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THE MEDICAL SYSTEM OF A GROUP OF URBAN BLACKS.

The University of Arizona, Ph.D., 1971
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1971
THE MEDICAL SYSTEM OF A GROUP OF URBAN BLACKS

by

Loudell Marie Fromme Snow

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF ANTHROPOLOGY
In Partial Fulfillment of the Requirements
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1971
I hereby recommend that this dissertation prepared under my direction by LOUDELL MARIE FROMME SNOW entitled The Medical System of a Group of Urban Blacks be accepted as fulfilling the dissertation requirement of the degree of Doctor of Philosophy.

Dissertation Director Date

After inspection of the final copy of the dissertation, the following members of the Final Examination Committee concur in its approval and recommend its acceptance:

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ACKNOWLEDGMENTS

A doctoral dissertation is the culmination of years of graduate study, during which any student incurs a number of debts both personal and organizational. I should like to publicly discharge a few of these debts.

A fellowship from the Woodrow Wilson Foundation made possible my first year of graduate school more than a decade ago. In 1968, I was awarded a Graduate Fellowship for Women by the Danforth Foundation. The Foundation's generous financial support of myself and my son made it possible for me to return to graduate school after an absence of several years. The format of the dissertation depends heavily on tapes collected during the field work. The Department of Anthropology of The University of Arizona kindly allowed me the use of a tape recorder.

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My informants, of course, must remain anonymous. I should like to say, however, that they are among the nicest people I have ever met. Their genuine hospitality made the months of field work a very pleasant interlude. I thank them all.

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ABSTRACT

An ethnographic study of the medical system of a group of black residents of Tucson, Arizona is described. Informants in the study live in a small residential enclave which has been surrounded by the City's urban expansion. The majority of neighborhood residents are middle-aged and elderly. Most have migrated to the City from the border South states of Kentucky, Arkansas, Oklahoma and Texas.

The medical system of these rural migrants to the City is a composite, comprising elements of African origin, survivals from both the folk and formal medicine of the ante-bellum South, and modern scientific medicine, all inextricably blended with the tenets of fundamentalist Christianity.

Diseases are classified into two broad categories, "natural" and "unnatural." Natural diseases may be further subdivided according to causal factors. Man is considered to have a dual nature, corporeal and spiritual. His physical being is considered bound by natural laws, as are the plants and animals. The weather, the changing seasons and the movement of the sun, moon and planets are believed to affect the human organism, and many physical illnesses are thought to be due to infringement of some law of nature. Man's spiritual nature is believed bound by divine laws, and it is considered that God may punish transgression of these laws by causing the individual to fall ill. "Unnatural" illnesses are those which may come about as a...
result of man's place in society. These illnesses too may be subdivided according to causal factors. The anxieties and tensions of daily life are thought to produce certain illnesses which informants consider "mental." Hostility in inter-personal relationships, on the other hand, may result in the individual becoming the victim of witchcraft.

The ability to cure illness is felt to be a gift from God, and curing abilities are differentially bestowed. There is a hierarchy of healing practitioners, classified according to how much ability they possess, what modes of curing they utilize, and what types of illnesses they are able to cure. Medical doctors are thought able to cure only those natural illnesses due to environmental factors, mainly by the use of medicines. Spiritual healers are persons to whom God has given the ability to cure during a religious experience. Such persons may have little education, and no medical training at all. They are thought able to cure all illnesses except those which are the result of witchcraft, mainly by prayer and the laying on of hands. Informants consider the most powerful healer of all, however, to be an individual born with the gift of healing. Such individuals can cure both natural and unnatural diseases, and only such persons can counteract the results of witchcraft.

The medical system described in the study is at odds in many respects with that of scientific medicine. It is suggested that applied medical personnel be made aware of such differences, since low-income blacks are often in the target population for public health activities.
CHAPTER 1

INTRODUCTION

A young man has spent the night lying before the altar of a Pentecostal church, praying that God will cure him of epilepsy. A woman with a small baby sits in a pediatrician's waiting room on the city's east side. A middle-aged man struggles to start his ramshackle truck so that he may take an elderly neighbor to the County hospital, where health care is provided for the indigent. At a Spiritualist temple, a woman who is a licensed practical nurse attends meditation classes so that she may learn to "visualize herself in the white light of protection." Nothing in her nursing course taught her what to do if she had been bewitched.

Despite the apparent disparities, these people share two things in common. First, all are blacks living in a poor neighborhood in Tucson, Arizona. Second, all believe that expert attention is needed for the restoration of health. All, in other words, have reached a particular stage in illness referral behavior, one aspect of the medical system. The description of such a medical system for a segment of Tucson's black population will be the subject of this dissertation.

The illness referral system of any group may be thought of as a map of medical decision making. It charts the possible choices
which are set in motion by illness within the group. It involves the
interrelationships between what Polgar (1963) has called "health
actors" and "clients" in the illness situation. An illness referral
system, like any other aspect of human behavior, is of little mean­
ing unless the underlying causes of such behavior can be discovered.
Description of the behavior alone (without knowing the cultural
rules underlying it) may even be misleading. Why does Brother
Matthew go to church for a cure while Arthur goes to the County hos­
pital? Why does Lily take her baby to a pediatrician when her
neighbor's child is cured by its grandmother? Why does Alma feel
that her illness is the result of witchcraft, and that a physician
can do her no good? To what does Harry attribute his lifetime of
ill health? To what does Olive attribute her 85 years of good
health? Answers to all of these questions are found in the beliefs
and values of the group. Illness referral systems, then, are no more
than observable behavior patterns based on underlying assumptions
about health and illness.

The illness referral system is the third and final stage in
Polgar's (1963) model of health action. Schematically, his model
might be presented as follows.

I. Basic Value Orientations

II. Notions

III. Illness Referral Behavior
   a. Self-addressed phase
   b. Lay Action phase
   c. Professional phase
Meaningful comparisons of health behavior (inter- as well as intra-group) must reflect basic beliefs, not just observed behavior. Identical behavior may not reflect identical beliefs. For example, an upper class black may go to the doctor because he believes in the expertise conferred on the physician by long years of academic training. The lower class black person, on the other hand, may see the physician's academic training as essentially irrelevant, believing instead that the physician has been given "the gift of healing" by God.

**Basic Value Orientations**

Polgar considers the work of Kluckhohn and Strodtbeck (1961) on value orientations to be useful in discovering basic health beliefs. These authors have described value orientations as (Kluckhohn and Strodtbeck 1961: 4):

... complex but definitely patterned (rank ordered) principles, resulting from the transactional interplay of three analytically distinguishable elements of the evaluative process -- the cognitive, the affective, and the directive elements -- which give order and direction to the ever-flowing stream of human acts and thoughts as these relate to the solution of "common human" problems.

The authors maintain that although value-orientations vary cross-culturally, variation is only in the ranking of component parts. They consider the five basic value orientations to be (Kluckhohn and Strodtbeck 1961: 11):

1. What is the character of innate human nature?
2. What is the relation of man to nature (and supernature)?
3. What is the temporal focus of human life?
4. What is the modality of human activity?
5. What is the modality of man's relationship to other men?

In the present study, the first two and the last of these orientations seem to have the most importance re the health system. That is, the relationships between the individual and nature, super-nature, and his fellow man seem to take precedence over time and the activity orientations. Shannon (1968) has reported that blacks perception of individual manipulative power and of time perspective (present or future orientation) fall between those of Anglos and Mexicans. This perhaps results from a combination of low income and a history of racial discrimination. Life style is in many ways restricted when income is very low. The relationship of the black individual vis-à-vis white members of the larger society also affects his ability to control his future. Shannon (1968: 32) has commented, for example, that there is an "occupational ceiling" for blacks and Mexicans, and that for them education may not be rewarded in the same way it is for Anglos. Whatever the reason, the poor black man may feel more comfortable in his dealings with God than with his white boss.

Notions

Polgar suggests that what he calls "notions" provide (1963: 404) "... a conceptual bridge between value orientations on the one hand and observable behavior on the other.", and that they "... include ideas, cognitions, explanations, rationalizations, anticipations, sentiments, memories, and the like. ..." He feels that such notions are easily verbalized whereas value orientations are not.
Illness Referral Behavior

Polgar sees illness referral behavior as proceeding through three phases:

1. Self-addressed phase
2. Lay Action phase
3. Professional phase

In the first of these phases, the client and health actor are the same individual. That is, the individual perceives himself to be ill and alters his own behavior in some way. This phase might therefore include such actions as taking a nap, introducing dietary changes, or the decision to take medicine of some kind. No other individual is consulted or included in the procedure(s) chosen.

The Lay Action phase includes additional personnel. The illness is mentioned to another person, ordinarily someone in the immediate social group, who recommends a course of action. This "lay health actor" may be actively consulted by the sick person, or advice may be proffered without solicitation. A number of such lay actors may interact with the client during the course of an illness. If alleviation of symptoms is not obtained, however, it is usually considered that more expert help is required, and the third (Professional) phase is entered.

In the Professional phase of the illness, the patient seeks out someone who is thought to have special healing abilities. Polgar feels that the health actor may be considered professional if he is so recognized by the members of the group to which he and the client be-
long. Other investigators, Freidson (1960), for example, have con­sidered an individual to be a health professional only if trained in modern medicine. In any case, this phase involves recognition of the fact that additional knowledge or ability are required if a cure is to be effected. It should be noted that in each of these phases "health action" is seen from the view of the sick individual. The system does not therefore provide for those cases in which an indi­vidual perceives another to be ill (e.g., a mother detects symptoms in a child) and initiates alleviative measures.

The adequacy of the Polgar model has been tested in the present study. Its most serious lack is that there is no provision for failure in the Professional phase of illness referral behavior. The scheme must therefore be modified to include behavior when a cure is not forthcoming. Such a modification is proposed in the final chapter.

**Need for Study of Black Health Beliefs**

There is very little information available concerning the health beliefs and practices of American blacks as distinguished from other segments of the population. This has resulted from an idea that there is no difference—that poor blacks, for instance, behave like poor whites. In a widely quoted study of American blacks, for exam­ple, Pettigrew (1964: 37) states that the black American is "fully acculturated."
A few studies of regional (Southern) health beliefs have included blacks, but socio-economic status and rurality are considered of prime importance (Murphree 1968: Murphree and Barrow 1970). In a study of Southern folk beliefs concerning childbirth, for instance, findings were not differentiated along racial lines because of the author's (Murphree 1968: 133) "... contention (a personal one) that, at the lowest socioeconomic level, cultural differences between the races become narrower."

Occasionally, however, there is an intriguing hint that blacks might possess a system of medical practices contrasting in some ways with that of the larger society. Brunson (1962) has reported on blacks who have migrated from the South to Lansing, Michigan. Using the retention of Southern foods and Southern medical remedies as indices of degree of change, she hypothesized that the higher the socioeconomic level, the lower would be the survival of Southern food and medical practices among her informants. Considering survivals as (Brunson 1962: 1): "... those practices or beliefs which were once adapted to previous conditions of life but have become obsolete under existing conditions," she found that food practices were indeed changing but that the group apparently did not consider their medical practices "obsolete." Using informant's age, highest grade completed by informant, employment status of informant, husband's occupation, highest grade completed by husband, husband's monthly pay, and monthly payment for rent or mortgage as measures of socioeconomic level, she found that (Brunson 1962: 117):
Of the seven measures of socio-economic level, the hypotheses predicted change in the use of medical remedies with precision in only one instance, and the general direction in only two more. The indexes of change for the remaining measures were either contrary to the hypothesized direction or indeterminate.

She found that her informants were deeply attached to certain herbal remedies which they had prepared and used in the South, and special efforts were made to obtain the proper herbs. In one case, a woman made an annual trip back to South Carolina to collect plants and herbs for the use of her family and friends. One year she lacked funds to make her trip, and friends took up a collection to help pay for her ticket. Brunson also reports that pharmacists in Lansing had so many calls for certain patent medicines used in the South that they had to begin stocking these remedies. A number of them are also widely used by informants in the present study.

Other works not strictly medical in orientation also yield some information. Folk practitioners have been reported among blacks in different parts of the country (Abrahams 1964; Harwood 1969; Stack 1970). "Official" medical notice of such home curing practices sometimes borders on the hysterical (Saphir et al 1967: 437):

Because of a highly suggestive history and characteristic clinical manifestations, poisoning... was diagnosed in a 24-year-old Voodoo worshipper. The poison was apparently included in a medicinal potion prepared by a Voodoo priestess. The evidence for the above, while circumstantial, appears medically sound. The episode occurred in the urban North among the American Negroes. It is yet another occult way for the unsuspecting--patient and physician--to be led astray.
Informants in the present study who are folk practitioners are well aware of licensing laws, and always hastened to assure me that they do not charge for their ministrations, although "donations" are accepted. They also hold many beliefs which they know contrast with those of the doctors and nurses with whom they come in contact, and these are usually not mentioned to such personnel for fear that they will be laughed at. Anna P., for example, still speaks with resentment of the pharmacist who laughed when she asked for "buzzard grease," an old remedy for sore muscles.

A number of black medical beliefs are found in collections of Southern folklore (Puckett 1926; Botkin 1949; Hughes and Bon-temps 1958; White 1961), but these are of limited usefulness. Ordinarily these are simple collections of quaint and curious customs, and it is usually impossible to say how prevalent any given belief is, or if it was extant at an earlier time and has since died out.

Some other information of a medical nature can be found in discussions of black nutritional habits; the idea, for instance, that certain foods can affect the blood or that the eating of red meat causes high blood pressure (Cussler and DeGive 1952; Comely, Bigman and Watts 1963).

The majority of information on blacks and medicine, however, concerns poor health care delivery and differential disease incidence between racial groups. In part, American racism has been blamed. Nearly 30 years ago, Myrdal stated (1944: 344):
Mortality in all age groups is much higher among Negroes than among whites. Negroes suffer much more from nearly all sorts of illnesses. . . the major part of these differentials is not due to greater susceptibility on the part of Negroes, but to the impact of economic, educational, and cultural handicaps, directly or indirectly imposed upon Negroes by discrimination.

That this problem has worsened is the conclusion of the first nationwide conference on the health status of American blacks, held at Howard University in the spring of 1967. Reporting on this conference, Cornely (1968: 647) says: "Any objective look at the available data comparing Negro and white mortality and morbidity shows that the gap between the two is getting wider. This is true for most of the important public health indexes used in this country." He continues that, though the health problems of blacks are also the health problems of the poor in general, (Cornely 1968: 652-3):

There is a basic difference between the black and white poor because of discrimination and segregation which continue in our midst. Both the consumer and the providers of health services suffer. This is not a mere physical barrier. . . it is emotional and it alters the attitude and behavior of those who seek health and those who dispense it.

Discriminatory practices can result in attenuated mental health as well. The emotional problems generated by discriminatory practices towards American black people have been well documented (Kardiner 1959; Pettigrew 1964; Clark 1965; Drake 1966; Rainwater 1966). Differential incidence of certain organic diseases between whites and blacks may also reflect reaction to constant stress. Selye has reported that (1946: 191) "Nephrosclerosis and hypertension can most probably be regarded as diseases of adaptation when they
occur as a result of continuous exposure to stress and strain."

Reviewing the results of medical examinations on more than 4,000 whites and blacks residing in Chicago, Stamler et al (1964: 393) have reported that "Negro men and women in the United States have markedly higher rates of hypertensive disease than do whites." Discussing the findings of the National Health Examination Survey, Damon has more recently said (1969: 73): "Negro rates were significantly higher for hypertension; for hypertensive heart disease, both absolutely and as a percentage of those with hypertension. . ." Thus, social factors can directly and adversely affect physiological states as well as emotional well-being.

The paucity of information concerning the health beliefs and practices of blacks combined with the problem of effective delivery of medical care makes the investigation of the medical system worthwhile. Knowledge of the congruence of the system with that of health practitioners should also be helpful to applied medical scientists. As Lindemann has commented (1965: 278):

A host of new considerations not belonging to the traditional image of medical care has forced itself upon us. Instead of dealing with sick organ systems only, we have to consider our patients as persons in crisis whose life has become affected by social changes, by conflicting demands, and who can get the help that they seek only if we learn to understand the community matrix in which they have to function.
CHAPTER 2

RESEARCH TECHNIQUES

Rowdermaker long ago made an ethnographic study of the black population of a Southern town and remarked that (1939: 13):

... side by side live the respectable and the disreputable, the moderately well-to-do and the very poor, the pious and the unsaved, the college graduates and the illiterates, the dusky blacks, the medium browns, the light creams, all thrown together because they are Negroes.

If this is true today as well, one might expect to find within a specified geographical area diverse life styles and behavioral patterns, with concomitant differences in value orientations. Green (1970) recently commented that the narrow focus of recent studies of American blacks (cf. Liebow 1969; Keiser 1969) has blurred the diversity of life styles which does exist in the black community.

A conscious effort has therefore been made to find an area of the city of Tucson small enough to be investigated by one person, and in which a significant portion of the population is black. Such an area was found in the Martin Hill Neighborhood (a fictitious name). Field work was carried out during a period of seven months—October 1970 through April 1971.

Historical sources, data from the U. S. Census reports, mapping techniques and information from the 1970 Tucson City Directory have all been used to describe the Neighborhood. The Tucson City Planning Department kindly provided an enlarged aerial photograph of
the area on which each building could easily be identified. They also provided a set of blank maps showing each block in the Neighborhood broken down into numbered lots. Each of the blocks in the Neighborhood was then surveyed on foot, and any buildings were identified by street and house number. Other distinguishing features were also noted, such as appearance of the dwelling, ethnicity of inhabitants, presence of a vicious watchdog, or a Spanish or Chinese surname on a mailbox. A map of each separate block was also prepared, and at the end of each day findings were transferred from the master map to each individual map. In this way each block could be studied separately if desired. This proved useful in describing the characteristics of the Neighborhood in greater detail. It became apparent at once, for example, that the northern portion of the Neighborhood was different from the remainder. This will be discussed more fully later.

After each house was marked on the maps, the Tucson City Directory (1970) proved useful. This is a compendium of information prepared yearly regarding the composition of households in the city. Annually, the head-of-household of each dwelling unit in the city is located and contacted. If no one is home, a questionnaire is left with instructions to complete and return it. In those cases in which it is not returned, "NR" is listed after the address in the directory. It is also noted if the dwelling in question is vacant. When information is available, it includes the following: name of head-of-household; rental or ownership of dwelling; if a married couple, the wife's name; whether head-of household is retired; if working, occupation; and
number of minor children in the home. Non-minor persons other than spouse living in the household are listed separately in the directory, so this source does not give accurate population figures for any one block. Comparison of names of heads-of-household by address for succeeding years, however, does provide an index of mobility in the Neighborhood.

**Selection of Informants**

Random sampling for informant selection was not attempted for two reasons. First, I felt that people might be unwilling to talk with a stranger who was also white. Second, I had been told by a black friend who had recently moved out of the Neighborhood that in certain sections it might not be safe to knock on doors unless I knew the people who lived there. The first notion turned out to be unfounded; there is some justification for the second.

My initial introduction to the Neighborhood was through a friend. Her grandmother has lived in the Neighborhood for more than 40 years, and was willing to be interviewed. She introduced me in turn to a retired couple who live around the corner; they introduced me to some of their friends, and so it went. The 47 informants mentioned by name in this dissertation are members of 29 separate families living in 37 households. Their names have been changed to protect their anonymity; direct quotations are from field notes and tape recordings.

A number of other informants were more fortuitously contacted, while the map of the area was being prepared. As this mapping was done
during the early part of the field work, the weather was nice and many people were working in their yards or sitting on their porches when I went by. I thought it only courteous to tell them what I was doing, since it was obvious that I was writing something down about their home. In a number of instances this explanation turned into long conversations, with the individual agreeing to be an informant. Persons contacted in this way agreed to be a part of the study for a variety of reasons. One woman, (Arnella L.) a Pentecostal evangelist, felt my arrival at her house was divinely ordained. I had my nine-year-old son with me that morning, and had passed Arnella's house and gone to the end of the street, then returned to map the other side of the street. Arnella's version was announced from the pulpit on a morning when I attended her church:

Now I thank the Lord for Mrs. Snow coming to church this morning. Mrs. Snow and her baby went by my house one day, went on down to the corner. Then she turned on around and came back! Now, the Lord put it in her heart to come back, so she could meet me and I could bring her to church! She said she would come back to see me the next week--and she did! She said she would come back this morning to go to church with me--and she did! The Lord done seen to it. He works in mysterious ways.--(Arnella L.)

In another instance, a middle-aged man invited me into the house to meet his wife when I said that I was from Kansas. They spent a few years in Kansas and remember it as a pleasant contrast to Texas, where they had both been raised. They (Tom and Anna P.) turned out to be especially valuable informants, as they are both folk practitioners. He gives massages and removes corns, and she dispenses advice about medications. Anna is also one of the few people in the study who is
not afraid to talk about witchcraft. I also met Louis W. while mapping; he was washing his car in front of his house, two doors down from the Chinese market which is a Neighborhood landmark. After a long conversation, he told me that it would be best if I avoided that corner altogether because the men "hanging out there wouldn't care if you was young or old, colored or white--they would likely say anything to you! They got no respect." He also warned me to stay away from an alley in the next block south, as "A bunch of men lives over there, and it ain't no place for a lady." The alley remained to be mapped, however, and while I was doing so (with some trepidation), Wilson E. came out of his house with "What do you think you're doin' over here, lady?" I explained that I was a student at the University making a study in the area, and showed him the map I was drawing. He then said, "Well, I know you must be a nice lady and you must be sincere! Most white people would be afraid to come over here alone; most white women would be afraid they was gonna be raped by some nigger! But you is not afraid to come over here alone, so you must be o.k." He then introduced me to his neighbor, Arthur J., as a "...nice lady from the University." I later interviewed both Wilson and Harry J., who lives across the way, before several other informants living in the same block made me promise that I would not go in the alley again. As there was a murder at the home of Arthur J. less than a week after I had been there, I agreed without too much hesitation. It means, however, that I have fewer formal interviews with single men than I had hoped to acquire.
Attendance at meetings held in the Neighborhood was also a profitable way to meet people. Martin Hill Neighborhood is in the target area of Tucson's Model Cities project. Participation by inhabitants of poor neighborhoods is sought, and a number of informants hold offices as neighborhood representatives on various Model Cities committees. It is the first time in their lives, says Oliver A., that they have ever had any say about what happened to them. I met Delia J., Martha T., and Jim S. at a Model Cities Neighborhood Task Force meeting.

I also attended religious services at the Pentecostal, Methodist, Baptist, and Seventh Day Adventist churches. No informants attend the Church of Christ or the Roman Catholic Church in the Neighborhood. I was invariably asked to rise and say a few words, so that large numbers of people knew who I was, and that I had come to church with one of the congregation members. Several informants were first encountered at such church services. Whenever possible special ceremonies were also attended: "healing night" at a Pentecostal church, "message night" at a Spiritualist chapel where mediums bring "messages" from loved ones in the spirit world to the congregation, a Baptist revival, a baptism by immersion, and Mother's Day services at a Voodoo temple.

