interview will be 45 minutes to 1 hour on the first day. The second day will be a 15 minute follow-up visit or phone call. Payment will not be given for taking part in this study. We will not ask you any information that may reveal your identity or the identity of people you know.

III. Risks:

There are no known physical risks. In the course of the interview, it is possible that information may come out that could make you feel uncomfortable. If such a moment should occur you can be referred to a professor in my department. His name is Dr. Makungu Akinyela. He is a trained therapist. If any questions asked make you feel uncomfortable at any time, you do not have to answer them.

IV. Benefits:

Participation in this study may not benefit you personally. Overall, we hope to gain information about health issues affecting your community by looking at folk medicine use.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you change your mind, you have the right to drop out at any time. Your information will be destroyed. You may skip questions. You may also stop the interview at any time. Whatever you decide, you will not lose any benefits.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. The study's primary researcher (Tiara Banks) will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly. This includes Georgia State University's Institutional Review Board and Dr. Sarita Davis, who is supervising this study. There will be no way to identify individual people in the study. The information you provide will be stored in a locked cabinet in the home of the student P.I. We will save electronic files on password and firewall protected computers. Audio recordings will be kept in a secured location in the home of the student P.I. After we make written notes, the audiotapes will be destroyed. Your name and other facts that might point to you will not appear when we present this study or publish its results.

VII. Contact Persons:

If you have any questions about this study or if you have been harmed from being in this study, call Dr. Sarita K. Davis at 404.413.5134 or saritadavis@gsu.edu and/or Tiara Banks at 678.316.7969 or tiarabanks09@gsu.edu. If you have questions or concerns about your rights as part of this study, you may contact Susan Vogtner in the GSU Office of Research Integrity at 404.413.3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research and be audio-taped, please sign below.

Participant

Date

Principal Investigator or Researcher Obtaining Consent

Date

*Appendix B**Recruitment Ad Flyer*

Georgia State University Department of
African American Studies Recruitment
Ad Flyer

Title: Folk Medicine Usage by the Gullah in the 21st Century

Principal Investigator: Dr. Sarita K. Davis

Student Investigator: Tiara S. Banks

My name is Tiara Banks and I am a graduate student in the Department of African American Studies at Georgia State University. I am looking for members of the Gullah communities to take part in my study.

You are asked to take part in a research study. The purpose of this study is to look at the ways the Gullah use folk medicine in today's society. You are asked to take part in this study because you are Gullah and still live within the Gullah communities. You must be 18 years old and older to take part in the study. A total of 20 persons will take part in the study. The study will require 45 minutes to 1 hour of your time for the first day. The second day will require a 15 minute follow-up visit or phone call.

If you would like to take part in this study, please call me at 678.316.7969 or email tiarabanks09@gmail.com.

Payment will not be given for taking part in this study.

*Appendix C**Interview Guide*Folk Medicine Usage by the Gullah in the 21st Century

Thank you for agreeing to participate in the semi-structured interviews looking at the usage of folk medicine by the Gullah in contemporary society. Again we remind you, that your participation in this interview is completed involuntary. You can refuse to answer any questions and/or stop the interview at any time. Also, please note that your responses to the interview questions will be kept confidential and your name will never be reported with any of your answers. This guide will be used to initiate the conversation and to serve as a reminder as to the questions that are important to ask during the interview. I am estimating 45 minutes to 1 hour for each interview, with a 15 minute follow-up visit or phone call the next day.

1. Did your family ever use any home remedies to cure illnesses while you were growing up?
2. Why do you think they used home remedies to treat illnesses versus prescribed medication?
3. What kinds of home remedies did or does your family use?
4. How do these remedies work and for which illnesses?
5. Do you still use these home remedies today?
6. From whom did you learn of these remedies? Ex: grandparents or older relative
7. Do you know the origins of these remedies?
8. Where do you obtain the ingredients used in the home remedies? Ex: pharmacy, herbs store, and/or your own backyard
9. Do you use only home remedies or do you mix both home remedies and prescribed medication? Why?
10. How do you know when it is time to quit using home remedies and go to the doctor?
11. Do you discuss the use of home remedies with your doctor? If so, what's the response? If not, why do you choose not to?
12. Does your doctor ever discourage you from using home remedies?
13. Do you believe there are some illnesses that are based in spiritual problems more than physical problems, which cannot be treated by a professional doctor?
14. Do you believe in the use of a traditional healer? Have you ever used one? If so, explain the circumstance.

15. How important is spirituality to your approach on health?
16. What do you feel are the pros of using folk medicine to treat illnesses?
17. What do you feel are the cons of using folk medicine to treat illnesses?
18. Why do you feel these home remedies have been able to be passed down and preserved from generation to generation?

Wrap-up- Do you have any questions for me?