Finally, informants themselves sometimes actively enlisted other people in my cause: I was interviewing Anna P. one morning, when her neighbor Pearlie M. dropped in for a visit. After we had all
talked for a few minutes, Anna said, "Now then, Pearlie, this girl needs to talk to some more people for her study. Now you don't do nothin' all day long. When can she come see you?" Pearlie laughed and said that I could come anytime.

Not all people interviewed lived in the Neighborhood. Mother D., for example, is a "Voodoo doctor" and believed able to cure diseases caused by witchcraft. She lives in south Tucson and carries out her curing practice from her "doctor's office" on the west side. As informants in the Martin Hill Neighborhood sometimes consult her, however, she was included in the sample. Similarly, Louise R. lives in the more affluent black Neighborhood near the University. She has a portable "beauty parlor kit," and spends several days a week in Neighborhood homes "fixing" ladies' hair. She was the only person I met who attends the Seventh Day Adventist church.

Whenever I had the opportunity, then, I told people what I was doing and asked if they were willing to be informants. I was turned down only twice for interviews: the black M. D. whose office is on the periphery of the Neighborhood said that his "time is too valuable" to spend talking to a student. One elderly lady also told me that she didn't wish to be interviewed because, "My life has been so hard I don't care to rehearse it." She said, however, that I was welcome to come anytime just to visit.

**Interviewing Techniques**

Persons formally interviewed were seen at least twice. Whenever possible, the interview was recorded on tape. During the initial
interview, a life history was taken and a genealogy prepared. Data concerning health beliefs and practices was gathered during a second interview. Those informants who had special knowledge of the health system were interviewed several times. Bertha A. and Anna P. both have reputations for knowing a great deal about home remedies; Olive P. makes a special liniment to cure arthritis; Tom P. gives massages to relatives and friends. Others are thought to possess special healing powers. Arnella L. and Erma V., for example, are both Pentecostal evangelists and thus can conduct healing services in their churches. All of these people, as well as Mother D., were interviewed a number of times.

The tape recorder was not always used during formal interviews. At such times notes were taken instead. Those informants who do some folk curing are aware of licensing laws for the practice of medicine and some were afraid of getting into trouble if "they" heard the tapes. On one occasion, in fact, Tom P. had me write down one thing to confuse "them," then told me something entirely different. We had been discussing chest pain, and he said, "If you have heartburn or any kind of pain there, you should go to the doctor. Be sure to write that down." He continued, however, "Now then, dear, if you ever do have heart trouble, here is what you do (but don't write this down!)." He then gave me his cure for "heart trouble."

A few informants, on the other hand, loved to hear the sound of their voice. Ella May T. always insisted on hearing the entire tape played back. She would listen with fascination and nod her head vigorously whenever she thought that she had made a particularly good point.
None of the interviews with single males were collected on tape because (with one exception) these interviews were always held outside. Louis W. (age 71) said that "It wouldn't look right," if we were in his house, as he is separated from his wife. Harry J. (age 58) said, "It wouldn't be proper," for me to go into his house, so he brought two chairs outside so that we could talk in full view of the neighbors. Wilson E., after agreeing to let me interview him, said that we would have to go to his friend Jack L.'s apartment. We did so, and Arthur J. also wandered in and out during the interview, as did a young man whose name I never learned. At one point, however, only the three of us (Wilson, Jack, and myself) were there and Jack rose to leave. Wilson (age 55) jumped up, quite distraught, and said, "My God, Jack, you can't go and leave us here alone! What would people think!" Jack replied that he didn't care what people thought and left. Wilson did not relax until Willie May, a young prostitute who lives upstairs, came in. Although this interview was conducted inside, Wilson would not let me use the tape recorder. During the interval between agreeing to an interview and the interview itself, he had decided that I was a "spy" from somewhere, probably the welfare department. Every few minutes he asked me where I was really from. Interviews with men are not only fewer in number, therefore, but less complete. This explains why all the long quotations in the dissertation are from female informants.

Informal interviews were of course carried out whenever and wherever I met people. Most women spend a lot of time visiting their
neighbors, and the conversations which took place during these visits were often instructive. This pattern of informal visiting also made it possible for me to casually drop in on people when in their part of the Neighborhood. Although random sampling was not used, I feel that a representative cross section of the Neighborhood was obtained. I met and talked with people representing various age groups, social classes, religious affiliations, income levels and marital statuses. At least one person from 32 of the 223 households in the Neighborhood was contacted (14%).

Under-represented in the sample are those persons who Gordon (1964: 171) calls "the shadies," prostitutes, dope addicts, pimps, and other criminal elements. The four blocks surrounding the Chinese market seem to be the locus of such elements in the Neighborhood. Eleven informants live in this area, including Alma U., Ina E., Freda T., Arnella L., Louis W., Tom and Anna P., Pearlie M., Wilson E., Harry J., and Erma V. Of these, Wilson E. and Harry J. are probably at least on the fringe of this "shady" group, as are Wilson's friends Arthur J. and Jack L. Wilson E. has spent time in prison for shooting a man; he and Harry J. were both at the game at Arthur's house where Morton N. was killed for using "loaded" dice. Erma V. was certainly a member of this subgroup until her conversion to religion. Ina and her husband John, however, are the only persons in the study who might definitely be assigned "known criminal" status in that their income is obtained in an illegal fashion (to be discussed more fully later). Af-
ter I became acquainted with the Neighborhood, I made an effort to avoid certain areas, including the corner around the Chinese market and a shed in an alley where there always seemed to be a group of men gambling.
CHAPTER 3

THE NEIGHBORHOOD

It is believed that the first blacks in Tucson were a Mr. and Mrs. Wiley Box, who came here from Oklahoma territory sometime between 1850 and 1855 (Yancy 1933). In the next few decades more blacks arrived in the area, employed mainly as soldiers, cowboys, and cooks for mining camps. By 1890, 76 blacks were reportedly living in Pima County.

In 1913, the U. S. Cavalry post at Fort Huachuca, Arizona, was turned over to the Tenth Cavalry, a regiment of black enlisted men and (usually) white officers. This was to be the racial composition of the post until the armed services were desegregated in 1945. Men from this facility sometimes moved to Tucson upon release from the service.

The depression years brought migrants from the South looking for work, some of whom were black. Others arrived during and immediately after World War II, when there was a general exodus of Southern blacks to Northern and Western cities (Price 1969). Thus, there has been a steady but small influx of blacks into the Tucson area during the last century. Table I shows the relative number of blacks in the city since it was first included in the U. S. Census.
Table 1. The Black population of Tucson, Arizona.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population</th>
<th>Number of Blacks</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>7,531</td>
<td>86</td>
<td>1.14</td>
</tr>
<tr>
<td>1910</td>
<td>13,193</td>
<td>222</td>
<td>1.68</td>
</tr>
<tr>
<td>1920</td>
<td>20,292</td>
<td>346</td>
<td>1.70</td>
</tr>
<tr>
<td>1930</td>
<td>32,506</td>
<td>1,003</td>
<td>3.08</td>
</tr>
<tr>
<td>1940</td>
<td>35,757</td>
<td>1,678</td>
<td>4.69</td>
</tr>
<tr>
<td>1950</td>
<td>45,454</td>
<td>2,784</td>
<td>6.12</td>
</tr>
<tr>
<td>1960</td>
<td>212,892</td>
<td>7,030</td>
<td>3.30</td>
</tr>
<tr>
<td>1970</td>
<td>262,933</td>
<td>9,179</td>
<td>3.49</td>
</tr>
</tbody>
</table>

Martin Hill Neighborhood comprises about 40% (25 of 63 blocks) of a U. S. Census tract, the larger portion being occupied by a Mexican-American barrio to the west. The entire area is deteriorating physically, and is losing population at a rapid rate. According to the 1960 U. S. Census report, the tract had a population of 3,042, of whom 1,731 were listed as white, 1,261 as Negro, and 50 as Indian and other. There were 955 occupied dwelling units at that time, 424 of which were inhabited by non-whites. Approximately two-thirds of the non-white households were in the Martin Hill Neighborhood.

By 1970, the population of the tract had fallen to 1,422, a loss of 53.25%. The number of persons listed as Negro drops from the previously reported 1,261 to 536. An estimated 350 blacks live in the Hill Neighborhood today.

The Martin Hill Neighborhood was one of the first areas in the city to be occupied by blacks. Approximately 60% of the black population of the city lived in the Neighborhood in 1933, according to Yancy. Due to the city's expansion, however, and the increase in the black population, the Neighborhood presently contains perhaps less than 5% of the city's black population.

The Martin Hill Neighborhood today is a small residential backwater which has been surrounded on all sides by Tucson's urban expansion. It is bounded on three sides by major business streets and on the fourth side by the tracks of the Southern Pacific railroad. Just across the tracks lies the city's main business district, within easy walking distance of Neighborhood residents. To the west is a
Mexican-American barrio, and to the north a small business area gives way to a newer housing development occupied by young married blacks. To the east several blocks of businesses and a park separate the Neighborhood from the area where many of the black elite live (Officer 1964). The Neighborhood is thus effectively cut off from other residential areas on three of its four sides.

It is a poor area, and part of the reason for the population loss is undoubtedly the quality of the available housing. In the portion of the 1960 census describing characteristics of housing units by block, only one of the Martin Hill Neighborhood’s blocks was reported as having 100% sound housing. In some of the blocks, over 50% of the dwellings were described as being dilapidated at that time. According to Tucson’s Department of Community Development report (1969), 20% or more of the housing in the entire census tract is described as being deficient or sub-standard. Although a recent urban development project in the nearby downtown area has demolished sub-standard housing and forced some people into the Neighborhood, this influx has not been enough to counteract the flow of people out of the area. There are presently 42 empty housing units in the Neighborhood, most of which are sub-standard. Some have been condemned and await demolition by the city. Population flow is thus outward, and most of the inhabitants remaining in the district are the very young, the middle-aged and the elderly. Young people now tend to move out of the Neighborhood when they marry.
Each household in the 25 blocks of the Hill Neighborhood was located in the 1970 City Directory by address, and the following general information was discovered: the Neighborhood in 1970 contained 328 dwelling places. Of this number, 42 vacancies and 12 "Non-returns" of the questionnaire were tabulated. Heads-of-household in 48 instances had Spanish surnames, and in three cases had Chinese surnames. The seven blocks on the western edge of the Neighborhood were identified as being entirely occupied by persons of Spanish surname, and are therefore presumably an extension of the barrio into the Neighborhood. Three other blocks had no inhabitants at all, one because of the presence of a church and a school, the other two because of dilapidation of the housing. The 51 households in which the head-of-household's surname is Spanish or Chinese were removed from the sample, under the assumption that these persons are unlikely to be black. This leaves 223 households, of which a small but unknown number are occupied by whites. The households were then tabulated according to the marital status of the household head, with the following results (see Table 2).

Lack of the 1970 U. S. Census data by block and the skewing of the household data of the 1970 City Directory because of the failure to include non-minor household members, make it impossible to determine the exact number of people living in the Neighborhood. This problem was somewhat remedied by interviewing 15% of the heads of each household type.
Table 2. Household heads tabulated according to marital status.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All households (274)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Male Head</td>
<td>47</td>
<td>17</td>
</tr>
<tr>
<td>Single Female Head</td>
<td>133</td>
<td>49</td>
</tr>
<tr>
<td>Married Couples</td>
<td>94</td>
<td>34</td>
</tr>
<tr>
<td>Households excluding those of Spanish or Chinese surname (223)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Male Head</td>
<td>38</td>
<td>17</td>
</tr>
<tr>
<td>Single Female Head</td>
<td>114</td>
<td>51</td>
</tr>
<tr>
<td>Married Couples</td>
<td>71</td>
<td>32</td>
</tr>
</tbody>
</table>
Sectors of the Neighborhood

The elimination of the blocks in the western section inhabited entirely by Mexican-Americans, and the three uninhabited blocks leaves a central strip of 15 blocks where the black segment of the population is concentrated.

It was mentioned earlier that there is a discernible difference in the northern part of the area, comprising five blocks of the total area. There are 89 dwelling units in these five blocks, of which six are vacant and there are seven in which the household head failed to return the City Directory questionnaire. Of the 76 units for which there is information, nearly four-fifths are owner occupied (60 of 76, or 78.9%). There is one new apartment house of six units, and a few duplexes. One or two older homes have been converted into small apartments. But the area is predominantly one of small single family homes, many built and still occupied by the owners. Many of these homes were built in the late thirties and early forties, and typically are small, of brightly painted stucco with flowers and grass in the front yard and a small vegetable garden in the back yard. A few homeowners also keep chickens. Nearly every home has a small front porch where the inhabitants spend a great deal of time watching the comings and goings of their neighbors. The lots in this sector are rather large, and there is no sense of crowding. Though outwardly well cared for, at the time of the 1960 census, 34% of all dwelling units (inhabited or not) in this section were re-
ported to be deteriorating or dilapidated. There are few trees, and this fact plus the presence of a number of unpaved streets and dusty empty lots gives this portion of the Neighborhood a somewhat barren aspect. It is, however, quiet and peaceful.

The ten blocks of the southern two-thirds of the Neighborhood contrast greatly. There are fewer single family homes, and most of these are on small lots, contributing to an impression of crowding. There are a number of what the City Planning Department calls "crib housing" units. These are small rectangular buildings cut into sections, each section being a tiny apartment. Many houses have been divided into apartments in which the rooms are so laid out that one must go through all rooms to get to the last room. The majority of the dwelling units are rentals. The percentage of home ownership drops from 78.9% in the northern sector to 12.5% in this sector. In 1960, the percentage of deteriorating and dilapidated housing was already nearly double that of the northern part of the area (64% vs. 34%). Since that time, a number of units have been condemned and destroyed by the city. At the present time there are a number of unoccupied houses with doors and windows broken and yards overgrown with weeds.

As one travels toward the downtown area, the air of decay increases and some houses are virtually surrounded by a junkyard of old cars, worn out mattresses and discarded furniture. The few nicely kept houses are nearly all surrounded by steel chain link fences. A
number of people keep vicious looking watchdogs, and nearly everyone keeps the mailbox padlocked. Geographic mobility in this part of the Neighborhood is very high; a year-by-year comparison of the names of heads-of-household by address shows only a few names repeated (primarily those of the few homeowners). This does not necessarily mean movement in and out of the Neighborhood, however. In many cases the move is to another rental within the area. Already run-down apartments receive little attention from absentee landlords, and people with very small incomes move frequently in an effort to obtain slightly better housing. Lillian A., for example, moved seven times in 15 years, and Freda T. estimates that she has moved 15 times in her 40 years in the Neighborhood.

In this sector live most of the welfare recipients of the Neighborhood, and on their limited incomes they have very little chance of obtaining adequate housing. When one can only afford to pay $25 per month rental, choice is rather restricted. A number of informants live entirely on a monthly welfare check of $118. Wilson E. is supporting himself and his three children on $189 per month.

The southern two-thirds of the Neighborhood, then, houses the very poor. Increasingly, it also houses a criminal element. The evening newspaper reports the names and addresses of persons arrested on felony charges, and these were collected for a period of six months. Without exception, those persons from the Neighborhood (a not inconsiderable number) arrested on felony charges lived in this south sector. A few persons were charged with theft, but most charges were those in
which personal violence is implicit: three homicides, assault with a deadly weapon, aggravated assault, possession of a gun by a known criminal, drawing of a weapon not in self defense, and so forth. Addresses of these suspected criminals were all in one four block area. These four blocks had been previously noted on the maps as being particularly run down. They were also those which the 1960 census reported as containing over 50% dilapidated dwellings, the greatest number of housing units, and the highest population density. Two of the blocks also contain houses of prostitution (a fact not recorded by the census). At the center of these four blocks there is a corner grocery store owned by a man of Chinese descent. Two years ago, as has been mentioned, urban renewal in the nearby downtown area not only destroyed cheap housing but demolished several bars as well. The enterprising owner of the market applied for a beer and wine license at that time, and the store is now the hangout of unemployed males. A sign in the window declares that no drinking is allowed on the premises, but the sidewalk outside is city property, and is the scene of drinking, gambling, frequent fights, and so on. The store owner is also the owner of a great deal of rental property in the Neighborhood. Across the street from the store is a rooming house which he owns, inhabited entirely by men ("winos," according to informants). Five felony arrests were made of persons living in this house from January to June, 1971, and it has an unsavory reputation among Neighborhood residents.
Also in the Neighborhood are two other small grocery stores (also Chinese-owned), a barber shop and a dry-cleaning establishment. One Mexican-American family sells used clothing in their home. A few blocks walk provides access to the stores of the downtown area as well as a number of stores and businesses on the streets surrounding the Neighborhood on three sides. There are seven churches in the Neighborhood, and a Hospitality Center run by the Salvation Army. There is a junior high school, but primary and high school age students must go out of the Neighborhood to school.

Outwardly, then, the Neighborhood is somewhat drab in appearance. It is the site of small and modestly priced homes in the north, and of crowded and increasingly dilapidated homes and apartments in the south. The peaceful air of the former is in great contrast with an air of subdued violence ever present in the latter.

The Sample Population

Before describing informant's beliefs about the causes and cures of illness, some characteristics of the sample population will be given. This will include social class, state of origin, time of arrival in Tucson, reasons for migrating to Tucson, household composition, educational level, income and occupational type, and social ties.
Social Class

Most investigators agree that due to discrimination and the income and educational differentials between the black and white populations, social classes are not equivalent across racial lines. The black upper class, for example, is more like the white upper middle class. Gordon's (1964) review of the literature on social classes among blacks will be the basis for class ascription used here. Since most inhabitants of the Neighborhood can be called lower class according to Gordon's definition, it will be quoted in full (1964: 170-171):

The world of the northern and metropolitan Negro lower class reflects its southern rural background. Its speech is the dialect of the lower class rural South, though its present residence is the northern urban slum. Its family and sexual patterns reflect a way of life in which the male adult frequently wanders in search of work and in which the female domestic is the surer breadwinner. Desertion, divorce, common-law marriage, illegitimacy, and violent domestic strife are routine, and the woman tends to be the dominant and stable element in the family unit. Since she is out of the house a good deal earning the family income, children are frequently unsupervised and delinquency rates are high. The men, when they have work, are employed in various semi-skilled or unskilled manual labor jobs or as porters and janitors. For some, particularly the women, religion serves as an emotional outlet and an anchor of respectability. If they do not belong to one of the Baptist or Methodist churches, they support the numerous small storefront churches of the Holiness or Spiritualist variety, where the theology is Fundamentalist and the preacher, who is likely to have little education himself, knows how to whip up the congregation by means of a rambling disquisition into a "shoutin" mood—a frenzied exhibition which may include vigorous random movements as well as loud and semi-coherent religious fervor. Membership in formal organizations other than the church and, lately, the union, is not characteristic of this class. It should be mentioned that there is a more stable element
in this class which is trying to "live decent" or "get ahead" in spite of the handicaps of the physical and social environment. Finally, at the other end of the scale are the lower class "shadies"--the prostitutes, pimps, dope addicts, and criminals whose propinquity must be tolerated in the crowded, powerless world of the racial slum, regardless of how their behavior may be evaluated by the bulk of its beleagured residents.

According to Gordon, members of the black middle class do not always vary in education, income or occupation from the black lower class but are different mainly in their overt emphasis on (1964: 169-170) "... "respectable" public behavior, stable family life, and planning for the future, either of oneself or one's children."

It is very difficult to assess the difference between the "stable element" in the lower class and low-income members of the middle class according to Gordon's definitions.

There are certainly a few middle class families in the Neighborhood. Of the people I knew fairly well, I would unhesitatingly assign "middle class" status to only two couples (Brad and Lizzie L. and Bertha and Oliver A.) and two individuals (Lillian A. and Louis W.). It is necessary to know people fairly well before making judgments of this kind, and perhaps a number of people I did not know well should be assigned middle class status. With this reservation in mind, I would say that the majority of the people in the Neighborhood belong to the lower class. One prominent member of Tucson's black elite class and his wife have lived in the area for many years, although their grown children have moved to more affluent neighborhoods. In general, however, as the black popula-
tion of Tucson expanded those middle class families who could afford to move out of the area did so, particularly into the more affluent neighborhood to the northeast. Probably the middle class families who do remain tend to be on fixed incomes and living in houses which they own. They, as well as stable lower class members, cannot usually afford to leave the area now, and generally bemoan the changes they see in the Neighborhood:

I'm just sick down here, it's changedl... Well, it is cause those people moved down there on Meyer. From over the other part of town. They had to move somewhere, and a whole lot of 'em have moved in out here! But they had to get a house where they could find one. This here was a nice district in here till different people was movin' over here! It was quiet and everything over here.

Most of 'em come from on the other side of town, down there on Meyer. They just scattered around different places. And they find out that man /the Chinese market owner/ sells wine, and they all just flocks there! Buys their wine and beer! This whole area in here was quiet, you couldn't hear nothin', it was quiet. You couldn't hear no cussin', you couldn't hear no kind of bad language. But now, you can hear anything! If I wasn't buyin' this house, I'd get out.--(Arnella L.).

State of Origin

With few exceptions, informants were born and reared in the South. Mother D. was born in Wisconsin, Fred G. in California, Nellie J. in Colorado, and Lily M. in Illinois. Only one informant (Georgia S.) was born in Tucson. Some informants, of course, have minor children born here. One informant (Ina E.) was born in Mississippi. Without exception, all others are from the border South states of Oklahoma, Kentucky, Arkansas and Texas. By far the greatest number of people in the sample are originally from Texas.
A few informants were raised in urban areas, including Louisville, Kentucky; Colorado Springs, Colorado; Chicago, Illinois; Los Angeles, California and Milwaukee, Wisconsin. Most informants, however, were raised in rural areas, on farms or in small country towns.

**Time of Arrival in Tucson**

There has been a slow but steady increase in the city's black population for more than a century. Table 1 (p. 24) shows the relative number of blacks in Tucson as reported by the U. S. Bureau of the Census since 1900. Informants in the present study moved into the Neighborhood in every decade of this century but the first. Marjorie C. and her husband built their home in 1917. A number of others arrived during the late 1920's and 1930's. Many of the friends and relatives who came with these now elderly informants are deceased. Many people who live in the northern sector of the Neighborhood arrived during or right after the war years of the forties, and built their homes at that time. During the fifties a few people such as Louis W. and his wife moved out of the deteriorating downtown area into what was then "a nice quiet neighborhood." Arrivals in the last few years, however, have been seeking low rental housing. A few people were relocated into the area in 1969, after the Pueblo Center Redevelopment Project destroyed their living quarters in the downtown area. Included in this relocation were one white family and two white individuals, and three black families and ten black individuals (John Koch, personal communication).
Reasons for Moving to Tucson

There are several reasons why blacks have moved to the Tucson area. A number of men were in the U. S. Army and were stationed at Fort Huachuca, and after their service moved to Tucson to live. Included are husbands of Ella May T., Marjorie C., Arnella L., and Alma U. Wilson E. was stationed at Fort Huachuca during World War II. Other black men in the U. S. Air Force have been stationed at Davis-Monthan Air Force Base in Tucson, and some of these men and their families have settled in the Neighborhood. Tom P. was a civilian employee of the U. S. government before retirement, and has worked at both Fort Huachuca and Davis-Monthan AFB.

Some people have come to Tucson for their health. Delia J.'s youngest daughter has asthma; Wilson E. developed tuberculosis and when told to come to a warm climate, chose Tucson because he had been stationed in Arizona during the war; Ella May T.'s first husband contracted tuberculosis in a California jail, and she brought him here before he died; Nellie J.'s husband was told to come to a lower altitude for "swelling of the glands" in his neck; Mary H.'s husband suffered from an unspecified lung disease, and it was recommended that the family move to Arizona.

Rumored work opportunities in the West brought a number of people. Olive P. and her husband came in 1928 to look for work in California. They stopped in Tucson, however, and never went further. They thought that if they didn't like it, it would be cheaper to buy
a ticket "back home" from Arizona than from California. Lillian A.'s husband came looking for work, and then sent for his wife. Work in defense factories during World War II brought Oliver A., who had heard about it from his brother. Erma V. and a friend came to Arizona to pick cotton.

Many people came because relatives were here. Brad L. came to visit a niece, and liked it so well he sent for his family; Lillian A.'s parents came to stay after they retired; Martha T.'s mother came to live with her. Pearlie M. came to see her married daughter 15 years ago, and has not left yet. Her husband is still in Texas waiting for her to come home. She thinks she may go soon, as she misses her garden.

A few informants had spent years of their lives in seemingly random wandering. A job, a marriage, or ill health may cause such transient persons to pause in one place for a few years. Conversely, loss of a job or breakup of a marriage may promote another move. Louis W. left home at the age of 13 and "just bummed around" the country riding freight cars from place to place. He says that he never stayed anyplace long. He met and married a woman in Tucson 15 years ago, and they bought a house and settled down. She has now left him, and he has sold the house and moved on again. Harry J. went out on his own at the age of 11, going from place to place doing odd jobs, picking cotton, following the fruit harvest and so forth. He was on his way to California when he stopped for awhile in Tucson.
But his health is bad now, and he doubts if he will ever leave. Such wandering is not confined to men. At the age of 16, Anna P. married a man in his seventies "because he was willed to me." Four years later, she was a widow with three small children. But, she says, she was young and wanted "to see the world," so she gave her babies to her mother to raise and left home. She went from town to town, and did not see her mother or children for five years. Then she met her present husband and "settled down." Arnella L., too, wanted to see the world:

    I lived home till I almost got grown and got to goin' for myself. I left home when I was fifteen. Traveled. I traveled different states, countries. I been all around the panhandle, Louisiana, round the oil field, then I went on to California. Travelin'. I just wanted to travel, I just wanted to learn some of the world. I told my mother /that/ before I settle down and marry, I was gonna learn some of the world and mingle with the different peoples. Then I'd know how to treat a husband when I come to marry. And I mingled with different people. And each town I went to I did get a job, cause I used to send her money back all the time. I'd get a job. I'd hit a town, I wouldn't stop until I found me somethin' to do. I'd make my little money, I'd send her some and tell her not to write to me till she hear from me again. . . I didn't stay a place more than about three weeks or more.

    I did that until I was just turnin' into my twenties, when I come to Tucson. My mother was here, and my sister, and I hadn't saw my mother in over seven years. . . So after I come out here, I stayed two weeks, and I taken my mother in a house with me and I started takin' care of her. And I settled down.--(Arnella L.).
There is also a good deal of casual visiting in and out of the Neighborhood. Most informants have an extended network of kinsmen, both in the South and in California. Relatives are always visiting, and I met any number of cousins, nephews, sisters, grandnieces and other relatives at the homes of informants.

**Household Composition**

The discussion which follows reveals the variety of relationships and life styles which would be masked by consideration of "head-of-household" types alone. Of the 223 households in the Neighborhood, 114 (51%) are headed by women, 38 (17%) by men, and the remaining 71 (32%) are inhabited by married couples. These household types will be discussed separately.

**Female-headed Households**

At times in the study it seemed as if the Neighborhood were composed of nothing but elderly ladies. In one block, for example, 13 of the 19 households are headed by women. According to the City Directory, the marital status of the 114 female household heads can be broken down as follows: No statement, 22; Widow, 39; Divorced or separated, 53. "No statement" means that the woman was listed in the City Directory by name alone, without the preface "Mrs." or being listed as a widow. The category "Divorced or separated" has been deduced from the fact that the woman is the household head, her name is prefaced by "Mrs.", and it is not stated that she is a widow. The
category "Widow" is, of course, obvious. Of the 22 women for whom there is no statement as to marital status, six report the presence of minor children in the home. It is possible that some or all of these 22 women have been married.

The presence of children, however, does not necessarily mean that they are their children, so implies neither illegitimacy or prior marriage. The "giving away" of children for someone else to raise is common. Tom and Anna P. raised an "adopted godchild" from the age of three months to 13 years, when his mother decided that she wanted him back. Pearlie M.'s landlady had a child for five years, but in that case also the mother reclaimed the child. Arnella L.'s sister and husband "adopted" a girl of eight, but "gave her back" to her mother a couple of years later when she became "unruly". Lillian A.'s daughter "adopted" an infant when the child's mother died. Ella May T. is raising a boy whose mother "gave" him to her at birth. This is the only case in which legal adoption papers were obtained. Anna P. "gave" her first three children to her mother to raise. Anna's own mother had given Anna and her sisters away to be raised by others when the father deserted the home. At one church service, the minister announced from the pulpit that there were five children up for adoption, and that anyone who wanted a child should see him after the service. Most older informants report that they spent nearly as much time in other households (often that of a grandmother) as in that of their parents when they were small. Whatever the marital status, then, "female head-of-household" included women living alone
(whether separated, divorced, or widowed), women living with minor children, and one woman (Freda T.) whose 54-year-old son lives with her. She considers herself to be the household head since she pays the rent and gives her son spending money. The youngest informant in this category is 36 years old, (Georgia S.) and the oldest is 85 years old (Olive P.).

**Male-headed Households**

There were 38 (17%) households in the Neighborhood headed by men. The youngest informant in this category is Jim S. (36), who is divorced from his second wife. He is the father of three children, but has not seen them for several years and does not know where they are. The oldest informant (Louis W., age 71) is separated from his third wife. Shortly after the final interview he sold his house and went to California. He hopes that his wife will come back to him. If she will not, he says, he will "have to start all over and get another woman," as he doesn't like living alone. Wilson E. has three minor children. They were relocated in the area when their home in the downtown area was demolished by the Pueblo Center Redevelopment Project. Wilson's first wife was a Mexican, but she left him when he spent 18 months in prison. His second wife was a Papago Indian who died a few years ago of alcoholism. (If he gets married again, he says, it will be to "a white or colored woman" because "when you marry a Mexican or Indian woman, you marry the whole damned family!"). He doesn't worry about his sons, but says he just wants to live long
enough to see his daughter married; otherwise, he knows that she will "go out on the streets" (i.e., become a prostitute). Wilson lives in the "alley full of men" that Louis W. warned me to avoid. Wilson, his friend Jack, who lives across the alley, and his next door neighbor Arthur J. cooperate on household tasks. They are all on welfare and receive surplus commodity foods. On the day I interviewed Wilson (in Jack's apartment), it was Jack's turn to cook and an immense pot of beans flavored with salt pork was simmering on the stove. When that food was gone, Jack said it would be the turn of one of the other men to cook in his quarters. Arthur, Jack and Wilson compared notes and agreed that it had been several years since they had eaten a meal in a restaurant. Harry J. lives directly across the alley from Wilson in what the U. S. Census Bureau calls "group quarters," unrelated adults sharing a household. Harry and three other men rent a small house. Harry pays $30 per month for his bedroom, sharing bathroom and kitchen facilities with the other men.

Married Couples

One-third of the households in the Neighborhood (71) are occupied by married couples. Informants in this category exhibit a wide range of life styles. At one extreme is an informant (Lily M.) who could be accorded upper class status. Her husband is a prominent businessman in Tucson's black community, and his office is on the periphery of the Martin Hill Neighborhood. During the time of the interviews, the couple was living in an apartment at the back of his
office building. None of their social contacts are in the Neighborhood, however, and they have since bought a house in a more affluent district. None of the black professional men who have offices on streets bordering the Neighborhood (and many of whose clientele come from there) live in the area. Included are Lily's husband, three dentists and one M.D. Lily and her husband are certainly not typical of Neighborhood residents. At the other extreme are Ina and John E., where the household also includes two small children. For public information (the U. S. Census Bureau, the City Directory and anthropology students) the children are their own offspring. In reality, however, they are the children of two teenage sisters who are prostitutes. John "owns" the girls, who give him their earnings; he is said to be the father of their babies. The girls live in another district, and Ina takes care of the children. Before the final interview, however, a man who said that his wallet had been taken by one of the girls broke down the door to John and Ina's house, the police were called and everyone hauled off to jail. The children were turned over to juvenile authorities. These two couples, of course, represent extremes.

Other couples interviewed are more typical. Bertha and Oliver A. are retired and live in the house which they built in 1945. Their only son has made a career of the army, and when he retires next year will return to Tucson to live with his wife and child. Tom and Anna P. are also retired and own a house in the southern section of the Neighborhood. Across the street live Brad and Lizzie L. and
eight of their 11 children. One son is in the army and two daughters are married and live in another part of the city. Both girls have small children, and Lizzie baby-sits with her grandchildren while their mothers work. Another son has recently separated from his wife and has come back home to live with his parents. Around the corner live Martha T. and her husband, with the youngest of their five children.

**Educational Level**

The level of formal education attained by informants is somewhat low. Only one informant (Lily M.) has a college degree. One other woman (Georgia S.) completed one year of college training. Six other women (Lillian A., Lizzie L., Martha T., Delia J., Alma U. and Louise R.) have high school diplomas. Louise R. further completed a course in "beauty college" and Alma U. is trained as a practical nurse. All other informants report only some primary schooling. None of the men in the sample had completed high school, although Jim S. finished the 11th grade before dropping out to get married. A few informants are not sure exactly how much schooling they have had. Anna P., for example, can remember four different teachers, so guesses that she must have gone to school through the fourth grade.

Such a low educational level does not reflect a disinterest in education but rather circumstantial events in individual childhood experiences. Oliver A. had to work to help his mother after the fifth grade, as his father had died. Louis W. finished the eighth grade, but his family could not afford to buy his books for high school.
Arnella L. went to work at the age of 11 to help support her mother. Harry J. left school after the fourth grade because his mother died and his father deserted him. He spent the next few years living in a woodshed on the property of a white family, chopping wood and doing other chores for his board and room. Those informants raised in rural areas were also often taken out of school to help with seasonal farm work.

Most informants view education as the key to better jobs and a better life, and many wish that they had had the chance to complete their schooling:

I had to plow, I had to stay home and help my mother. In those years, if kids didn't go to school, peoples didn't care. They just let 'em run around. Now, it's the sweetest thing that they're compellin' the education! They was a little boy out here about 14, and the truant officer had to come for him. And I said to him, 'Look, let me tell you sumpin'. You need to take advice from that man. That man is got his learnin'. If they had of pushed me through and made me get an education like they pushin' you kids today, I wouldn't have been like I am today. I'd of had well livin', and a home and ever'thing else. I would have did sumpin' with what I learnt. That truant officer is tryin' to help you learn.

This is what I'm tryin' to say: you used to could take a rag and soap and wash dishes, but you don't take a soap and rag no more. You have to have an education in your head, or that machine might blow up! You got to have an education to even wash dishes with a machine. You get it too hot, and that thing will blow up and pop all over you! Now you need an education to even wash dishes. Education means somethin'.' That's what I told him. I think I went to school three or four years... But I had to help my mother make a livin', I had to start workin'. I had to stay at home and help make a crop--(Erma V.).
In most instances the grown children of informants have attained a higher educational level than their parents. As has been stated, however, they ordinarily do not live in the Neighborhood.

**Income and Occupations**

With a few notable exceptions, the inhabitants of the Neighborhood are at the lower end of the economic continuum. According to a report made by the Tucson Community Development Program (1969: 41), nearly half of the families (47.4%) in the census tracts of which the Neighborhood is a part had incomes under $3,000 per annum in 1960.

The occupations of Neighborhood residents reflect the low educational level, and both naturally affect income. Except for a handful of teachers and clerical workers, occupations of informants tend to be of the kind requiring few skills. The following occupations were listed in the 1970 City Directory for Neighborhood residents: maid, bartender, legal secretary, press operator, custodian, mechanic, cutter for printing company, nurse's aide, service station attendant, repairman, cook, real estate salesman, teacher, minister, pad maker, machinist, barber, evangelist, cleaning shop employee, paint and body shop owner, laborer, librarian assistant, hospital orderly, laundromat employee and gardener.

One informant is a teacher, another a secretary, and a third a practical nurse. All other women are domestics, cooks, or laundresses. Of the men, only Jim S. is working. He has recently been
trained as a Sanitation Aide by the County Health Department. Before retirement Tom P. was a cook, Oliver A. a porter for Southern Pacific Railroad and Louis W. a gardener. Others had worked as laborers. A number of men and women had worked as agricultural laborers in the South, particularly in the cotton fields.

About one-fourth of the household heads in the Neighborhood (58 of 223) list themselves as "retired." In part this reflects the preponderance of older people in the area, of course. An unknown number of these retired people, however, are less than 65 years old and unable to work because of ill health and/or job related injuries. Tom P. (age 55) was working as a cook for the U. S. Air Force when a carload of frozen meat pinned him against a wall. His leg was broken in seven places, and he now walks with difficulty. Wison E., also 55, was working for a construction company when he sustained a serious back injury. He is now unable to do heavy work and is afraid to have recommended surgery on his spine. Bertha A. was working in a restaurant when her hand was caught in a salad maker. Erma V. is only 50 but suffers from arthritis, hypertension and diabetes.

Jobs which most informants hold (or have held) are poorly paid. Since they have never earned much money most informants have been unable to accumulate savings. Extra money is often spent on insurance policies for burial plots. The premiums on such policies are paid weekly in cash to a collector who comes to the home.
A few elderly informants are still working, but most live solely on social security and welfare checks. One woman says that when her social security check was increased last year the county decreased her welfare check by the same amount, so that her income remains the same, $118 per month. She does not like to complain, however, since this represents an increase over the $99.50 per month she lived on for several years.

Even those working full time may earn very little. Until a year ago, Delia J. had never been able to get off the welfare roll. Working full time as a domestic, she never earned more than $30 per week, which was not enough to support herself and her teenage daughter. She has since been trained as a nurse's aide at the Neighborhood Health Center (a new health facility serving low-income people), and is now off welfare.

Those people who lack education and specialized job skills have little chance to earn adequate incomes. The mechanization of agriculture in recent years has cost many farm laborers their jobs:

They wonder why so many people are on the welfare, why that the people have to get on the welfare. People have to get on the welfare for a certain reason. You know they taken cotton pickin' away from the people. Why, this unemployed many many thousand people. Cause when I come to Arizona, I come to Arizona for cotton pickin'! And I picked cotton for years and years, and I could pick cotton!

But after they put machinery in there, well, I mean them's no more cotton pickin'! Now they just go out and chop a little grass. They got to give the people some-thin'! You got to get a livin' some kind of way. That's why so many of 'ems on there! They pushed 'em to it, they pushed 'em on there with these machineries!!—(Erma V.).
Social Obligations

The most important social ties are those of kinship, followed by church membership and Neighborhood residence. Primary obligation is to family members, regardless of where they live. Many informants have most social contacts with relatives living in other parts of the city. Olive P. and her sister-in-law live in different neighborhoods, but speak daily by phone. Georgia S. brings her children to be cared for by their great-grandmother. Martin G., who has a car, takes his daughter to and from work each day. Frank L. came from his home in south Tucson to stay with his sister when she was ill. Relatives living out of town may also be more important than close neighbors. Many people spend a relatively large part of their meager incomes on long distance telephone calls to family members. Anna P. and her sister Jewel W., who lives in Los Angeles, talk by phone each Saturday morning. Arnella L.'s aunt in Texas knew something was wrong when Arnella did not telephone her for two weeks (Arnella had had a stroke). Freda T.'s two brothers came from Arkansas on the bus last summer when she was in the hospital. When Lillian A. was ill recently, her next door neighbor did not phone the doctor, she phoned one of Lillian's daughters in California (who arrived by plane the same night).

Church affiliation is also important. Members of the fundamentalist Protestant churches address each other as "Brother" and "Sister," and recognize mutual obligations not extended to members of other churches or to the "unsaved." People are more likely to
visit fellow church members informally than others. Crisis situations, such as illnesses, are announced from the pulpit and church members support the person or family needing assistance. Such assistance may be in the form of prayers, food, household help, money, or whatever else is required. The Baptist and Methodist churches also have a Ladies Missionary Society which meets weekly and is a popular social event.

Living in the Neighborhood itself confers little feeling of "neighborliness" except during emergencies. During a serious illness, for example, people may extend help to a person with whom they might not have dealings at other times. When Arnella L. was seriously ill this winter her next door neighbor (Willa M.) suspended hostilities and was one of the first to bring food. The illness episode provided a brief respite in what is otherwise a constant feud between the two women.
CHAPTER 4

NATURAL ILLNESSES: ENVIRONMENTAL DANGER

This chapter is the first of three which will deal with the causes of illness. A basic dichotomy exists in informants' classification of illnesses. They consider some illnesses to be "natural" and others to be "unnatural."

"Natural" illnesses can be subdivided according to the causative factors involved. Man is considered to have a dual nature, corporeal and spiritual. Dysfunction in either part of his nature can cause illness. Many physical ailments arise from the individual's failure to observe the laws of nature. Other ailments, which may be physical or mental, are attributed to failure to abide by the proper behavioral rules vis-à-vis God. Due to the welding of body and soul into one being, both classes of illness are considered "natural."

"Unnatural" illnesses are those which have to do with the individual's position as a member of society. These ailments may also be subdivided according to cause. On the one hand are illnesses arising from the tensions and anxieties of everyday living--worries about money or family problems, for example, produce a variety of symptoms which informants call "mental" illness. Hostility in inter-personal relationships, on the other hand, may result in an individual becoming the target of witchcraft.
This chapter will deal exclusively with those natural illnesses which have to do with man's place in the world of nature. Illnesses caused by divine intervention and unnatural illnesses will be discussed in later chapters.

**Causation of Illness**

Good health is enjoyed when the body is in optimum physical condition. This optimum is attained by proper maintenance of the body and its constituent parts, requiring manipulation of various bodily systems, e.g., the blood. Such manipulation employs constant attention to what goes into the body and what comes out, that is, the ingestion of foodstuffs and medicines and the excretion of wastes. Failure to thus maintain the body in good condition will render the individual susceptible to attack from various outside forces, particularly certain weather conditions and airborne impurities. Certain stages of the life cycle, for example infancy, advanced age, pregnancy and immediately after childbirth, also represent times when the body is particularly vulnerable to attack.

Disease causation itself is extremely generalized. The idea of specificity is missing; there is no knowledge, for example, that a specific microorganism such as the measles virus causes a specific disease, measles. Illnesses may not even be given specific names. Often they are lumped under the term "misery," and the location noted. Thus the individual will say, "The misery is in my head," or stomach, or joints, or wherever. This vagueness was confusing to me at first, as, following my own bias, I expected informants to classify types of
illnesses--I did not know how to deal with an answer such as "the misery." An article by Glick (1967) provided the solution to the problem.

Glick points out that in many cultures ideas about health and illness are inseparable from religious beliefs. He suggests (1967: 33) that the idea of power may be useful as an heuristic device in the ethnographic study of a medical system, "... not diffuse unattached power, but power existing as a manifest attribute of persons and of objects in their environment." I began to wonder what, in the view of informants, had the power to cause illness and this proved to be the key. I had been focusing on illnesses themselves, whereas the informants' interest is focused on the cause of the illness.

Although informants do know the names of many illnesses, this knowledge is essentially irrelevant. Curing techniques are dependent on causation, and what is of prime importance to determine is what caused "the misery," not to give it a name.

Illness seems to be thought of as a kind of attack upon the body by some diffuse outside force. Cold air, dampness and impurities, for example, all have the power to cause illness if they enter the body. The bodily response to this entrance is varied. Cold air, for example, may be blamed for pneumonia, pleurisy, colds, mumps, whooping cough or puerperal fever. The cold air has entered the body through the pores of the skin, circulated through the body via the blood stream, and any one of an array of illnesses can result. The same remarks can also be made regarding dampness and impurities. They have entered the body en masse, so to speak, and illness is the result.
Historical Factors

Historical factors must be taken into account at this point. The ideas expressed in the preceding paragraphs were common in European and American medicine a century and a half ago. From the latter part of the 18th century until about 1820, according to Shryock:

Medical thought continued to focus on the general state of patient's "systems," which was usually explained by classical assumptions anent the state of body fluids (humors)—blood, bile, and phlegm, especially the former . . . . Diseases with striking superficial symptoms had long been vaguely distinguished: hence, such names as great pox (syphilis), small pox, yellow fever, scarlet fever, and so on. But for most medical men, distinctions between entities were largely academic, since they had little bearing on treatments (1966a: 4).

After 1820, emphasis shifted to the idea that infections, particularly fevers, could be spread by "airs and waters." Postell (1951: 8), in discussing health beliefs in the antebellum South, reports general belief in "... the ancient theory of poisons emanating from decaying animal and vegetable matter and transmitted by impure airs and waters. Before 1850 practically all Southern doctors believed that all fevers were caused by this one great morbidic factor . . . ." During this era, the protection of the health of slaves was also the protection of a major economic investment. Large plantations had hospitals for sick slaves, and black slave women were trained as nurses. When the illness was mild, it was usually treated by the overseer or the mistress of the plantation. Physicians wrote manuals in non-technical terms to enable the planters to treat simple cases. One such manual was accompanied by a chest of medicines, with directions for their use. Postell (1951: 98-99) lists
the contents of one of these medicine chests. A number of items of mainly historical interest to today's physician are listed which are still widely used by informants in the Martin Hill Neighborhood. These include castor oil, alum, essence of peppermint, turpentine, asafoetida, calomel, epsom salts, senna and sulfur. The retention of these medicines also reflects retention of some treatments of an earlier day, in which both prevention and treatment of illness consisted largely of cleansing of the system by "... violent purges, emetics and bleeding..." (Postell 1951: 59). This theme of bodily defilement and purification is one which recurred again and again in discussions with informants.

I believe that the folk medical system of the blacks in this study has its base in the system known in the slave cabins of the ante-bellum South. In discussing medical practices in the old South, Shryock (1966b: 70) has stated:

... the end of the Civil war saw Southern medical culture necessarily involved in the general disaster. Defeat meant poverty, and poverty meant that professional income fell, schools closed or stagnated, journals discontinued. In medicine, as in other phases of life, the South had to rebuild as best it could. Only after a generation ... did there come a renaissance in Southern medicine.

The entire population of the South, including the newly-freed slaves, was of course affected. The "renaissance" Shryock speaks of scarcely touched the blacks, however. That the health of blacks as a group has been neglected has already been mentioned. Many of my informants had never seen a doctor until they were adults. Further, these contacts may have been cursory; for example, a physical examination upon
induction into the armed forces. As children, their illnesses had been treated by their mothers, who had learned medical practices from their mothers, and so it went. I believe that blacks, like other elements of the population living in poverty in the post Civil War South, no longer had contact with professional practitioners and did not therefore learn newer ideas.

Another factor of importance in the survival of this older system is the problem of communication. The fact that English is the language common to both patient and physician blurs the fact that they may not really be communicating. Meanings of some words may have changed for one and not the other. For example, the names of diseases might not change, though ideas about causation did. The idea that tuberculosis is inherited (common to 19th century physicians until the discovery of the tubercle bacillus) is believed by a number of informants today. Indeed, the entire "germ theory" of disease fits nicely into the older category of "impurities."

Man and Nature

That man is a part of nature and thereby governed by the laws of nature (as they are understood) is fundamental in the folk nosology of this group. The changing seasons, the waxing and waning of the moon, the position of the planets—all affect man just as they do the plants and animals with which he shares the earth. Man has his spiritual nature to be sure, but his body obeys the laws of nature.

Some of the more striking natural phenomena in the temperate zone are those associated with the changing seasons. As colder
weather approaches, the coats of animals thicken. Many species of birds begin an annual migration south. Deciduous trees lose their leaves. All nature is preparing for that time in which the life force seems to be suspended. The beginning of the two more striking seasonal changes, fall and spring, are times when the human organism is in a precarious state regarding health. "In the spring, the seasons done made their turn. When sap go up, it make you sick. In the fall when sap go down, it'll make you sick (Bertha A.)."

Practically every household contains an almanac in which the "signs" are perused for medical reasons as well as for weather forecasts, the proper times to plant gardens, etc. It is considered by some, for example, that when the signs as reported in the almanac are "rising," procedures in which blood loss is possible should be avoided. Thus, tooth extractions or surgery should be done "... when the signs are below the knee." Informants who scan the almanac for advice (and these are by no means always those persons lacking in formal education) are quite aware that doctors do not believe in the effect of the moon, sun and planets on human health. For those events over which they have control, such as voluntary tooth extraction or non-emergency surgery, people may choose the proper time according to the almanac, saying nothing to the dentist or doctor. When the procedure is a success, credit goes to their own manipulation of the time element as well as the skill of the practitioner. Excessive blood loss, failure to recuperate promptly and other such problems may be blamed on the specialist's failure to observe natural laws. As Bertha A. puts it,
"Lotta doctors stand around on their butts laughin' at the signs; they'd do better if they paid attention."

These ideas are not restricted to blacks, or to persons from one particular region of the country. They are found in Kansas (Sackett and Koch 1961) and New England (Johnson 1963) as well as in the South (Puckett 1926). They are the ideas of farmers, of people whose livelihood depends in part upon proper interpretation of "the signs."

Natural phenomena are not considered to be random, and their occurrence and recurrence are thought to hold the key to coming events. Such signs, based on observations of plants, animals, the weather and the heavenly bodies, give a measure of predictability to the vagaries of natural events. They warn the farmer of imminent changes in the weather. They tell him when to plant and when to reap, and the best days to butcher his livestock. They tell him on what days the fish will be biting in the river. The signs are not concerned with the past, but with the regulation of the present and the immediate future. Rural folklore studies in this country are replete with examples of such natural signs and what they are thought to mean. The concern of informants in the present study (for the most part rural migrants to an urban setting) with "natural" events and their effect on human health is therefore not surprising. The beliefs which are described in the remainder of this chapter reflect this concern.

The Promotion and Maintenance of Health

Man is born, grows into adulthood and declines with old age. Death occurs because the body has "worn out." Under ideal
circumstances the individual could be born, mature, grow senile and
die without ever becoming ill. That this rarely happens is attributed
to a number of factors.

It is thought that at times the body is peculiarly susceptible
to illness, and special precautions must be taken if illness is to be
avoided. The age and sex of the individual are particularly important.
Infancy, childhood and old age are times when the body is especially
susceptible to any kind of illness. An infant may be born healthy,
but is considered to be constitutionally weak. As he grows older he
gradually grows stronger, until adulthood is reached. As the indivi­
dual lives into old age, the body gradually begins to weaken and
declines into death.

Females seem to be constitutionally weaker than males. The
female is particularly susceptible to disease at certain times. This
susceptibility is connected with the reproductive functions. The
female is at risk during menstruation, while pregnant, immediately
after an abortion, and right after childbirth. One woman says:

There's somethin' about a girl gets a disease quicker than
a boy. On account of her different sex. She's easy to
catch, or she's eager to catch ever'thin'. Because she'll
get it in her breast. Different things come through the
breast, through your vagina too, you know. These are two
things you have a man don't have, that make you easily
get sick - - (Erma V.).

The numerous risks of pregnancy are more fully discussed
later.

Failure to take proper care of the body can also weaken it.
Any over-indulgence is not good. Drinking too much alcohol, staying
out too late at night, eating too much, eating improper foods,
over-fatigue from working too hard--any one of these is thought to be debilitating. The oldest informant (85) in the study has only seen a physician once. This occurred when, at the age of 82, she required surgery for the removal of her gallbladder. She attributes both her long life and her good health to the fact that she has taken care of herself:

I feel like it's the care that they take of theirselves. That's what I think, I don't know. I feel like they exposes theirself too much, and don't take enough care of theirself like they should. That's one reason that I can get around and do things now at my age! Now, I've worked hard all my life, ever since I started at ten years old. But otherwise I've taken care of myself. And I never was the goin' kind! I didn't work all day, and then goin' half of the night, and all like that . . . I taken my rest and taken care of myself -- (Olive P.).

Low-income black families in Washington, D.C. have also been reported as believing that a good diet, plenty of rest and moderation in lifestyle are important in staying healthy (Cornely and Bigman 1961)

The condition of the blood is also important. The importance of the blood in health and illness cannot be overemphasized. A number of investigators have noted the particular attention paid to the blood in the health beliefs of Negroes (Cussler and DeGive 1952; Murphree 1968; Harwood 1969; Murphree and Barrow 1970). In fact, the blood is probably the most important single factor to be considered in the maintenance of good health. It is also the most important single factor in the etiology of illness. Virtually all illnesses attributable to natural causes are related in some way to the state of the blood and its circulation. Some illnesses have to do with the condition of the blood itself, "bad blood," "unclean blood," "high blood," and
"low blood" are examples. In other illnesses, the circulation of the blood carries the problem to specific parts of the body. Arthritis, for example, is the result of cold air being circulated throughout the body via the blood stream, the cold air then "settling" in the joints. Many medications have to do with their effect on the blood: some purify the blood; some serve to thicken or build up the blood; others thin the blood (see Appendix A).

Prevention of Illness

All of the above-mentioned factors have to do with the notion that good health is promoted and maintained by taking special care of the body. Failure to take precautions will inevitably result in ill health sooner or later. These precautions are positive as well as negative; that is, one must do some things as well as not do others. Most preventive measures involve the use of what informants call "mother wit." Proscriptions are largely behavioral in nature. They include the "don'ts" already mentioned: don't eat too much; don't drink too much; don't work until overly-tired; don't go without sleep. Other preventive measures have to do with the season of the year. These primarily involve protecting the body from coldness or dampness, by wearing sufficiently warm clothing. Women who have recently had an abortion or given birth must be especially careful of the cold, as well as at those times "when their flowers are on them" (menses).

Prescriptions for promoting and maintaining good health, on the other hand, are those which involve eating of special foods or taking medicines. Some medicines have the property of preventing illness.
Some older informants mention that as children they were required to wear a string of garlic buds around the neck "to keep sickness away." Asafoetida is also mentioned as a preventative. Both are remedies which have been used for generations (Bauer 1969). Asafoetida dissolved in hot water is still used by some informants to prevent "heart trouble." One woman keeps a quart jar containing a mixture of asafoetida, whiskey (to dissolve the asafoetida) and garlic buds. She takes a teaspoonful every other day "to keep healthy." I did not taste the concoction, but the smell was powerful indeed! Formerly, children were given ground calamus root rolled in bits of bread "to keep them from getting sick." It was used by a number of American Indian tribes. Of the plant, Vogel says (1970: 378): "Calamus or sweet flag was official in the USP/United States Pharmacopeia/1820-1916, and in the NF/National Formulary/1939-50. It was considered effective as a carminative, stimulant, and aromatic bitter tonic, besides being used as a flavoring agent." The fact that it is no longer available commercially explains why children are sick all the time now, according to some older women. Younger women are forever taking their children to the doctor, the older women will say. When their children were young this was not so, due to the use of the good "old-timey" medicines. Since calamus root is no longer available, Anna P. gave her younger children a daily vitamin pill instead.

Most medications taken to maintain health, however, are laxatives. The preoccupation with laxatives reflects the idea that the body is unclean or defiled and must be incessantly purged and
cleansed. The giving of laxatives starts at birth and is continued until death. The kind and amount taken depends upon the age of the individual. This systemic purification thus follows the individual through the entire life cycle.

Before parents can have a healthy baby, they must be in good physical condition themselves. It is especially important to have clean blood. If one is in doubt about the purity of the blood, there are teas which can be taken to cleanse it. The best thing, however, is to have a blood test. The pre-marital blood test is a fine modern invention according to Anna P., and, with X-ray, about the only one she considers worthwhile. It is the easiest way to see that your blood is clean. Failing that, however, a regular dose of "beef iron tonic" is also good for cleansing the blood.

Formerly most women had their children at home, being attended by a midwife. Both the newborn infant and the mother were given catnip tea shortly after the birth took place. This tea drove any residual impurities from the blood. Infants frequently developed a red rash on their faces. This rash was considered to be the impurities which went from the mother's blood stream to that of the baby, and which had been driven out by the tea. This idea was also reported as being common among the Mormon pioneers in territorial Arizona (Wiltbank ms: n.d.), peppermint tea being used instead of catnip tea. As births are now more likely to occur at the hospital, the practice of giving newborn infants herbal teas has perhaps died out. Commercial laxatives continue to be given, however.
When the infant is three months old, it is considered strong enough to be given Fletcher's Castoria, a commercial laxative for children. This should be administered weekly, to "keep the system clean." At the age of one year the infant has gained in strength and can then be given Syrup of Black Draught weekly. This is another commercial preparation and is composed in part of senna, another very old remedy. This will be used until the child reaches adult strength at puberty. A stronger laxative, possibly Black Draught Powders, can then be used. Whatever preparation is used, the laxative will be thereafter taken weekly in order to keep the system clean. Failure to do so will result in the body becoming "defiled." This systemic uncleanliness somehow weakens the body, making it more susceptible to illness and less able to "throw off" illness.

A further series of purificatory rites takes place in the spring. Impurities are thought to build up in the system in the winter and to "rise up" when the sap starts rising in the spring. At this time, special measures must be taken to rid the body of these impurities, or sickness will be the result. These measures do not replace the weekly laxative dose, they augment it! In March, therefore, several nine-day regimens of purification are instituted. According to Fred G., nine has special power because there are nine planets. The numbers nine and three are also mentioned in witchcraft rituals as well (Hughes and Bontemps 1958; Hurston 1935). Whatever the source, the number nine is heard over and over in curing procedures. Sulfur-and-molasses (or substitute) must be taken for nine days to clean the system; castor oil (as well as the usual weekly laxative) is taken for nine days to
"lubricate the system" and prevent the joints from getting stiff; epsom salts (or a substitute) is taken for nine days to thin the winter-thickened blood; medicine to "clean off the liver" is taken for nine days, etc. One man told me that he refuses to take all of the spring medicines that his wife recommends. This year she hid Carter's Pills, supposedly good for the liver, in his hot cereal. The heat caused the pills to swell so that they were visible, however, and he managed to remove them when she wasn't looking.

Precautionary measures are not always taken, however, and people are therefore afflicted with a variety of ailments. The hazards of pregnancy will be discussed first, then those illnesses caused by bad weather and impurities.

**Pregnancy**

It has been mentioned that pregnancy is a time when special precautions must be taken. The doctrine of "Maternal Impressions" (Bauer 1969) is one which is very widespread. This is the belief that the emotional state of the mother can "mark" the unborn child in some way. Fear, sorrow, unfulfilled desires, sympathy—any of these can directly affect the foetus. These ideas are found among such diverse groups as Spanish-Americans (Samora 1961) and the Hutterites (Eaton 1958). They seem to be post-facto explanations for otherwise baffling phenomena (Forbes 1966). Informants in the present study do not necessarily consider these manifestations illnesses per se. The results of "marking" the child can be divided into two general classes, "birth-marks" and "afflictions."
Birthmarks

The most common explanation for birthmarks is that the mother-to-be craved some particular food. Some informants say that the mark is the result of an unsatisfied craving. Others say that the mark is the result of the mother touching herself while she was craving the food. In this case, the birthmark will then be located where her hand rested, and may resemble the food she craved. Delia J.'s son has a drumstick-shaped light mark on one hand because she craved fried chicken. Two other informants describe what sounds like Mongoloid spots on the sacral area of their children. Both informants, upon questioning, disclosed American Indian ancestry. They attribute these marks, however, to a craving for liver and sausage, respectively. Another woman, Freda T., says that her older son looks much like one of her brothers. She and the brother were very close, and during her pregnancy he went away for a week. She missed him so much that she cried daily until he returned. This "marked" her son so that he looks like his uncle.

Afflictions

Some manifestations of "marking" are more serious than birthmarks, and are sometimes referred to as "afflictions." Such neurological syndromes as epilepsy are frequently explained by the fact that the mother saw someone have an epileptic seizure while she was pregnant, and her emotional reaction caused the infant to be born with the same affliction. This reaction on the part of the mother is most often described as being one of sympathy. One informant, however, mentioned "making fun" as well. That is, laughing at someone having a
seizure can mark your child. Samora (1961) has reported that among Spanish-Americans an epileptic child is thought to be the result of ridiculing someone having a seizure, and that God takes this opportunity to punish you for your lack of charity. Among the people of the present study there are a number of illnesses which are thought to be directly attributable to divine wrath. Epilepsy, however, is not one of them. Instead, failure of the mother to maintain emotional equilibrium is to blame. Olive P. says, as a matter of fact, that it is not even necessary to see someone have the seizure; just thinking about the person with sympathy is enough to mark the child.

They see somethin' exciting, lots of noise, makin' curious motions, and she eye it, gaze at it. The child come, sometime be off, have those silly spells and things like whatever she watched. I've heard that. Somebody have some kind of spell, fall out to lose consciousness, chew his tongue. The mother look at that, probably feel sorry. They say it take affect, sometimes cause the child to be that way - - (Bertha A.).

You know what, I had a friend one time and she were pregnant. And we were goin' along and was a hog jumped up in front of us, just about light. And this hog jumped up in front of us, and she slapped her hand to her ear and screamed. Did just like that. And when her baby was born he had a pushed-up nose like a hog, and this ear was stopped up. One of his ears, it was grown together where she threw it up there and mark it. Some people say you can't mark children, but it's a true fact. Fear marks children. She were frightened. So many times when you touch yourself you gotta be careful. I say to a lots of pregnant girls, "Be careful how you touch yourself, how you sit or how you do. Because you can inherit these things." That's why you should say, "Thank God for a normal healthy baby." - - (Erma V.).

Not all informants believe that children can be affected in this way. Lizzie L., the mother of eleven children, says that she does not believe it because during her pregnancies she went to horror movies
and none of her children were affected. She went on to say, however, that perhaps God knew she was ignorant and therefore protected the unborn children from her ignorance. (Informants rarely categorically denied anything. A statement might be made that they did not believe in something, witchcraft, say, or marking children. Almost always they would go on to say that it might be possible, but they had not experienced it).

Other problems can affect the child because of the health of one or both of the parents, and these are often said to be inherited. These are usually based upon the premise that mother and child share a common blood supply. Whatever is in the mother's blood, therefore, will also be found in the blood of the infant. Some of the diseases mentioned do have a heritable component, others do not.

And you know, the young people don't believe in such things [marking a child]. And they don't believe a child can inherit anything. Like the parents has some kind of sickness, some kind of complaint. Now the young ones will say the child won't have that. But I was taught that a lot of times the child took after his mother or father if he was havin' some kind of complaints, maybe like asthma. Well, the child in time will take it too, because born to get it -- (Bertha A.).

I guess sugar's inherited for sure. Inherited down from your mother, just like TB. If your peoples die with TB, it goes down through the family. Germ is still in the blood stream, it's in the blood stream. You can inherit it from your dad, or either your mother. Goes down into the blood stream -- (Erma V.).

The theme running through these anecdotes is of course that the pregnant woman is vulnerable to both internal and external influences. Pearlie M. says that if pregnant girls come around asking for special foods, every effort is made to satisfy that craving.
Weather and Climate

The weather is blamed for any number of ailments. Or, more accurately, failure of the individual to protect himself from inclement weather is blamed. Sudden shifts of temperature are thought to be bad for the body. Wilson E., says, for example, that this is the reason there is so much sickness in California and Arizona. In the morning it is cold and you need heavy clothes; in the afternoon it is hot, and you must remove these clothes. This, he says, is not good for you.

The belief in the power of cold air to enter the body and thereby cause illness is held by virtually every informant, irrespective of age, sex, or education. It was nearly always the first thing mentioned when speaking of the causes of illness.

There's gonna be many, many a girl wearin' these mini dresses, two or three years from now they'll be in a wheel-chair. Of exposure. They think that the teachers and the preachers and the mothers are meddlin', to tell them put on somethin' warm when they go out. But they want to go out lookin' good, or go out and show they bottoms and so forth. This creates sickness -- (Erma V.).

Well, sometimes it's the weather conditions. Now, just take for instance this time of year [November]. I can't go without my stockings. And people go around with just those sandals on, and no stockings. I see 'em with these thongs on in the winter time. Well, I can't do that. If I get up in the morning I try to wear these warm house shoes, but even with them on, if I don't put my stockings on, by night I'm sneezing, seeming getting a cold -- (Lillian A.).

Well, some of 'em will go the time like now, right now, [December] the majority of the people is wearin' practically the same they wore during the hot weather! Now, you seen them things hangin' up in the bathroom there? [winter underclothing] Well, I got 'em on now! I never think that I can go along with clothes on like I wear in the summer, the hottest weather. Now I notice these girls, now sometimes they don't even have on stockin's, nor socks, these kids goin' to school. Now that's not good for 'em! -- (Olive P.).
The diseases thought to be caused by the cold are often those upper respiratory infections which are common during the winter, colds, pneumonia and so forth. Anna P. gives the following account of how pneumonia is caused. The body is composed of, among other things, "slime"—perhaps a residual notion from the old humoral concept of disease in which phlegm was thought to be one of the four bodily humors.

A newborn infant is covered with a slimy substance, which proves that it is a normal bodily component. At any rate, slime collects in the body and is located in the stomach. If the body is not regularly rid of the excess of this substance by means of medications (the ever-popular laxatives), it will cause trouble if cold air should enter the body. The cold air circulates through the blood stream until it reaches the stomach. There it somehow mobilizes the collected slime and causes it to rise into the chest. The next thing you know you have a pain, and pneumonia. The over-abundance of slime is proven by the fact that people with pneumonia are always coughing it up.

Oliver A. recently had an attack of pleurisy (his diagnosis) because he attended the County Fair where a cold wind blew on him, entered his chest and caused pain.

Cold is also to blame for some illnesses having to do with the female reproductive function; going out too soon after childbirth or after an abortion is dangerous. Cold air can enter the body through the vagina and "cut you down." Older women say that the new mother should stay indoors for at least fifteen days after giving birth. They predict that only bad can result from the current practice of allowing
new mothers to be up and around and out of the hospital soon after giving birth. The fact that the girls do not die does not convince older women; someday they will have to pay.

The idea that present carelessness can cause future illness is common. It provides a convenient explanation for not only the fact that many people going out in the cold without sufficient protection do not get sick, but also for many of the degenerative diseases of older age. The girls in their short skirts may not suffer today, but the cold circulating through their blood will settle in their joints. As the body weakens with advancing age, the cold in the joints begins "to work with the body" and voila, rheumatism!

Now this here is winter time, isn't it? If I go out here half-dressed, half-naked, catch a whole lotta cold, won't try to do nothin' about it, you know I'm gonna be sick! ... I brought it on myself! ... Lookit the girls today, walkin' around here with no clothes on. Their mini-skirts up to here. I saw some with shorts on yesterday. Shorts! Up to here! And pore me, I couldn't stay warm with what I had on! [it had been 82 degrees the day before]. All right! They don't feel it now! They young, blood's thick. But you wait until they get up 25, 30 years old, maybe 40. They gonna be crippin' along, got the rheumatism. 'I'm hurtin'." They brings it all on theirselves! They exposin' theyself! They not takin' care of theirselves! They just goin' head on, just dressin', and you cain't tell 'em nothin'! More nekkid folks now than I ever seen in my life! Walkin' nekkid in the street. And when they get my age, mightn't get as old as I am, they gonna feel it. Sumpin' gonna happen to 'em! If they don't go into TB, they gonna have pneumonia; if they don't do that, they gonna have arthritis, they gonna have rheumatism. They gonna pay for it. All that cold is settlin' in their joints . . . . When they get older they gonna feel it. They be to the place they be walkin' on crutches, sticks and ever'-thing else! -(Arnella L.).
Damp air is another environmental factor responsible for a
wide spectrum of health problems. It may or may not be allied with
temperature—that is, damp and warm, or damp and cold. Tom P. says
that hot damp air (steam) is bad for you, it softens the bones. He
was working as a cook for the air force when he was slammed against a
wall by a carload of frozen meats. The resultant seven leg fractures
would not have occurred, he says, if his bones had not been so soft
from years of working in steamy kitchens. Working in a laundry is
thought to be unhealthy for the same reason. Jewel W. has worked in a
hotel for the last fifteen years as a maid. Her doctor recently told
her that the work was too much for her, and said that she should quit.
She says that the reason she is nervous, however, is the rainy weather
in Los Angeles, where she had been living. She was always careful to
keep her feet dry, but one cannot avoid the dampness of the air, and
that affected her nerves. Delia J. says that one can catch a cold by
going out in the rain and failing to dry off completely.

Lillian A. has heart disease, one of the manifestations of
which is shortness of breath. But she doesn't really think there is
anything wrong with her heart, though the doctor tells her there is.
She believes that her most recent illness was brought on by visiting
her children in damp Los Angeles:

Sometimes you have to put your head up high on a pillow,
or even sit up /to breathe easily/. Sometimes it's worse.
Now when I was over in Los Angeles, it was hot there at
night. And I had the windows up and that smog there and
that fog, it was a foggy night. I thought that dampness
coming in the windows could have caused me to wheeze —
(Lillian A.).
Like cold air, damp air can also affect you in the future, though you may be free of symptoms at present:

Well, in other words . . . it's exposure, that you get sometime when you're young in your body. Through your system as you get older, it take effect . . . dampness and not takin' proper care of yourself. Goin' out in bad weather and rainy weather, you expose yourself. Pores are open. You're subject to takin' a complaint, in through the blood . . . /it/ kind of grows into the system, and as you get older, it works with you -- (Bertha A.).

One informant also mentioned something called "dew poisoning."

She was raised in Oklahoma, and there would often be dew on the grass in the morning. Her mother always warned the children not to walk barefoot in the grass, because if dew got into a cut it would cause an "infection." Postell (1951) mentions that slave owners in the South were concerned with protecting their slave's feet from morning dews; this represents the survival of another old belief.

Cold or dampness may be fatal if the body is already debilitated. Ella T's. first husband was weakened by blood loss and a subsequent exposure to damp air was too much for his system:

He died of tuberculosis. He give his sister a blood transfusion and they took too much blood from him. He only weighed 125 pounds, and they took 300 cc's of blood from him, and that's too much blood. And you couldn't tell him nothin'. And you see, it's damp out in California and instead of him wearin' them heavy clothes, he'd pull off them heavy drawers and go in his shirt sleeves. When he give his sister that blood transfusion, instead of wearin' them warm clothes and things, he didn't do it. Then he took that quick kind of T.B. -- (Ella T.).

Dampness or cold can also aggravate an already existing illness. When Jim S. has a cold or flu, he drinks a toddy made of hot water, whiskey and lemon juice, goes to bed and piles the covers on. It is necessary
to keep warm, he says, "... so the cold air can't go back and forth under the skin."

Treatments for many illnesses consist in giving hot drinks to open the pores and allow the illness to escape. The patient should not be bathed while the pores are open, however, or more cold would enter the body in the water and the condition would be worsened. Lillian A.'s brother died because he got his feet wet before he recovered from the measles, and the chill "settled in his lungs."

He had them, but he hadn't got well of them. She [the mother] sent us down to this little spring to get some water. And it had rained and it was a little bit wider ... And my mother told us before we left, "Now don't go down and get in that water; it'll kill you, you'll die." Now my brother, he was all boy, he was hard headed. So the first thing he did, he went down there and started wading in this water. And just like to scared me to death. I just started hollerin', 'Oh, Johnny, don't get in that water, Mama said it'll kill you!' But he just waded up and down this branch of water, got himself all wet. Then he took an after effect from these measles, and he never did get over it -- (Lillian A.).

**Impurities**

A second major cause of illness is "impurities." These represent a category which is rather vague and difficult to define. At times impurities come from outside the body, as do the cold and damp air. At other times they seem to collect and build up in the body itself. When informants were asked what they meant by the term, answers included such things as dirt, filth, nastiness, germs and defilement. The response to entry into the body, or of buildup in the body of impurities includes two classes of illness, skin eruptions and febrile conditions.
Skin Eruptions

Virtually any cutaneous manifestation from ringworm to smallpox is blamed on impurities in the body. These skin eruptions (whether of measles, chicken pox, hives or whatever) represent impurities "trying to come out." External dirt can result in problems as well, a kind of "breaking out" on the skin. All of these symptoms represent one notion, that the system (particularly the blood) is in some way unclean or defiled. Like the "slime" mentioned earlier, the body builds up impurities if it is not regularly cleansed or purged. Venereal disease ("bad blood") is caused according to one informant by a woman being with too many different men. Her system becomes unclean and she needs to be "boiled out." Murphree (1968) also mentions "bad blood" as meaning venereal disease in her research in northern Florida. In both areas, herbal teas must be taken to "clean" or "purify" the blood, although the herbs themselves differ.

Anna P. says that some diseases such as measles and chicken pox cannot be avoided. They represent "... something in the blood wanting to come out." Other diseases, however, represent failure on the part of the individual to keep himself clean, "If your system's defiled, why, you're liable to come up with anything!" Not surprisingly, many informants include "germs" in their category of impurities. Much of their health information is obtained from news media such as radio and television via advertisements for disinfectants, antiseptics and the like. Since germs are equated with filth, this makes good sense. Bertha A. has heard that germs cause measles, chicken pox, etc. She was taught, however, that these diseases were caused by cold air. She
has therefore decided that germs are present in cold air. The cold air, bearing the germs, goes into the body through the pores and the resultant skin eruptions are the sickness "trying to come out." Not a single informant ever mentioned chicken pox, measles, mumps or whooping cough as children's diseases. This, I believe, is because the emphasis is on causality, not on who is affected.

As is the case with the environmental factors of cold and dampness, many of these diseases could have been avoided by the individual if proper precautions had been taken. As has been noted earlier, seasonal changes affect man as well as plants and animals. During the winter sap goes down into the roots of plants and there lies dormant. Bodily impurities, too, have collected and they too lie dormant. When the sap starts rising in the spring, these impurities rise as well and cause illness if they are not removed from the system. "When spring comes, birds start mating. Fishes in the water start mating. The sap is rising, and impurities start rising, too." (Anna P.).

Febrile Conditions

It was mentioned earlier that American physicians until about 1850 blamed all febrile conditions on "airs and waters" contaminated by the decomposition of plant and animal matter. This old belief is still extant among informants. Carrion, according to Anna P., is "created from germs" and God created buzzards to dispose of this health menace. "The buzzard created to eat germs, God created him for that." One reason why there is still sickness is that one seldom sees any buzzards around these days.
Fevers, says Anna, are caused by insect bites. Insects are composed of germs. "Flies is germs, and mosquitoes." When the insect bites you, some of its germs get into your blood. If you have taken proper precautions, illness may not occur. But, "... if the system's not clean, it throws you into a deep sickness. Everybody's blood's not clean." When asked about fevers, she mentioned scarlet fever, yellow fever, and malaria. She does not consider that a specific insect vector exists—that malaria is transmitted by mosquitoes but not flies, for example. Any biting insect can give you any fever; the germs enter your blood and "... if the blood isn't purified, it'll come out on you."

Contagion

The prevalence of the beliefs mentioned above is responsible, I feel, for differential belief in contagion as an element in disease transmission. Informants were about evenly divided on belief in contagion—that some illnesses can be transmitted from one individual to another.

Bertha A. feels that some illnesses are "catchin'," colds, for example. She says that it goes from one person to another through "sneezin' or coughin'" of germs, and that germs are "sumpin' that people have in their body; you sneeze or cough, it blows it out. When they have a disease and stuff." Lily M., who has a Master's degree, says that "germs and viruses" can spread some diseases, but she is unable to say what germs and viruses are. Arnella L. says that colds are "catchable," because of germs, "You know, you can
pick up germs any kind of way, on your hands, pick it off a glass, anything. It ain't no certain way that you can pick up germs."

When asked what she thinks germs are, however, the answer was, "Well, I couldn't tell you what germs was, because I don't know." Delia J., many years younger and much better educated, says that malaria is contagious. Everyone in her family back in Oklahoma had it at once, she says, so it must have been something that went from one person to another. She understands better than most informants that there is a causal relationship between germs and viruses ("tiny little things always in the air") and some illnesses. Her belief about malaria makes good common sense, however, and she is unlikely to question it.

Other informants are adamant in that they do not believe that illnesses can be transmitted from person to person. Lillian A. does not believe that colds or anything else are contagious. Freda T. says that you cannot become ill this way. She has heard people talk about germs, but she does not know what they are; she thinks that "maybe germs are just any kind of sickness." Harry J. also does not believe in contagion. He has been in the hospital a lot, "around all those other sick people," and has never "picked up" anything from anyone else. As far as he is concerned, that proves it is not possible. Olive P. says that she has heard that some things, like colds, can go from one person to another. She doesn't know if this is true or not. As to germs, she has heard a lot of talk about them, but she doesn't know exactly what they are. She thinks that they may be something like bedbugs.
Even if informants do understand about microorganisms and how they can cause illness, mysticism may interrupt the cause-and-effect relationship. Erma V. is a Pentecostal evangelist to whom God gave "the position" of visiting the sick. Since she has a minister's license, she has access to the hospitals, and spends each Sunday visiting the sick. She has seen germs (she was the only informant to use the term "bacteria") through the microscope at one of the hospital laboratories. She says that they are tiny creatures of different shapes, and that different kinds can cause different diseases. This reflects a fairly clear understanding. She goes on to say, however, that though she is around sick people a lot, God puts a protective barrier around her which the germs cannot penetrate—therefore she does not get sick.

To sum up, these natural illnesses are those which result from the individual's failure to protect himself from certain natural forces. If precautions are taken, the illness might be averted. In many cases, therefore, the individual is held responsible for his own poor health.
CHAPTER 5

NATURAL ILLNESSES: DIVINE PUNISHMENT

This chapter will deal with those aspects of medical belief which are inextricably linked with the religious system. Most informants find it impossible to separate medical beliefs from religious beliefs. Thoughts on the relationship of man to God (and vice versa) are of great interest to most people. Religion is not something relegated to a few hours on Sunday; it permeates virtually all aspects of daily life. Special religious calendars provide scriptural reading for each day of the year, and in many homes reading of this scripture begins the day. Thorough knowledge of the Bible is a matter of some pride, and is instilled in children at an early age. The Bible is considered the definitive source of information and rare was the interview in which "It's in the Bible," or, "The Bible tells you that," was not heard at least once.

Historical Setting

In the latter part of the 18th and early part of the 19th Centuries, the advisability of providing religious instruction to slaves was hotly debated. This question was finally resolved by the split of several religious denominations into northern and southern sections. The religious training which slaves finally received was
selective. According to Powdermaker (1939: 225-6):

Many of the sins the missionaries denounced were those the planters would gladly see eliminated—thieving, drunkenness, profanity, fighting, quarreling, uncleanliness, excessive sexual licence. These vices, which happen to be the ones most likely to interfere with efficient labor performance and orderly administration, were considered by both planters and missionaries to be traits of the degraded African character. . .

If the sins Christianity decried were those planters wished eradicated, even more were the positive virtues it exalted of a type they might well wish to see encouraged. Humility, long-suffering, and forgiveness are qualities appropriate to slaves and convenient to masters. The less suitable maxims of equality were played down or presented in an innocuous form.

The isolation that has enabled medical beliefs of a century and more ago to survive into the present may also be responsible in part for the form of lower-class black religious behavior today. Again, according to Powdermaker (1939: 232):

Endowed with the prestige of a white attribute, and catering to the Negro's deepest needs, the religion offered to him was embraced with little hesitation or question. And from this somewhat grim Protestantism of the eighteenth and nineteenth centuries the Negro religion of the present day derives. Many of its forms and concepts have been preserved. Today also the penitent is "heavy with sin," indulges in "fervent supplications," prays to be "born again." The church services, the Sunday schools, the revival meetings; the experience of "getting religion," the concepts of sin and virtue, heaven and hell; all are survivals of what the black slaves received from the white missionaries, sometimes against the will of their masters. Many features now common in Negro meetings, especially in rural districts--"jerks," the "singing ecstasy," the "falling exercise," visions—were exhibited in white religious revivals of the eighteenth century, and are still to be found today, though far less generally, among certain Whites.
Although Powdermaker's ethnography was written more than three decades ago, her comments are still pertinent. Indeed, a description of a Negro "meeting" published in 1870 (Kilham) could in some particulars have very well been written about some of the religious services which I attended in the Martin Hill Neighborhood a century later.

Religion and Social Class

Church membership among Negroes has traditionally been closely allied with social class membership (Powdermaker 1939; Drake and Cayton 1945; Drake 1966; Gordon 1964; Kronus 1970). Members of the black lower class are considered more likely to belong to the Baptist, Methodist and Pentecostal churches. Here too, behavioral patterns are important. The middle and upper classes may insist on calm and decorum during religious services, in sharp contrast to the emotional outbursts which are part and parcel of black lower class religious behavior. One middle class informant had been a Baptist for 30 years before becoming a member of the Seventh Day Adventist Church. She made the change, she says, because she could no longer stand the "whoopin' and hollerin'" of the congregation at her former church. She had never felt like behaving that way herself, she says, and cannot understand how anyone else can. Certainly behavior at the Baptist, Methodist and Pentecostal churches I attended is spontaneous and uninhibited (and infectious!). Emotional outbursts punctuate prayers and sermons, and individuals fling their arms and bodies about. Singing, accompanied by rhythmic hand clapping, is an important part of
the services. Individuals may rise to "testify" how good God has been to them. During one service I attended, religious fervor rose until the minister could no longer be heard over the clapping, singing, tambourine shaking and shouts of the faithful. It is not uncommon for someone to lose consciousness during services (particularly members of Pentecostal churches). Such behavior is not only culturally approved, it is thought to signify the individual's particularly strong faith. It may also signify that God is "working with" the individual, and has selected her or him for special favors.

Clark (1965: 174-5) has stated that churches play mainly a cathartic role for low-income blacks, giving them a place where they can "let off steam" which cannot be adequately expressed in other ways. Certainly for many Neighborhood residents, religion provides the means of handling stressful situations. The assistant pastor at one church, who works as a domestic during the week, "testified" one morning how "mean" the white woman she works for is to her. She "turns the other cheek," however, and prays that God will soften the heart of her employer and "show her the way." God is approached for help in the most mundane of everyday matters as well as during times of crisis. Dreams and "visions" (I was never able to assess how informants differentiate between them) are scanned for the light they are thought to throw on problems large and small. A number of informants, all women, also report hearing the voice of God, "just as plain as you and I are talkin' right now." On occasion, the Deity is even employed as matchmaker:
God chose this last husband of mine. I had just give up lookin' for a good man. So one night in the summer, I just come on in the house and hooked the screen door. I got down on my knees and I says, "Lord, I is tired of lookin'. If you wants me to have a husband, you'll just have to pick one out for me!" I got on in bed, and that night I had a vision: they was two men standin' side by side. One was the Reverend Roberts, and he was wearin' a blue suit. The other man I had never seed before. He was wearin' a gray suit. Now I knew the Reverend Roberts, and I didn't like him much--he was just a little old jack-leg preacher. So I just went on. Four years later my white folks carried me to a party so I could meet some of my own people. And the door opened and this man walked in. I knewed 'im right away, it was the man from the vision. So we got married. And do you know, when he come to the weddin' he was wearin' a gray suit--(Anna P.).

Mother D., too, asked God to help her find a suitable mate. She had been married three times, and each husband, she says, "interfered with my gift--I had to go out and heal and they didn't understand." After she left the third husband she asked God for His help. Two weeks later she met her present husband, Jackie C. Of him she says, "He hasn't given me a bit of trouble in fifteen years!" He does all the housework and cooking while she goes across town to her "doctor's office" and her successful curing practice.

That religion may also be used to channel aggressive feelings is illustrated by the following anecdote:

When my mother were in the hospital, did I tell you about this white lady what were lightin' a cigarette. She were in the room with my mother. She was layin' in there and she was tryin' to find her mouth. And she couldn't find her mouth to light her cigarette. And she says, "Hey there! Would you come and light me a cigarette?" She was a beautiful blonde, beautiful skin, beautiful. But she was all crippled up, you know.

I said to her, "Darlin', I don't indulge in those things, the Bible says touch not the unclean things. And dear, you don't need that no-how."
She said to me, "Why, you big old black nigger! Why you big black nigger! You just get your big black self out of here! I pray for myself. Get out!" And she began screamin'.

Sound like when she said, "You big black nigger," you know what in my ears I heard? "Sister Erma, pray for me, cause I'm demon possessed!" So I began to pray for her.

"Lord, rebuke this demon! this hatred demon! this arthritis demon!" I began to rebuke it. When I got through prayin' for her, I looked up and there was five nurses standin' to see. It's against the law to rile a patient, but darlin', it was my time to take over then. She'd been cus-sin' all other times, but when I got through prayin' for her she began to thank the Lord. And you know what? she got where she could use her hands, the Lord take this numb feelin's out of her.

See, it takes a person with a heart! Cause I love people, and I know people, and I knew she was demon possessed! Many of these people today, what are goin' on with all of this racial, and all of this fightin', is possessed! Demons. They're demon possessed!

Ain't no little I's and big You's, ever'body's the same. Ever'body's the same in Christ Jesus--(Erma V.).

**Neighborhood Religious Affiliation**

There are seven churches in the neighborhood, Baptist, Methodist, Roman Catholic, Seventh Day Adventist, Church of Christ, and two Pentecostal. The Roman Catholic Church is attended mainly by Mexican-Americans. One informant was reared a Roman Catholic, having been brought up from birth in a Catholic orphanage. The rest of her family is Baptist, however, and she has recently converted to that faith so that the family can attend church together. No one I knew in the Neighborhood attends either the Seventh Day Adventist Church or the Church of Christ. The informant who converted from the Baptist to
the Seventh Day Adventist Church lives out of the Neighborhood. Of 43 informants for whom religious affiliation is known, church membership (or lack of it) is as follows:

Non-members---------7
Pentecostal---------7
Methodist--------4
Baptist--------23
7th Day Adventist---1
Episcopalian--------1

"Non-member" means that the individual does not consider himself (six of the seven are men) to be a member of any church and does not regularly attend church services. It does not necessarily imply non-belief in God. The six men, in fact, mentioned God as often in discussing health beliefs as did the church-goers. The only Neighborhood woman I met who does not attend church is Ina E., whose criminal proclivities divide her from most other informants in attitudes and behavior. Lily M., the upper class informant, and her husband attend a white Episcopalian church on the city's east side.

Most informants, therefore, belong to various Christian churches which are fundamentalist in nature—that is, the teachings of God as they appear in the Bible are taken literally. For example, when I asked one woman (Delia J.) why the Baptist Church had their communion service in the evening instead of the morning, she replied, "The Bible calls it the 'Lord's Supper,' not His brunch or dinner!"
There are doctrinal differences between the churches, however, which are important in health behavior. In the Baptist and Methodist churches, the prerequisite to salvation is baptism. The individual publicly declares his wish and is baptized by water (total immersion). The individual is now "saved," i.e., a member of God's elect, and a full-fledged church member. Ministers of these churches have received formal religious training and are paid a salary. There is a rather elaborate hierarchy of church functionaries: the minister, deacons, elders, ushers, robed choir, etc. There is also a Missionary Society for women whose function is partly social as well as religious. It combines the social aspect of a women's club with charitable works. The recipients of the Missionary Society's good works are the sick of the congregation. Nearly as many men as women attend services.

For adherents of the Pentecostal churches, on the other hand, salvation is a three-step process. As in the Baptist & Methodist churches, individuals publicly declare their wish for baptism and are then baptized by water (total immersion). A third step is necessary, however, known, as "baptism by the Holy Spirit." According to informants, this is something one must work to achieve. The supplicant kneels at the altar, praying that the Holy Spirit will descend and fill his or her heart. The congregation prays aloud, sings, claps hands and a few people shake tambourines. The individual may resist "giving over," and everyone bends over the candidate, praying aloud and offering advice. The praying, shouting and clapping grow louder and faster until the person's heart "opens up" to admit the Holy
Spirit. At this point, the individual "falls out" (loses consciousness), may exhibit the phenomenon known as "speaking in tongues," and may froth at the mouth. He or she is now a full-fledged member of the church and is hereafter referred to as one of "the saints."

A fourth step may or may not take place. This occurs when God makes known to one of "the saints" that He wishes him or her to become a minister. God may publicly "work with" the individual or "the call" may come in a vision. The individual may hear God's voice. At any rate, the person so selected applies for a license, pays a small fee, and is thereafter a licensed minister. There is no training for such a position and Pentecostal ministers may have little or no formal education. It is believed that when God thus selects someone to be His minister, He also confers upon him or her the gift of healing, and healing rites are a regular part of Pentecostal religious services. Being a Pentecostal minister is not a full-time position—during the week days the minister may be a janitor or a maid. A monthly "love offering" is taken up in lieu of salary. Church members come from the very lowest income level in the Neighborhood and are mainly women. Of over 50 persons present one Sunday when I attended services at a Pentecostal church, only three were men. Religious fervor at Pentecostal services is apt to be quite contagious:

And anything I would get up and say, speak and say in that church, it would come to a showdown. I told 'em the last night I prophesied in there, I just didn't prophesy, I predicted it! I just got up and told 'em out of my mouth, I said, 'God's gonna meet us here tonight. He gonna be strong in this buildin' so that you all think the house is on fire. There's not gonna be any blaze, but the house is just gonna be
smoked up." And it was, just like I told it. I said, "Lord gonna work with the audience. When he get through workin' the audience, He gonna hit the pulpit." And when He got through workin' with those people in the audience, He come just as straight up in the pulpit and worked with the choir members. And I was singin' in the choir. They thought I was dead up there... God threw me out up there and I just laid. Just laid like a statue. Wasn't even sayin' nothin'. Some of the members thought I was dead, and they went there and looked at me. Caught me by the arm. Somebody said to the pastor, "That's all right. She's all right, she ain't dead. Lord just workin' with her, leave her alone. She's all right."--(Arnella L., a Pentecostal evangelist).

Whatever the denomination, religious training begins early. Infants and children are taken to church as a matter of course. In every church service which I attended quite small children were quiet and attentive through services which often lasted for hours. (Admittedly the services were vastly more entertaining than the church services of my childhood). Public "declaring for Jesus" may take place at an early age. At one Baptist revival, children six, seven and eight years of age came forward to ask for baptism. Their religious instruction is taken quite seriously.

Persons whose behavior is disapproved, those who use bad language, drink excessively, gamble, etc., are perceived by churchgoers to be either "unsaved" or those who have fallen from grace and strayed from the right path. It is frequently mentioned by informants that people gamble on the sidewalk in front of the Chinese market on Sunday morning, and the God-fearing people on their way to church must step off the sidewalk and go around the loiterers. It is considered that children must be trained from infancy to serve God, and
church attendance is a requisite in proper socialization. Ella T. says that the rise in what she calls "juvenile" (delinquency) is due to the fact that prayers are no longer allowed in the schoolroom. Children and adolescents in trouble with the law are usually pointed out as coming from families where church attendance is lacking. Here the parents are blamed for not showing their children the proper way and failing to guide them in life. Lizzie L., the mother of eleven children, says:

We all go to church on Sundays... then the kids, they'll go to the park awhile, sometimes we go out visitin'. Come back and eat a little supper, then we go to church again at 9:00. Get back, watch a little TV, get the beds turned back, teeth scrubbed, and next thing, Monday mornin'!

You know, a lot of kids don't go to church. I been goin' around tryin' to get some of my neighbors to send their little kids to church. I think if the neighbors would let their kids go to church and go themselves, there wouldn't be quite so much trouble. They stand on the corners here and they drink, and talk disrespectable, and kids goin' in and out of the store, they hear all of it. And if they'd just go to church, spend just one day in church and then come home, I think the world would just be lots better off than what it is. But it's misunderstanding. I think the parents is at fault for most of it--(Lizzie L.).

Informants of all religious denominations seem to view God (the Father) and Jesus (the Son of God) very differently. They identify very strongly with Jesus as being warm, loving, human, as well as divine, and as One who suffered and was persecuted on earth. It is Jesus who is most often mentioned in conversation.

God, on the other hand, is seen as a stern, rather remote figure. He is fair and just, but retribution is swift if His laws
are transgressed. He requires not only obedience but overt proof of man's love. Some informants equate a stern punishing God with stern punishing parents:

So many time the Lord get vexed with us when we do things. Like sickness I would say sometimes is a whup to us, just like whuppin' a child. So many times we have to be taught a lesson, a sickness sometime bring us down to make us serve the Lord's will. Sometime we don't know to say "Thank the Lord," and we don't know how to praise the Lord and thank Him for things He did for us. You can invite it in yourself. If you live a real good life for God, it's just like children: if you got good children you don't have to punish 'em. Sickness and different things comes like a whuppin'. A reminder. The Lord would heal all the peoples if they would ask the Lord to heal 'em. But the people, they forget God--(Erma V.).

This view of merited punishment is, on the spiritual level, what illness is on the physical side of man's nature. That is, divine punishment is something you bring on yourself by failure to observe the known rules. After the individual has been "saved," strict adherence to the laws of God (as written in the Bible) is required to keep the soul from sin.

Not all the commandments seem to be regarded as equally important. In some churches the sins of envy and greed seem to be considered far worse than the sins of the flesh. Pre- and extra-marital affairs are taken rather lightly, and do not affect the individual's standing in the church. Sexual relationships are thought to be perfectly natural, and, if the spirit is willing, it is generally agreed that the flesh is weak. It should be noted, however, that members of the Pentecostal churches are very vehement against such behavior. Not uncommonly, however, their conversion to the church came after years in
a life very much "in the world." Erma V., for example, told me that she had done everything but kill a man before she got "the call." Her emotional energy is now channeled into preaching against the way of life she lived for so many years. Curiously enough, the sin which seems to be considered the worst possible is the use of foul and profane language—informants who are not overly upset at homicide get quite indignant when discussing "cursin'." Several informants stated that the use of such language is sure sign that the individual is possessed by the Devil.

At any rate, whatever is considered to be sinful is to be avoided. When one does sin, amendment can be made by public confession and such "testimony" may be a part of regular church services. Bodily mortification, such as fasting, is also practiced by some individuals. It is generally agreed that the life of a Christian, while rewarding, is difficult. As one Baptist minister put it, "Salvation is free, but not cheap, my friends!"

Precautionary measures in the form of religious amulets may be kept by individuals. One woman gave me a copy of a prayer to keep on my person for "protection" (see Appendix B). It reads in part:

Whosoever read or wear it on him will never burn nor drown, nor will any poison have effect on him. He will never be a prisoner of war, nor will he ever be vanished. When a woman has labor pains, let her read this prayer, or let it be read to her, or let her wear it, and she will immediately be delivered; and when the child is born, let her place this prayer on the right side of the child; and it will be safely preserved of 82 accidents. Whoever carries this prayer with him will never have any epileptic attacks; and if you see anyone having fits, place the prayer on
his right side, and he will be cured immediately. Whoever writes this prayer, for himself or others, "I will bless," says the Lord, but whoever scoffs or laughs at it will be damned. /sic/ When this prayer is in the house, the house will be safely guarded of thunder and lightning, whoever reads this prayer daily will be warned 3 days before his death by a holy sign, of the day of his death.

The Punishment of Sin

What happens to the individual who fails to take such precautions? Most informants agree that he or she is liable to be "struck down." Disobedience to the will of God may result in what is referred to as a "curse" or "affliction." Such punishment may take a variety of forms: a paralytic stroke, a retarded child, a crippling accident, and so on. Such ideas were expressed by members of the Baptist, Methodist, Pentecostal and Episcopal faiths.

I feel that a lot of things that you do, when you're disobedient to God's will, that a curse or something is put on you... sometimes I think it could be in the form of an illness. To really say, sometime I think retarded children is a curse, and that's something you've got to go through for the rest of their life or your life. They say somewhere in the Bible about you can be whipped by many stripes. I think this person has been whipped till he has come to his knowledge of his sins and knowing that he was sinful. Then it make him a better person or made him closer to God--(Lillian A.).

Here is what can happen if you don't obey the Lord. One time my mother came down here and stayed with me, and she went over there to that church on the corner. Now, my mother never came to school, and she had never in her life taken music. But the Lord anointed her hands, and she played that piano like nobody's business! While she was playin' that music, the people would just fall out under the anointin' of her playin'! And she would not stay here and run a meetin'! She went back home. She had a stroke and laid there nine long years. Lookin' up at me, nine long years. She said to me, "Don't disobey God. When that
small voice come to your ears and tell you to do sumpin'." She said, "I'm tellin' you, if Jesus tell you to do sumpin', if that small voice come in your ear and He keep puttin' it in your mind to do sumpin', you do it. If you don't, you you'll be layin' here like I am, under a curse."

See, she was supposed to come back down here. If she'd had that meeting, she would of saved many, many a soul down here, but she went back home. She can't obey man, she got to obey God. She felt that she was whupped. So many times when you disobey God, He whup you. He lay you down so you can think these things over. She was so anointed, and she turn us away, savin' souls. Cause many a soul could of been saved, and them souls is now lost. She could of saved the souls. I mean, if we can do sumpin' for God, we need to do it, but she didn't. She said to me, "Darlin', don't obey man, obey God." Those nine long years--(Erma V.).

Seem like a lot of times things come through Him like that; lot of times people will be well. And then on down the line somethin' will happen to him, sometimes be crippled. And then be out workin' around machinery sometimes, somethin' will explode. Cause him to lose his sight, accidental things. So many different things, for sinnin' all the time. We here in the world sin. Things gonna come upon us, unless we serve Him more. I think if we go away from Him, He might suffer some of these things to happen--(Bertha A.).

Whatever form the affliction may take, however, the theme is the same. God is using this means to call the attention of the individual to the error of his ways. The idea that God may punish sin by "Putting an affliction" on a person is certainly not confined to blacks, however. That divine displeasure can be manifested in physical disability is accepted by groups as disparate as Spanish-Americans (Samora 1961), the Yaqui Indians (Shutler 1967), and the Hutterites (Eaton 1958) as well.

It is of interest to consider which sins are thought to merit the anger of God. Over and over the same sins are mentioned; greed and
pride. Acquisition of material goods and thinking that you are better than your neighbor are not condoned.

The Devil will try to afflict you. I disremember where you find it in the Bible. Sometimes people are raised up with pride so much, that sometimes the Lord takes this to bring you down. I tell you what. When you're proud, or not livin' for the Lord, you get too proud. Then God steps out of the way and let the Devil take over. The Devil causes these things. Then God can fix 'em. See, the Devil has never got dominion over you. He have dominion over you providin' God let him have dominion. God have to let him have dominion—(Erma V.).

Sometimes seems like you can be very prosperous and just have everything, and then all of a sudden you lose everything. But if you just get too wicked about it, then God'll bring you down to where you can see that. Through losing this He can bring you back up again, if you have faith in Him—(Lillian A.).

Well, according to the Bible, He does suffer you to be afflicted. Sometime that's the only way He can bring us down when we are so high up. And then He can remove it, just as quick as it got on you! What I mean by high up, why, some folks when they get a little something, they spend-thrifty, you know. And they forget about maybe a neighbor across the street might need something. And they could go across and ask did they need anything! Nobody's gonna beg, but you could offer your services. You forget about what other people in the world might need. And He can put an affliction on you, and He can remove it just as fast as He puts it on you—(Lizzie L.).

Lily M., the one member of the black elite in the sample, also says that God does not want us to accumulate too many material things, and that retarded children might be born because,"He is trying to tell us something." As an example, she points out the retarded daughter in the family of the late President Kennedy.

Haughtiness and materialism meriting punishment are perhaps understandable in a neighborhood small enough to permit frequent face-
to-face encounters, and one in which there is little difference in income. Punishment of the individual for appearing to think he is better than his neighbor may be a form of social leveling. This theme will recur in the chapter on witchcraft.

Not all informants believed that God would punish an individual by sending illness, however, although most of them did. The few who did disagree, however, did not do so because of disbelief of divine sanctions. The feeling seemed to be that God was too good to do something like that—therefore, it could only be the work of the Devil.

No, I don't think so, I don't think God would make you sick. I don't think that, course my religion is not like everybody's. But I don't believe God would send no sickness. But I know the Devil can put 'flictions on you, the Devil can. I always believe that God would try to take things off of you. Ever' breath we draw is cause God let us to live—(Ella T.).

With one exception, the informants who preferred to attribute this type of occurrence to the Devil instead of God were members of the Pentecostal church.

Those who do believe that God punishes also believe that the Devil may step into the picture. This occurs when the individual's behavior is considered particularly vile. In these cases it is considered that God simply steps back and lets the Devil take over. The individual may be then quite literally considered to be demonically possessed.
That's a bad spirit, a demon is a bad spirit. You know, don't have no desire to do right. Do wrong, You know, we have some people in the world have never done right! Wrong doin', that's a demon tells 'em. Sometimes they are talkin' silly talk. Then some is radical, like cursin', you know, and sayin', "I don't believe in no God," and this and that. Ever'thing they wanna do, they wanna hurt somebody or harm somebody--(Mother D.).

Mental disorders are also thought to be an extreme result of a life of sin. At one Baptist revival the visiting evangelist's message concerned this topic on the night I attended the services. "Many, many people are in the State Mental Hospital at Phoenix," he said, "who the doctors are unable to cure." This is because their sickness is "the sickness of sin." As he phrased it, "Medicine will not reach the mind, nor a sin-diseased heart."

Treatments

Just as some natural illnesses are treated by driving the causal factors out of the body, these divinely ordained illnesses may be treated by causal factors (sin) out of the soul. This is done by virtue of prayer and faith in God. Some afflictions may be cured by prayer alone--by turning, as Lewis W. says, to "Doctor Jesus." If one's faith is great enough, the illness may be lifted by divine intercession alone. Brother Mathew, the pianist at one of the Pentecostal churches, testified that God cured him of epilepsy when he fasted and spent the night prostrate before the altar.

Another man told of the terrible behavior of his youth: he drank, fought, gambled and had no regard for anyone. Finally he was struck down by illness. His behavior had been so terrible that he had
neither family or friends willing to care for him. He was placed in an empty shed to die. He saw that he was entirely alone, and that he would die without a miracle. He began to pray, promising God that if he were cured he would devote the rest of his life to His service. In a few days he felt better, and was soon well. He became a Pentecostal minister, and is now famous for his preaching.

Others, however, seek out someone known to have special curative powers. Unlike illnesses caused by environmental factors, doctors cannot cure illnesses which are the result of divine power. The ministers and evangelists of the Pentecostal churches are thought to have been given the power of healing when they were called to the ministry. Rarely, people are considered to have been born with the gift of healing, which may have been transmitted in the family line. The person born with such a gift is considered to be more powerful than the person whose gift was bestowed during a religious experience in later life. In other instances, the sick individual may deal with the spirits of the dead, both for protection against and the healing of illness.
CHAPTER 6

UNNATURAL ILLNESSES: SOCIAL DYSFUNCTION

This chapter will discuss a third major category of illnesses, those which may be seen in the context of the individual's interactions with others in his daily life. These illnesses are often described as being "unnatural," and, like natural illnesses, can be further subdivided. Some illnesses are caused by everyday problems or worries. Others include those ailments thought to be the result of witchcraft.

Worry as a Cause of Illness

It is generally understood that the stresses of everyday life can cause a person to fall ill. Most commonly mentioned are worries about money and about loved ones. Olive P. says that her neighbor down the street "just grieved herself to death" following the death of her son. According to Louis W.,

Seems like worry is worse than trouble. Trouble is when you've killed a man, and you're shuckin' through the woods tryin' to keep away from the law. You know if the law catches you, you'll get the electric chair. That's trouble.

But worry--worry is when you're fussin' with somebody you love. Maybe it's your wife; maybe it's a brother or sister. But I'll tell you, dear, seems like you can't eat and you can't sleep at night. No matter what you do, you can't forget about it. Can't get it off your mind. That's why I say that worry is worse than trouble -- (Louis W.)
In a group where the average income is low, it is not surprising that people worry about money.

Peoples sit down and worry sick. Do you know some peoples worries theirselves sick? Because, "My bill, if I could must pay my bill! I used to have this and I don't now. Don't know what I'm gonna do, I can't do this," I mean worries, nervousness. Peoples have lost their mind. This is a sickness too, this will make you lose your mind. Right, this'll kill you. You can worry yourself to death. Over your bills and over your money -- (Erma V.).

According to Mother D., a very successful Voodoo practitioner, many of her patients come to her suffering from "nervousness." She considers these "mental" problems to be unnatural.

... a person that's sick in mind, mentally sick, doctors can't find that. They X-ray and they can't find it. They say, "Well, I don't see nothin'; there's nothin' wrong." And yet they sick! Mentally sick, sick in mind.

It's a believing, you know. You can believe hard on something, it just come to you. I think that's the way people go crazy! They believe one thing too strong, and next thing you know they flipped their wig and they in the insane asylum. But I get people with all kinds of feeling, like some of 'em says, "I can't sleep, I can't sleep ... Mother, why I can't sleep?" ... They're sick, they're thinkin' too hard about somethin'. Their bills are worryin' them.

You know how times is now. Things is changed 'n everything is so high. Some people get such a small wage, don't make much money, they can't make ends meet. And then it come to them when they stop still, you know. Like they'll lie down and they get to thinkin', and it get into the mind. They're so weak they can't throw it off. Well, next thing you know, it's daylight! So then I counsel with them, and I tell them how to do to go to sleep -- (Mother D.).

Services at a local Spiritualist temple also reflect concern with everyday problems. At such services mediums act as go-betweens for members of the congregation and their loved ones in the spirit world, because spirits can foresee the future and thus render useful
advice. On the occasions I attended such services, questions directed to the spirits concerned such topics as what to do about a drunken husband, a son associating with undesirable companions, a sullen daughter. Advice was sought as to the advisability of moving or taking a trip. Visits to such practitioners as Mother D. and the mediums of the Spiritualist temple express the anxiety many people feel in their daily lives.

It should be noted that extreme behavioral problems, those in which an individual may be considered mentally ill by Neighborhood residents, may be seen as either a reaction to daily stress or as punishment for sin. The symptoms, that is, may be similar although causation is different. It is difficult to judge how the distinction is made. That is, which mental illness is the result of sin and which the result of worry -- possibly it has to do with life-style.

At any rate, one idea is the same: doctors cannot successfully treat mental problems, no matter what the cause. Treatment rests on removal of the causal agent. In one case, one may be absolved of sin. In the other, treatment might consist of proper counseling. Mother D., although an avowed Voodoo doctor, prefers to style herself a "Spiritual Counselor." She says of many of her patients, "... they hunt somebody to advise 'em, or counsel with them, you know. I do, I get people like that ever' day."

There is no clear dividing line between belief in magic and religious beliefs. Some practices which seem to me to be magical are thought by informants to be religious in nature. Erma V., for example,
recites a prayer to stop bleeding and hemorrhage. Not everyone believes in witchcraft, just as not everyone believes that God will punish sin by sending illness. In any one illness episode, therefore, there may not be complete agreement as to the cause.

Witchcraft as a Cause of Illness

The "unnatural" illnesses discussed above reflect the belief that the stresses of day to day living may adversely affect the mental and emotional well-being of the individual. The remainder of this chapter will deal with those unnatural illnesses in which an individual falls ill due to the machinations of someone else. They are based on the premise that there are people who possess the ability to mobilize unusual powers, and who may use these powers to manipulate events. Compilations of Negro folklore are replete with reports and examples of such magical manipulations dating from before the Civil War (Bacon 1895; Puckett 1926; Hurston 1935; Hughes and Bontemps 1958). The terms "black magic," "witchcraft," "conjuring," and "Voodoo" or "Hoodoo" are used interchangeably in descriptions of such activity.

Voodoo

As informants often categorize witchcraft behavior as Voodoo, a brief discussion is in order. The word itself is a corruption of a West African word for god or spirit (Metraux 1959: 27). When slaves were brought to the West Indies from Dahomey, religious beliefs were transplanted as well. Slaves in the French-owned islands were required by law to be baptized in the Roman Catholic religion. Voodoo
today is a syncretism of African and European beliefs, and is best known in Haiti. From the islands of the West Indies, slaves were brought to America by their Creole masters, and an attenuated form of Voodoo has been described as existing in various parts of the South, particularly in New Orleans. Several informants who have mentioned Voodoo, in fact, say that it originated in Louisiana.

According to Mair (1969), Voodoo is not witchcraft at all but simply a folk religion. She states that Voodoo worshippers are not a collection of witches or sorcerers, but instead believe that their religion protects them against such beings. She goes on to say, however, that Voodoo practitioners are often suspected of "working with both hands." Certainly accounts of Voodoo sects in this country report that the priest or priestess may prepare charms to work evil as well as good. One of Franz Boas' students, a black woman, made a study of Voodoo in the south and was herself initiated into the cult (Hurston 1935). She says that the practitioners were called "two-headed doctors" because their abilities could be used both ways. At any rate, some informants in the present study tend to use the terms "witchcraft" and "Voodoo" as if they were synonymous.

**Belief in Witchcraft**

Nothing in the field work elicited the amount of emotional tone as did questions about witchcraft. Whether answers were negative or affirmative, the vehemence was often startling.
Initially, the word "witchcraft" was not used. The question was usually formulated in the following way: Are there some people who have the power to make other people sick? Only after a number of informants used the word "witchcraft" in their responses was it included in questions. Similarly, the word "Voodoo" was never used in a question. When the term Voodoo was used by an informant, it was spontaneous. The word "witch" was never used in questioning, nor was it ever used by an informant. The evil-doer was always vaguely categorized as "somebody" or "people like that." The act itself was usually described in vague terms as well: "puttin' sumpin' on," "putting a fix," "people who know how to do that kind of thing," and so on.

Mair (1969) notes that some investigators have differentiated between those persons who have the power to injure without physical means (witches) and those who use substances (sorcerers). She considers that it may not always be possible to classify evil-doers along these lines, but that it is useful to so classify the deeds (Mair 1969: 23).

The distinction I would make is a simple one -- that the sorcerer uses material objects and the witch does not. It is by no means insignificant, since it is possible to find evidence of sorcery . . . . But there can never be evidence of witchcraft, and so accusations of witchcraft can only be pursued by means as mystical as the supposed offense.

The emphasis in the present study is on the use of substances. Seventeen of 20 descriptions of such practices involved the use of substances. Only three people mentioned the use of "spells" alone.
A few statements by informants clearly refer to witchcraft in the Christian tradition.

I'm tryin' to think who was this in the Bible called for this woman to do this witchcraft, it's in the Bible. It's biblical. Call for 'em to call up the dead, and they would talk with the dead. All this is witchcraft. All of this is true, these wizards and this witchcraft. They got power, but God got all power. Most peoples has got this power have been saved, and the Devil steals they mind. Like some of these peoples was dancin' in the nude in the church, and havin' drinks in the church. This happened in California in a Methodist church. Well, I got all these books here, and that's Satanic! All of this is nothin' but witchcraft -- (Erma V.).

Well, you know the Bible speaks of witchcraft. If the people know what they're doin', with the Bible, some of 'em will take the Bible and try to do somethin' to you with it. It was told to me that you could take the Bible, certain scriptures in the Bible, kill you with it. I ain't never found out what scripture it is, cause you know, I ain't interested in it. See, when I hear people talk about all that old crap I stays my distance from 'em. See, I don't mingle with the world. Because if they talk like that, I figure they're not right. And I don't have nothin' to do with 'em, cause if people see you associatin' with that person, they say you doin' the same thing. That's why I don't fool with 'em. They say Phoenix is broke out with it! A woman tole me, she went up there, "Honey, I wouldn't stay in Phoenix!" I asked her why. "Honey, you talk about old witchcrafts, that's all you hear up there is witchcraft" -- (Arnella L.).

The belief of some people in such practices is selective.

I heard that when I was a child, people comin' to your door and sprinkling things all around your door and if you walk over it . . . but I never was a believer. I don't know, my family wasn't, and they were born in Louisiana where they say this all originated. But they didn't believe in it, which I guess made me not believe in it. But I seen some very strong believers of it. But I just never have believed in it. I feel like I could walk over everything they put outside and it wouldn't hurt me. Onliest way I think they can make you sick, if they get something in you. Like give you something to drink or something to eat, and put some medicine or something like poison in you -- (Lillian A.).
Others, while not having firsthand knowledge of such doings, did not wish to categorically deny the possibility.

Well, I haven't seed it, but I have heard that people can do such things. They say, "Don't fool yourself, they can." But you know I've been here this long in the world and I haven't run into nothin' like that yet. So I wouldn't know about that. But you hear people say it; they discuss it -- (Bertha A.).

Only two informants flatly denied any belief in witchcraft. Lily M. laughed and said, "I don't believe in that crap," and Lizzie L. said, "I don't believe that mess so we can drop the subject." Both women were raised Roman Catholics, which may have influenced their opinion. It should be pointed out, however, that denial of witchcraft may be illustrative of fear as much as disbelief. On one occasion what I had considered to be a routine question provoked this extremely agitated response.

I don't talk about witchcraft! I don't know nothin' about it, and I don't let people come and put that kind of junk on me. I don't believe nothin' about no witchcraft, I don't believe nothin' like that! I don't believe unless nobody can't get nothin' in your stomach you're all right. If you drink water, if you get it in your stomach, you'll get sick. And I don't believe in no witchcraft! We don't think about no witchcraft, and I don't have nothin' like that in my home, and I don't talk about no witchcraft. And when people go to talkin' about all that old junk, I say they minds is crazy. And I don't believe nobody can do nothin' to you unless they get sumpin' in your stomach. You eat somethin' somebody got poison in, that's one thing if you get ahold of some. I don't know, I don't believe in witchcraft. I don't believe nobody can throw spells . . . . I don't even let nobody talk to me about it. I don't want to get my mind confused with that -- (Ella T.).

The informant was so distressed that the subject was dropped at once. It seems clear that her avowed disbelief in witchcraft should not be accepted.
Mother D., who has a reputation for being able to cure illnesses caused by witchcraft, has many people come to her with such fears. They think evil. "Mary come to my house early in the mornin', and Mother, she came in and she looked real suspicious, looked funny, and she wanted to use my bathroom. Do you think that she come to put some bad luck on me? She wanted to use my bathroom, do you think she wanted to put something in my house that cause me to be worried? I took a headache after she left." I hear a lot of that, suspicious talk -- (Mother D.).

To turn our attention to those persons who do believe in witchcraft, several questions must be answered. How is it done, to whom and by whom, why, and what restorative or preventive measures may be taken?

The Techniques of Witchcraft

Witchcraft procedures reported by informants may be divided into three categories, Sympathetic Magic, the use of verbal and mental "spells," and the use of "poisons." These will be discussed separately.

Sympathetic Magic

In his classic work, The Golden Bough, Sir James Frazer divided the principles of magic into two classes, Homeopathic Magic and Contagious Magic. He placed both classes under the general heading of "Sympathetic Magic" since "... both assume that things act on each other at a distance through a secret sympathy" (Frazer In Lessa and Vogt 1958: 249). Many of the beliefs of Neighborhood residents may be classified according to Frazer's definitions.

Homeopathic magic rests, according to Frazer, on the principle that like produces like, exemplified by him (1958: 249) "... the
attempt which has been made by many people in many ages to injure or
destroy an enemy by injuring or destroying an image of him, in the
belief that just as the image suffers, so does the man, and that when
it perishes he must die." The following anecdotes are examples of
such practices.

Tom the Mexican-American man who lives next door tell me
now, he's had somebody to make somebody sick. He had the
peoples to steal some of the peoples clothes off of the line,
and make a doll and put some of the clothes in the doll.
And take this doll and whatever you want 'em sick at, you
take some pins, put some pins wherever you want the pain.
I said, "It this true?" But I was talkin' to another man,
a minister, and he said, "Yes, this is true" -- (Erma V.).

In some cases technology has provided the wherewithal for
magical innovation. The use of the camera can provide a ready-made
"image" of the intended victim.

Alma U. had been backsliding from the church, but finally
started going again. One night she and Arnella L. went to a revival
at one of the Pentecostal churches. Members of the congregation put
items of personal jewelry on the altar rail, and the evangelist who
was visiting from Los Angeles used them to tell the owner something
personal. Alma had put her watch on the altar rail. The evangelist
picked it up, looked directly at her, and told her that she would be
dead now if she had not come back to God. After the meeting she
asked Arnella if she remembered last summer when she had been so sick
-- she was feeling "poorly," steadily losing weight and unable to work
at her usual job (she is a licensed practical nurse). One day she was
in her back yard doing some gardening and happened to dig up a
snapshot of herself, buried face down on one of her undergarments.

On the back of the snapshot was written the day that she was to die \[\text{in March, 1971}\]. She had given the snapshot to no one, so she feels that it must have been stolen from her home. The spell was broken when she found the charm, but she was so frightened that she not only started attending her regular church again, but also a Spiritualist temple where training is given in avoiding witchcraft.

Contagious magic, on the other hand, is based on...

... the notion that things which have once been conjoined must remain ever afterwards, even when quite disjoined from each other, in such a sympathetic relation that whatever is done to the one must similarly affect the other. ... Evil may be done because of the magical sympathy which is supposed to exist between a man and any severed portion of his person, as his hair or nails; so that whoever gets possession of human hair or nails may work his will, at any distance, upon the person from whom they were cut (Frazer in Lessa and Vogt 1958: 260).

According to Anna P., the more intimate the connection between the substance obtained and the intended victim, the stronger would be the charm. The most dangerous of all, she says, are the secretions of sexual intercourse and menstrual blood. She gave me a lecture on the safe disposal of sanitary napkins. If someone who wished to do me injury got hold of one, she says, I would be "cut down" at once. She herself has never had her hair done in a beauty salon, lest her hair clippings fall into the wrong hands. If someone wished you injury, they obtain something with which you have been in close contact,
then take it to the witchcraft specialist who works the magic. According to informants there are two kinds of specialists, one who knows how "to put sumpin' on," and one who knows how to take it back off again. Tucson has at least one of each; perhaps more.

Spells

Unlike the methods described above, "spells" do not utilize substances. Recitation of a verbal formula or thought of the deed alone is enough to do injury. In only three cases did an informant mention witchcraft by spell.

Jim S. (age 35) says that he does not really know if witchcraft is possible or not. But he does not want to come right out and say it is not possible either. When he was a teenager he often ran errands for an old woman whose legs were paralyzed. It was told that one day the phone rang, and when she answered a voice told her that she would never walk again. She never did. This story made a powerful impression on Jim, and he does not believe in taking chances.

Some weight should be attached to other examples of witchcraft by spell, as one is from a woman known only as "Madam" who is said to be a practitioner of witchcraft, and the other from Mother D., who cures the results of witchcraft. According to Madam, the person can be killed simply by her thinking about it; she says that God helps her to do this. Mother D., although disavowing any real knowledge of the technique, says that she believes that the evil-doer causes injury by "holding the thought."
Poisons

Finally, the use of poisonous powders or like substances may be used to effect the desired result. Metraux points out that knowledge of sorcery was brought from Africa and that (1959: 285), "The magic weapon par excellence is the wanga -- a term which is applied to any object or combination of objects which has received, as a result of magic procedure, a property that is harmful to one or more people. Wanga are also called 'poisons'." If they are composed wholly or partially of substances which have been in contact with or which represent the victim, e.g., hair, clothing, a snapshot, then they should be included in the category of sympathetic magic. As in most cases their composition is unknown, however, they will be discussed separately. Three different usages were described by informants, (1) sprinkling the substance around the doorstep, (2) putting the substance in food or drink, and (3) sprinkling the substance on sanitary napkins. In food or drink, of course, the substance enters the body. In the other instances, proximity to the victim alone is enough to produce the desired result.

Four informants mentioned the sprinkling of substances around the doorstep. The idea is that either the intended victim will walk over the substance and thus be injured, or, be unable to walk over the substance and thus be prevented from entering the home. Salt and pepper, presumably magically endowed, were mentioned as having the effect of repelling unwanted visitors. According to Hughes and Bon-temps (1958: 197), "In New Orleans it is said that a collector or salesman will never return if you sprinkle salt after him."
"Doctoring" food or drink, usually liquor, was the most commonly mentioned mode of sorcery (10 informants). Like the sprinkling of substances around the doorstep, different effects can be obtained. Of the 12 instances mentioned, one was a love charm and the remainder used to injure or kill. For these persons who believe in witchcraft practiced by this means, illness can be a time of special anxiety. When an individual falls ill, it is expected that friends and neighbors will bring gifts of food to the household. To refuse to eat the food would be tantamount to an accusation of witchcraft. To eat it, on the other hand, means taking the risk that you may be ingesting poisoned victuals.

Henry J. has solved the problem of accepting food by having nothing to do with his neighbors. He is sick a lot, he says, and if he did associate with people they would be bringing him food all the time. Then he would worry about whether people were trying to make him sicker by "cookin'." This way he is lonely, but he doesn't have to worry about witchcraft.

Anna P. once knew a very pretty young girl whose husband left her for an extremely ugly woman. This was considered to be unnatural behavior. It was decided that the ugly woman must have put something in his coffee to lure him from his more attractive wife.

Frank L. reports that an enemy once put an octopus egg in his beer. The octopus hatched out and had to be removed from his bladder. He had been having a few drinks with the other man's girl friend, and the man decided that Frank was trying to take her from him. Though
bizarre, this belief is not unique; it is widespread and old. A century ago Norris reported that he had known a black man who joined a "Hoodoo" cult in New Orleans. He described an illness episode in which (in Jackson 1967: 139), "He imagined that someone of his co-worshipers had put a spell on him; that his enemy had poured frog-spawn into some water which he had given him to drink, and that this spawn had hatched and entered into the circulation of his blood; that his veins were full of small tadpoles." The notion that live animals can be somehow introduced into the body of the victim is also mentioned by Puckett (1926), by Hurston (1935) and by LaBarre (1962) as well.

Though most informants agree that it is possible to be made ill or killed by something put into the food, they do not agree as to the properties of the substance used. Some feel that the substance is simply poison, that is, that it would kill anyone who ate it. Others feel that the substance will kill only the person for whom it was intended -- anyone else could consume the adulterated food or drink with impunity. Erma V.'s grandmother was poisoned by food which harmed no one else who ate it.

My grandmother died when I was five . . . . My grandmother went on a vacation, went down to see her sisters and brothers. And while she was down there, my great-aunt poisoned her. She ate somethin' that poisoned her system; before they could get her to the doctor, she was dead. Whatever it was she ate, it didn't kill anybody else. They think she did it on purpose because she didn't like my grandmother. My grandmother was real in life [i.e., living a good Christian life] and they wasn't livin' the right life and my grandmother began to tell them. This was my grandmother's sister-in-law -- (Erma V.).
Anna R. says that poisoned food will harm only the person for whom it is intended, and tells the following story: Once when they were living in Kansas the family attended a church supper. The plates were handed to each person already filled with food. As they sat down to eat, Anna's son, Norman, who was then a small boy, decided on a childish impulse to trade plates with his mother. As the plates were switched, the cook rushed over to demand why this had been done. Anna sees this as clear proof that the plate intended for her had been poisoned. You must be very careful about where you eat and drink, she says.

The third type of poisoning mentioned occurs where the magical substance gets into or near the body by means other than ingestion. Of poisoned powders in Haitian sorcery, Metraux (1959: 286) says, "They are much feared because it needs no more than a pinch of them spread on a garment for the wearer to be struck down with an illness which will resist every kind of treatment. A stronger dose is naturally fatal." Anna P.'s young daughter Lila was killed by means of a powder sprinkled on a sanitary napkin. Her mother tells how it happened: Lila was young and very pretty. She had a devoted husband and a home which she kept "like a doll's house." Her female in-laws, however, were very jealous of her. She was planning an anniversary party and intended to invite the women even though they did not like her. A week before the party her mother had the following dream. The three women who were her daughter's in-laws were standing before her. One of them handed something to her. It was small, black, furry
and alive, "Somethin' like a black chick." She immediately knew that it was something evil, dropped it and awoke with a scream. She woke her husband and told him that there would be trouble in their family. She wrote to her daughter at once, telling her not to invite the in-laws to the party. Her daughter replied that the Bible says to forgive, and invited them. On the day of the party, her sister walked into a bedroom and saw one of the women sprinkling some kind of powder in a box of sanitary napkins. She quickly said that it was sachet, something to make them smell nice. Two weeks later, the girl was dead. Though her daughter told her that the Bible says to forgive, Anna says that it also says, "Watch as well as pray." Although Anna never doubted that her daughter had been the victim of witchcraft, the fact that the women suspected were all from Louisiana was the final proof she needed. Black animals are mentioned both in Haitian (Metraux 1959) sorcery and in Louisiana (Hughes and Bontemps 1958) sorcery as well. Mair (1969) states that among some West African tribes the witch may be identified in a dream.

**Symptoms of Witchcraft**

How is the diagnosis of witchcraft made? Although there are few symptoms which may be exclusively attributed to witchcraft, the diagnosis seems usually to be based on (1) the presence of "unnatural" symptoms, or (2) because there seems to be no other explanation for the illness.

Some symptoms are considered "unnatural" in themselves. Pearlie M. mentioned a man who, after bewitchment, "howled like a dog
till he died." This is also mentioned as a symptom of witchcraft by Bacon (1895) and Puckett (1926). When Anna's daughter Lila died, "her face was black and she was foaming at the mouth and down over her clothes." This was not considered natural. Hurston (1935) says that in sudden deaths, the presence of such froth on the lips of a corpse is a sign that the individual died without divulging something they had wished to say. The sudden death of a person thought to be in good health may also be attributed to witchcraft.

With the interest in poisons and the widespread fear of something being put into the food, it is not surprising that various stomach ailments are interpreted as being the result of witchcraft. These symptoms may include abdominal pains, nausea, and the inability to eat. Often mentioned was unexplained weight loss ("falling off"), even though the usual amount of food is consumed. Delia J. had a friend living in Oklahoma City who died of mysterious causes. She had called Delia one day and asked if she, Delia, believed that people could "fix" you. Delia said that she didn't know. Her friend had been sick, and the doctors could not seem to find anything wrong. So she consulted a woman who told her she had been "fixed" by something put into her liquor. She "fell off" until she was skin and bones except for her face, which stayed the normal size. This unusual symptom was considered proof that the illness was unnatural. Lillian A.'s cousin felt that she had been "fixed" because she always had a bad taste in her mouth and her food "didn't taste right."
On the other hand, the diagnosis of witchcraft seems to be made at times simply because there is no other explanation. There seems to be little understanding of chronic disease. That is, it is generally considered that every illness ought to be curable, and in a relatively short time. Many informants reported that they expect alleviation of symptoms within two or three days after the inception of treatment. This is true both for home remedies and those of the professional practitioner. Illnesses considered chronic by physicians, e.g., diabetes mellitus or arthritis, are considered curable if the proper means is found. Lack of a cure therefore reflects failure to try the right medicine, find the right doctor, or perhaps a lack of faith. If an illness has gone on for some time, therefore, and the sufferer has tried everything, then witchcraft may be the final diagnosis. A neighbor of Pearlie M. had been sick for three years without getting much better. She had been to a number of doctors, none of whom had been able to help her. After that length of time she said to Pearlie, "One thing certain -- this ain't no natural illness."

Responsibility for Witchcraft

In any group in which it is believed that witchcraft is possible, it is instructive to establish which persons are thought responsible for such deeds. Everywhere you go, says Anna P., there is someone who knows how to "put things on you" and someone who knows how to take them back off again. It is generally agreed that these powers do not rest in the same individual, although the curer of witchcraft may
be greatly feared as well. There is, then, a practitioner of good and a practitioner of evil. Utilization of such individuals present in the community rests on the continued interest in purchase of their special powers. A woman in Tucson known to me only as "Madam" is a practitioner of evil magic. Mother D., on the other hand, cures diseases caused by such magic.

Both Madam and Mother D. were born with this special power. In both cases, the power was "inherited" from the maternal grandmother. In a sense, then, Madam is not the target of witchcraft accusations as she cannot help having been born with such power. She is just there, so to speak, to be sought out by those who wish to harm others. Accusations and gossip do not center on the practitioner of evil magic, they center on those persons who avail themselves of that magic.

Mair (1969: 37) has described the "everyday witch" as "... the antithesis of the kind of person we like our neighbors to be." Although not called witches, there are people in the Neighborhood who are talked of as being especially difficult to get along with. Such people are the ones who might be suspected of wanting to injure their neighbors. Willa J. is such a person. Ella T. (who so vehemently denies her belief in witchcraft) formerly lived in the same apartment building, and actually moved out of the Neighborhood because she was afraid of her. Some time ago Willa threw a dead cat on Arnella L's front porch -- more accurately, Arnella says that it was Willa; she did not see her do it. In Haiti this would have connotations of witchcraft, but I could not get anyone to comment on it. Arnella is
now, however, wanting to sell her house so that she can leave the Neighborhood. One behavioral trait that marks Willa and other such persons is unpredictability. At times, say the neighbors, she is perfectly friendly and speaks politely. The next time they see her, she may not speak at all or, worse still, may abuse them verbally.

The Devil's busy, I don't care what you do. I went by a woman's house Tuesday, comin' in . . . . And that woman standin' there, honey, she cussed me like a dog. Aw, honey, she cussed awhile out there! I just walked off and came on in the house, cause I didn't want to hear her, see. I just leave that to her ignorance. But honey, she got out there and she cussed me awhile! She's just hellish! See, she thinks she can do everybody like that. But I don't want to hit her cause she's a sick woman, she's got heart trouble. I don't want to hit her, cause if I hit her I might kill her. But you know, you get tired of takin' that. She's been doin' me that way for the past four months. I don't know what's wrong with her. So I just goes ahead on, I says, "Well, they talkin' about the Devil, the Devil is sure busy." She's nothin' else but a hellion! Look like she's tryin' to make me hit her or something! But I says, "Aw, no, she ain't worth my goin' to prison for -- (Arnella L.).

The use of foul and abusive language as a symptom of wrongdoing has been mentioned elsewhere. Religious people see it as a sure sign of the sinner. It may be considered, in fact, as a symptom of demonic possession. The person who habitually uses such language, therefore, is thought capable of any sort of deed. In a group with such strong fundamentalist Christian beliefs, it is not surprising that the practitioner of witchcraft (or one who would purchase such practices) is seen as the personification of evil and equated with the Devil. Any sort of unusual behavior may be suspect as well.

And just like I say, Snow, I'm scared to say anything to these people! I'm scared to go around 'em. Now I was up at the store Monday. Woman walked in, old bright lady
means light skin color. She stays down here on College Street. Just show you how people do you when you're not botherin' 'em! I'm standin' there by the soda water box, waitin' for my niece to get through shoppin' This old woman walked in, just stood there and rolled her eyes at me. I says /to myself/, I better watch this old sister, cause the way she's lookin' at me, she's liable to take me for somebody else! And haul off and hit me with sumpin', you know! She rolled her eyes at me, I kept awatchin' her. Kept lookin' at her roll her eyes at me.

At last I said, "Lady, what have I did to you? Why are you rollin' your eyes at me? Have I did anything to you? Or misuse you in any kind of way? If I have, I would like for you to tell me! Cause I don't like for anyone to stand and roll their eyes at me like they're gonna cut me in two! I want to know what have I did to you!"

"Oh, fuck ya!" I say, "What?!" That's the way she answered me off! I says, "Don't you cuss me, cause I'd knock the fire from you!" And I run at her. And she hit that door, and she went out of that door.

My niece says, "What's the matter with that old woman?" I says, "Child, I don't know!" She says, "Why didn't you pick up a bottle and knock her out with it?" I says, "Aw, she ain't worth my gettin' in trouble for."

And I tell you, Snow, people now is got you crazy, you scared to go to the store, you scared to go anywhere. Scared you liable to get cussed out, you scared you liable to get hit. You don't know what's goin' on! I'm absolutely almost scared to speak to people -- (Arnella L.).

**The Reasons for Witchcraft**

Given malevolent people and persons from whom they are able to purchase the wherewithal to work mischief, what is considered likely to bring on such actions? Two common reasons given are based on envy and sexual conflict.

The possession of anything which another person might want is considered to put the individual in a precarious position vis-à-vis others. A pretty face, a nice house, a new car, good clothes -- any
of these might strike envy in the heart of the observer. Some people are just that way, says Anna P., "Just put on a few little clothes and they get begrudged-hearted." They may not even know you. Most often, however, the envious person is a neighbor or relative. Whatever the reason, the techniques of sorcery ordinarily involve a close enough social relationship that the individual has access to your house or its environs. The women accused of killing Lila C. were invited into her home; the snapshot of Alma U. was taken from her house. A substance administered to you in your food or drink requires that you have access to it. Frank L. says that the dried octopus egg was put into his beer when he was drinking with his usual circle of friends. And if harm is worked by use of one of the most powerful substances of all, sexual secretions, the party accused would be husband or lover, mistress or wife. That envy is commonly considered a cause for witchcraft is demonstrated rather obliquely by Pearlie's reaction to her neighbor's fear of witchcraft. When the neighbor stated that her illness was not a natural one, Pearlie retaliated, "Well, I don't know why you think it's witchcraft -- you're too old and ugly for anybody to be jealous of you!"

People whose success is demonstrated by the acquisition of material goods are thought to be in danger of witchcraft. The fear of such retaliation may serve as an economic leveler, therefore. Lily M. and Lizzie L., the two women who disclaimed belief in witchcraft, attributed to God the same function. That is, that individuals who are too interested in the acquisition of material goods may be visited
by divine wrath. Whether the fear is of a spell or the retribution of God, clearly being "higher up" than your neighbors is both socially disapproved and dangerous.

Relationships between men and women account for a good deal of the conflict in the neighborhood. Resolution of such conflict may take the form of direct violence, or the more covert methods of witchcraft. Pre- and extra-marital sexual relationships are common, and marriages are brittle. All of my informants have been married at least once, and most have been married more than once. Three or four spouses is not uncommon, and Erma V.'s second husband married eight times. Divorce is uncommon, and spouses who cannot get along separate casually. I asked Erma V. why she had never divorced her third husband, whom she literally kicked out of the house in 1952, and she replied, "Why pay $200 to get rid of someone who has already left town?" When new alliances are formed, the parties are considered married as long as they share the same household. Children of such unions take the father's surname, whether or not the couple lives together. Against this background of shifting sexual partnerships is acted out a great deal of hostility, both open and covert.

Curtis P. is 25 years old, and recently divorced. His former wife had a child by another man before she and Curtis were married. They had been married a little over a year when, last Christmas night, she stabbed him five times. Only the fact that the blade bent kept one wound from being fatal. As it was, he was hospitalized for a time and lost his job. She then divorced him. Soon after, the wife of
Curtis' best friend left him. According to Curtis' mother, the two young men had always been "just like brothers." Curtis has moved back to his parent's home, but still loves his ex-wife, who lives just around the corner. She does not want to remarry him, but says that they can still be sweethearts, "like before we were married." All is now complicated by the fact that Curtis' best friend has now moved in with Curtis' ex-wife. Norman, Curtis' younger brother, has dreamed of trouble and everyone in the block expects a showdown before long. They just do not know what form it will take.

Belief in and accusations of witchcraft have been interpreted by some as a displacement of aggressive behavior in a society (Lessa and Vogt 1958: 246). In the Neighborhood, however, belief in witchcraft and violence both seem to flourish. Olive P.'s father spent time in prison for stabbing a man to death; her oldest son was shot to death in a fight. Wilson E. has been imprisoned for shooting a man. Ina M.'s husband once shot her in the stomach, and they have both been in prison. Arthur J.'s home was the scene of a fatal shooting over a dice game this winter. Recently a 15 year old boy stabbed a 16 year old boy at a party "to prove he was tough." Only a few weeks ago, a young man shot his nephew to death in an argument over a woman. Arnella L. says that the next time the woman next door curses her she will "brain her with a hoe." And so on. It can scarcely be said that gossip about witchcraft in this group serves only as an outlet for feelings of hostility and aggression (or if so, it is not
very successful). Violence and witchcraft both do exist, and I do not know what is operant in choosing the weapon to be used against an enemy. When, in other words, do you shoot your rival and when do you put an octopus egg in his beer?
HEALTH PRACTITIONERS AND THEIR CURES

The three preceding chapters have dealt with disease causation as it is understood by informants. This chapter will describe the various practitioners and the treatments they employ. Like the causes of illness, curers and their abilities differ. Some, such as M.D.s, can cure only illnesses caused by man's conflicts with nature. Others, such as spiritual healers, may cure both these natural diseases and those which represent divine punishment. Mother D., the Voodoo practitioner, and the mediums at the Spiritualist temple claim to cure illnesses in all of these categories: those which are the result of environmental causes, those which represent divine punishment, and those which are the result of witchcraft practices. There is thus no clear-cut correlation between a particular ailment and any one kind of practitioner. In many cases, in fact, the patient may be utilizing practitioners of various sorts simultaneously: when Alma U. was the victim of witchcraft she went to an M.D., asked for healing prayers at her usual Pentecostal church, and began attending a Spiritualist temple for instructions in the avoidance and curing of witchcraft.

Divine Gifts

One theme underlies all beliefs and behaviors present in the search for a cure. This is the idea that the ability to cure--by the
housewife knowledgeable about home remedies, by the M.D., by the
spiritual healer, by the Voodoo doctor or by the spirits of dead
relatives—is a gift from God. This gift has been bestowed upon the
individual to enable him to make his way in life: God gave Bertha A.
the ability to cook, and she made her living until retirement by cooking
in restaurants; Carl A. is a talented amateur plumber and makes his
living as a plumber's assistant; Olive P.'s gift was that of washing
and ironing, enabling her to operate a hand laundry in her home. These
gifts must be used, however, or God takes them away again. This, of
course, effectively explains the behavior of those persons who do
nothing whatsoever: God gave them abilities which they failed to
utilize. The talents were taken away again, and such persons can now
be seen standing around street corners drinking and gambling. God does
not desert them entirely, points out Arnella L., as most of them get an
unemployment check.

This idea of divine bestowal of ability is especially well
developed in those older people whose education is limited. Nearly
all informants value formal education highly, but few were able to go to
school more than a few years. Pastor McBride announced from the pulpit
of a Pentecostal church one morning that, "Mrs. Snow is learning a lot
of things from books. We didn't have that opportunity, so God helps
us and shows us the way." If one does have the opportunity to go to
school, these everyday gifts may be lessened:

You know, I think about it so often at night. Bein' alone
so much, you know. And I think back about things that way.
You don't find youngsters now'days that has the gifts like
your grandmother, and like elder people like my age, and
older than I. Some are not as old. Well, I feel like that God knowed that we wasn't gonna have the chance that you younger generation have for school. But there's just a lot of 'em that's graduated and finished school, they don't got as much common sense as some of us elderly people, some of us don't know nothin' about school!

Y'see, God knowed that when way back, when we was born and older people, He knowed that on and on of the younger generation, they was gonna have a better chance about it. And He give us gifts, and I feel like when God give a person a gift, He reveals somethin' in their mind. And sometimes you can kind of brush that gift off, and He'll come back again with it. And you keep on brushin' it off, He'll quit! But if you use that gift, feel like it is a gift from God and go ahead on and cope with it, why, He'll continue -- (Olive P.).

Though the better educated younger informants are less likely to credit God for their day-to-day survival, special abilities are usually believed to be divinely bestowed. Only one informant (Lily M.) stated that doctors are able to cure by dint of long academic training. All others, though they realize that schooling is necessary for a medical degree, believe that the ability to cure is a gift from God. This is true for all types of practitioners, as will be seen in the following examples:

Fred G.'s grandmother, Mother May, was given by God "the knowledge of all the roots and herbs." Olive P.'s father was a famous herb doctor, and was called "The Daddy of the Herbs." His clientele included blacks, whites, Indians and Mexicans. Although he taught all of his children how to prepare the various remedies, he himself said that he was taught by no one. His talent was a gift from God, and as such must be kept secret "so it will stay in the family." The proper cure of a difficult case was often the result of divine revelation:
When we was small, why, he'd get a hard case of some kind. And most places where we lived was a fireplace, you know, and a chimley. And he'd take a chair, they had chairs then with shuck bottoms—do you know about them? They used to use the thick comforters, they called 'em. He'd fold one of them and spread it down . . . across in front of the fireplace on the floor. And he'd take one of them shuck-bottom chairs and he'd turn it down with the back of it down, and he'd let the quilt come up onto that. And he'd lay down on it flat on his back, and he'd fold his arms and shut his eyes. And we knewed to be quiet. And sometime we'd be playin', you know, runnin' and runnin' and hoppin' and playin', and we'd leap over his feet.

He'd have his eyes shut, but he wouldn't be asleep. Ever once in awhile he'd say, "Ooooooh, Lordy!" And he'd go on awhile, "Thank you, Lord!" Just like that. And he'd get up. He'd say, "Sister, you come along and go with me. The Lord showed me some more roots to dig — — (Olive P.).

Bertha A. has never been to a spiritual healer. When she is ill she either uses medicines of her own making, or goes to a doctor. She believes that spiritual healers have the power to cure, however, because the power of the Lord is revealed in different ways:

Christ is in there. He's healin' so many different ways, give these people a healin' hand. He help them to do that. I think He does, cause He had the power Hisself and He healed. He loved man so greatly, He wanted man to have some of the works that He done. God love man so much He made him in His image and ever'thing, and give him power. I think some people can heal, cause God give people a healin' hand; a gift of God, nobody can take it away. See, He loves ever'-body, but He give some of 'em different gifts. And He give some more than He did others — — (Bertha A.).

The idea that God bestows power differentially affects the individuals behavior when he or she decides to seek medical care, as will be seen later.

All informants have gone to an M.D. at one time or another. It is sometimes said that the Bible mentions physicians, and that God has put these people on earth as part of His plan. Pearlie M. says, "I
believe in doctors. There was doctors here when Jesus was here; the
doctors are here for a purpose. They have a knowledge; I'll say in
a word, a gift. People have these gifts. You put these gifts in
practice and they can do these things. It's from God."

If you don't have the gift, however, you won't be a good doctor,
no matter how much you study. Therefore, says Pearlie, "Sometimes they
have to take you out from one doctor and put you under another," in
order for a cure to be effected. She says that once she was in County
Hospital and a doctor tried to start an intravenous feeding in her arm
and "busted the vein." He called another doctor to help, and the second
man inserted the needle without difficulty. While both were standing at
her bedside, Pearlie said to the doctor who had been successful, "Now
you's a good doctor! Some of these things around here ought to be out
in the field plowing!"

The notion that the time has come to quit trying home remedies
and go to a doctor is even credited by some to God:

If you should go to the doctor, I think God has directed
you or your mind, you know, to go to the doctor. Cause I
feel that God has given these doctors knowledge to help
people and to cure them. Sometimes I feel your healing has
come from both: that God has given them the knowledge, and
that He give you the faith. In this doctor and in Him ---
(Lillian A.).

One informant (Anna P.) goes so far as to say that an atheist would not
be able to cure at all, irrespective of how many years he had gone to
school.

If a cure is forthcoming, it is generally God who get the
credit, not the doctor.
And you know one thing, when the doctors operate on you, they believe in God will help. Cause God give them knowledge enough to know your symptoms and what's wrong. That's what I believe.

Well, they went to school, just like you're goin' to school. But still, your parents taught you of God, and I know that ever'body's got some kind of religion. God gives them knowledge and helps them with their knowledge and understandin'. Cause if He didn't, we wouldn't be here in the world today. He help us to grow; He help us to grow - - (Ella T.).

In the same theme, Lizzie L. says of doctors:

Well, he doesn't have any power, all he can do is give you the medicine that he has studied about that he feels will help you. God's the one that has got the power to cure you if you gonna be cured. He sees fit. The doctor can only do so much. He can only do so much, that's right. My little girl, she's had the pneumonia three times. And the last time she had the pneumonia, the doctors had give her up! They said, "We did all we can do for her." And they give her up. And my husband, he sat there fourteen days, watchin' over her. And he said he prayed, and dropped off to sleep. He woke up and all the nurses was standin' around and she was smilin' with 'em. So I know God has sumpin' to do with anything. You just ask Him and believe in Him - - (Lizzie L.).

No matter what practitioner or combination of practitioners is utilized, then, prayer and faith are indispensable ingredients in the search for a cure. When Ella T.'s aunt had a light stroke, she was taken to the hospital, given medicine and sent back home again. On the same day the minister of her Pentecostal church (hence a spiritual healer) and the "saints" were also notified. That evening they arrived to pray for the sick woman. An immediate effect was noticed:

She also had spiritual healing; they pray for you and then God do the work. It did. I know she can use herself, and she couldn't use herself. And they prayed for her. They just went there and they prayed for her. And she got up out
of bed and she walked that same evening. That child was so sick! And her blood pressure went down. I believe in doctors, too! We all believe in doctors. It coulda been the medicine and the prayer, too! They give her a big bottle of medicine -- (Ella T).

The aunt later told me that the doctors "didn't do nothin" for her, and attributes her recovery to "the saints." She says that she "felt the stroke leave" when the minister put his hand on her head and prayed.

In any case, religious belief is inextricably linked with beliefs regarding health, illness, and the curing of illness.

The search for a cure for any given illness is based in part upon the individual's perception of the cause of that illness. The next section will deal with curers and their treatments for the three major categories of illness, those resulting from conflicts with nature, God, and malevolent humans. In general, those persons who can cure the environmentally-caused diseases, whether housewife or physician, are thought to have the least power. Spiritual healers, whose gift of healing was bestowed during a mystical experience, are thought to have more power. The spirits of the dead are also thought to be more powerful than ordinary mortals, because they can foresee the future. Those healers such as Mother D., who were born with the power to cure, are thought to have the most power of all. God, of course, is ultimately responsible for all cures, and may cure the individual without the intercession of a second person.

**Doctors and Medicines**

Those natural illnesses in which the individual has come in conflict with some agent found in nature are those which respond to the
use of medicines. As medicines and their proper use can be taught to
others, provided that God has given the individual the ability to learn;
it is in this area that informants have the most medical knowledge.
Knowledge of herb medicines and home remedies is common, and the treat­
ment of illness is not considered to be the province of doctors alone.
Nearly all informants learned about some remedies from their parents.
Many men as well as women were taught herbal medicine as children.
Freda T. remembers a doctor coming only when a brother broke his leg.
Bertha A. saw a doctor only once as a child, when a boil on her neck was
lanced. Jim S. did not see a doctor until he was eighteen. He went
then only because he thought that he had gonorrhea and he did not want
to tell his mother. Wilson E. had never seen a doctor until he was
drafted into the army. Olive P. (age 85) saw a doctor for the first
time three years ago. Knowledge of illness and treatment thereof is not
considered to be something esoteric in the hands of the few. As child­
ren, informants say, curing was in the hands of their relatives or
neighbors. It was something about which everybody knew a little, and
some people knew a lot.

As the friend or neighbor with the gift of healing is thought to
be just as talented as the M.D. with the gift of healing, it is not
unusual for an individual to go to the doctor and also use home remedies
at the same time. In some cases ailments which the doctors have been
unable to help are cured by a neighbor. Olive P., for example, has a
recipe for a liniment with which she cures arthritis:
I make up something for arthritis. And this woman what lives there at the back of me /Bertha A. I don't know, she'd been kinda sick and I called her . . . she said, "Oh, I feelin' much better. Only my knees; I can't hardly walk. I have to hold onto things. My knees is painin' me."

And look like sumpin' just run all over me, you know, like you turns red! And I says, "Well, I'll be over there right away--I'm comin' right now."

And I trotted around here gettin' ready to go. Fastenin' up the doors and like that. I went on over there, and when I walked in, she was settin' down . . . and I just went and dropped down on my knees by her . . . and I rubbed them knees real good. And when I quit rubbin', why, she got up and said, "I'm gonna see if I can walk." And she got up and she says, "You know, I can walk better already."

So when her husband come home, he said, 'Well, if it's helped you this quick, and you gettin' around like you gettin' around, she's bound to have electricity in her. Then, while she was rubbin' your knees, she would have been prayin' secretly!' Which I was. And say, why she hasn't been bothered by them knees since! And she had been goin' to the doctor, goin' to the doctor with the pains in her knees - - (Olive P.).

Just as the cause of the illness was "natural," those remedies which are "natural" are considered the best. God put the plants and herbs on earth, and gave them their curative powers. The medication which is the apotheosis of herbal remedies is "Cow Chip Tea," in which cow manure is soaked in hot water, the water being drunk. This is the treatment par excellence for pneumonia. The premise is that "cows eat all herbs" and that the essence of a number of different herbs is to be found in the manure.

Many of the older informants think that the home remedies they learned about as children are the best:
I think it's better, if you really have tried it. Doctors a lot of times don't know anything about these home remedies. Because he study medicine and stuff, makin' his different mix. Where this home remedy wouldn't come in his mind. Likely know so much now, figure the home remedies no good. Wouldn't try it, you know, if it was good. Because he just write a 'scription now for some of the medicine they mix together, and give it to his patients.

I believe in that, I believe in home remedies. I believe that a person can mix different ingredients together and help pains, I sure does . . . home remedies, some of 'em works now. But people . . . they depends on the doctor. Anything hurt 'im, go to the doctor. And sometime I think these doctors don't know all the time -- (Bertha A.).

Whatever the ailment and whichever the remedy used, the basic idea is the same: the problem was caused by presence in the body of some outside entity. The cure is to draw or drive this entity (and the resultant symptoms) back out of the body by the use of medicines.

Remedies used by informants may be divided into four classes according to the manner in which they are used. These classes include, (1) oral medications, (2) baths, (3) soaks and poultices, and (4) liniments and salves.

Oral medications include various herbal teas and other substances which may be taken by mouth, kerosene, turpentine, epsom salts, laxatives, etc. They have different properties and are taken according to the effect they produce. Some medicines thin the blood; others thicken or purify it. Some "regulate" or "clean off" the liver. Laxatives "clean the system" and "keep the system open." Those numerous illnesses caused by the entry of cold air and impurities into the body are cured by use of oral medications, usually those which have the property of opening the pores so that the illness can escape. Upper
Respiratory ailments characterized by an overabundance of mucus, for example, are cured by taking medicine which "cuts the mucus." It is then eliminated from the body by coughing, "through the tube" (the rectum) and out the pores. Hot teas are given for those illnesses in which impurities in the body are manifested by skin eruptions, so that the pores can be opened and the impurities escape. Internal pain may also be treated by ingestion of substances which open the pores so that the pain can escape.

The treatment for fevers is twofold. A tea must be given which will open the pores so that the causative impurities can be driven out. At the same time, the patient must be bathed with warm water in which herbs have been soaked to lower the body temperature.

Some problems are treated by external application of medicines. Puncture wounds, for example, may be treated by soaking the affected area in kerosene; snakebite may be treated in the same fashion. In some cases, headache or congestion of the chest, for example, poultices may be used. Medicines used externally are those which have the power to "penetrate"--the pores are opened and the problem, whether pain, poison or congestion is drawn out of the body. Minor pains such as stiffness of joints are also treated by external application of the medication. The area is massaged with a substance, again with the power of penetration, and the pain rubbed away.

As has been mentioned, the best medicines are those thought to be "natural" because made from plants. Some informants say that they
do not like to take medicines given to them by a physician because they don't know what is in them.

Although informants from the rural South feel that natural herbal remedies are most efficacious, their use in the Neighborhood is dying out for two reasons. First, the herbs mentioned as having medicinal properties are not available here because they do not grow in Arizona. Many of them were formerly used by the Indians in the areas from which informants came (Vogel 1970). They are considered the ones "proper" for various illnesses. It is considered dangerous to substitute a plant about which you know nothing. Bertha A. gives the example of the family she knows who were all poisoned by eating what they thought were edible mushrooms. She says that many plants look alike, but do not have the same properties. Of the various remedies mentioned by informants, 27 different plants and herbs were listed (see Appendix A). Only a few of these are available in the Tucson area, the rest are native to other parts of the country.

The Mexican-American population of the city also uses a number of herbal remedies. A friend making a study of health beliefs of Mexican-American women in Tucson collected a list of herbs believed to have medicinal properties. She too recorded 27 herbs. In not a single case were they the same. That is, black informants know of only those herbs which grew "back home." In no case did they report use of the same herbal remedies utilized by Tucson's Mexican-American population (personal communication Margarita Kay).
The other reason that herb use is disappearing has to do with modern technology, and is responsible for some resentment towards physicians. Many of the herbs mentioned by informants as efficacious were at one time listed in either the United States Pharmacopeia or the National Formulary (Vogel 1970). Due to the chemical synthesis of drugs, however, many of these herbal remedies have now been removed from the market (Bauer 1969). When people ask for them, therefore, they are told that they are no longer available, or, in some cases, younger pharmacists may not even know what they are. Informants see this as a plot on the part of physicians to get all the money for medications. Anna P. often mentions with resentment that the pharmacist at the nearby drugstore "pretends" he doesn't know what she is talking about when she asks for herbs and medicines which were formerly available.

Older informants sometimes wish they had reserved a supply of medicines while they were available:

We could get it; we could get the stuff until a few years back. But we cain't get things to make the liniment, cain't get stuff from the drug store to make the salve and to make the liquid drinks. You gotta get the_things_ from the drug store to put in that. Can't do it \_now/.

So, that's the reason none of us know anything about any medical doctor. We was raised up on it, and after we was married off we stayed on it. Well, if I'd have known that we couldn't have got it, I'd have bought a lot of the stuff. Yeah, I'd have had it layin' up here. I don't know. Our systems have never been poisoned up by no medical doctor. That's all we knewed; was just herb medicine -- (Olive P.).
The remedies which are still used are a variety of patent medicines, especially if composed of herbs and other plant products, and a number of other substances thought to have special curative powers. Included in the latter are substances which have also been in use as medicines for a long time, such as turpentine, kerosene, alum and epsom salts.

To sum up, many informants go to doctors mainly because they control many drugs and medicines, not because they feel the physician is superior in knowledge or training.

Faith and the Laying on of Hands

The next position in the hierarchy of healing practitioners is occupied by the spiritual healer. Faith healing is the term ordinarily employed by the communications media. Since spiritual healing is the term used by informants, however, it will be retained here. Just as medicines are commonly used by M.D.s and lay personnel in the curing of certain natural illnesses, faith itself is the prominent weapon in the arsenal of the spiritual healer.

Spiritual healing is employed in the curing of illnesses thought to be sent by God as a punishment for sin. However, a physician's prognosis of any illness, regardless of its origin, as incurable may lead people to try spiritual healing. Informants who subscribe to this type of medical treatment can relate any number of anecdotes about the miraculous cure of persons who "the doctors had give up on":
See, now, if you have cancer, the doctors can't cure cancer! But if they go prayin' for you, and you have lots of faith, the Lord will cure that cancer! The Lord heals a whole lot of people of things the doctors done give up! While the doctor may give you up, the Lord can come in and deliver you! Put you on your feet! Then whenever the doctor come back and examine you for that particular thing and he don't see it, why, he'll say, "Well, I know it was there, but I don't know what become of you now!" They'll be amazed theirself; they want to know what happened!—(Arnella L.).

It was mentioned earlier that most people subscribe to the notion that human abilities are a gift from God, and that individuals have been gifted differentially. Some doctors are better than others, for instance. Some doctors may understand one disease, arthritis, say, quite well--but not be able to do much for heart trouble, and so on. Likewise, the person able to do spiritual healing has been given more power than the ordinary physician or lay practitioner. This extra power enables him or her to cure ailments beyond the ken of the M.D. Although several informants indicated a belief in spiritual healers, most persons who used such healing are members of the Pentecostal faith. Two informants, Arnella L. and Erma V., are licensed Pentecostal ministers and hence thought to be endowed with the power to heal.

To recapitulate briefly, the Pentecostal church is a Christian sect which holds the belief that the Holy Ghost descends upon the individual in spiritual baptism. The descent of the Holy Ghost is often marked by loss of consciousness ("falling out") and "speaking in tongues." Arnella L. says that the Lord may also "wallow you around on the floor." Such a religious experience can occur unsought
and unexpectedly, as the following anecdote illustrates: Erma V. spent many years "in the world," using narcotics, drinking, gambling, brawling, pushing drugs and bootlegging whiskey to the Indians. She was living the life, as she puts it, of "a wretch undone." One day, however, she walked unknowingly into a prayer meeting.

I never went to a prayer meeting like that before or after. This was the sweetest prayer meeting I ever been to in my life! We didn't sing a song, we didn't pray a prayer, we just began to praise the Lord. We was just praisin' His name. Praisin' Him for how good He was; what He had done for us, and what He was gonna do for us. And while we was praisin' the Lord, in this praise a prophet would go forth. A prophet would go forth and somebody would interpretate [sic] this prophet. And when they would interpret this prophet, we would just fall like grass! Couldn't nobody stand on his feet, ever'body would just hit the floor, just like that! They was two rooms of us, they was so many rooms of us.

And we couldn't stay up, and we couldn't stay on the floor! This went on for maybe two or three hours, and it was a real refresher of the soul! And if a person never knew the Lord, there was so many persons that day got baptized by the precious Holy Ghost. And it was just like the day of Pentecost. It would fall on ever'body there, even them that didn't know the Lord. Cause it would knock them down too; them that didn't know the Lord. And when they would fall, this experience would come upon them, the experience of the Lord. The experience of the Lord is just unexplainable, you would have to have it yourself before you would know what I am talkin' about. You have to taste and see yourself. Truly God is self-experience.

Well, I'll tell you what. I'll tell you how I happened to go that day. There was this girl, this woman's daughter, and I was gamblin' with her. She owed me three dollars and I went on down there for my money. I went down there to kick her or whup her for my money. She was gonna pay me or I was gonna drag her all up and down that alley! She went to get the money, and when she got there they were havin' this prayer meeting. And she got there and she couldn't leave! I waited and I waited, and she didn't leave!
And I didn't know what was happenin' down there, and I went on down. I said to myself, "I'll go get her; I'm gonna get my money or I'll whip her this day!" I went on down to get my money.

When I got there they was praisin' God; the power of God fell. And I felt so free to go in, with a welcome to go in! And as I went on in, I just lift my hands and began to praise the Lord! And when I knew anything, there I was, right in the middle of it with them, praisin' God. I know this man were up there waitin' for us to gamble, but we were praisin' God! and from then on, we didn't gamble with this man any more. I praised God from then on -- (Erma V.).

Such religious experiences are not limited to members of any one church, although they are perhaps more common among the Pentecostal sects. The psychological interpretation of such events, though tempting, is beyond the scope of this study. Where such experiences are not only culturally approved but consciously sought, however, it is not surprising to find belief in the mystical curing of illness.

From the ranks of the "saved," God occasionally selects an individual to be a minister of His word. This selection may or may not be public, but is always dramatic. Both informants who have received "the call" did so during the unusual excitement of a religious revival.

To digress briefly, a revival is a sort of religious rite of intensification held periodically in the fundamentalist Christian churches. Religious services are held nightly for a period of some days. An outside speaker is brought in, who delivers a sermon nightly. Not being a regular member of the congregation he calls the audience to task for taking their religion for granted, for lack of faith, for
backsliding, for sinning in general. One speaker I heard began his oration in a low monotone, gradually increasing in volume and emotional intensity until I could no longer understand what was said. Verbal and emotional responses of the listeners increased concomitantly. Such revivals set the scene for sinners returning to the fold, for new conversions, for miraculous cures, and for God's selection of new ministers:

I was called by God! Darlin', He called me one mornin', and give me my position. To visit the sick and to preach and to help save the laws. And I heard this and I didn't believe it! I went on back to sleep, and then He woke me up again. And this mellow-toned voice, you know, waked me again. And I wasn't frightened, it wasn't a frightenin' voice, it was a glorious voice! I don't know whether you ever felt the Lord or not. When I felt the Lord, it just woke me up out of sleep, just seem like it touched me all over. And called me by my name: "Erma! Go ye therefore!" I said, "Yes, Lord." And I didn't believe this! When I went back to church that night I had to tell the peoples, you know, what had happened to me that mornin'! It was one mornin' afore day. God called me to a ministry. And to visit the sick and pray for the sick, and pray for the hands that handles them, and so forth.

I went back to the services that night. It seemed like I had a joy all day, I couldn't wait till that night. They were havin' a great revival, and I couldn't wait till that night to tell all of 'em what a joy it was. And what a mellow voice that spoke to me and told me, "Go ye therefore." You know, the Lord doesn't leave you crazy, and the Spirit doesn't make a fool out of you; the Spirit makes you wise. When I come out of the world I was lookin' for real people. You know what I mean? Somebody, if you tell me you love, I believe you love!

That night, when He called me to a ministry here, it meant somethin' in life to me. I mean it meant that I couldn't stop, wherever I go. If I went to Kansas, I went in the hospitals there, too. He gave me somethin' in my hands that I could touch the peoples that they may be healed -- (Erma V.).
Amelia L., on the other hand, did not want to accept the ministry and refused to give in for a while:

The Lord call you to do that. I don't learn nothin', I was called through the Spirit of God. He work with you and you got to say yes. A voice will call you. Well, I had to open my mouth. God done me so bad, I'm tellin' you the truth!

We had a revival, we had a good meetin' and the Lord got to workin' in there, had me under all the chairs. I couldn't even get out from under. They had to move the chairs offa me. I asked another woman, "What did I do under them chairs? I don't know nothin' about gettin' under them chairs!"

She says, "I know you don't! You don't know when He hung you across the bannister up there in the pulpit, either do you? Your head over in the pulpit, and your heels was stickin' out to the public, and they had to cover you up. You don't know nothin' about that, either, do you? Your little behind was right to the public, and we had to get sumpin' and cover you up!"

Another evangelist minister, she says, "You better say yes, you better open your mouth and say yes. God is gonna knock you brains out. There is work He has got for you to do and you won't accept it! He's callin' you for a ministry, and you won't accept it and won't open you mouth. You just keep on; you gonna get tired of Him bammin' you and boffin' you and knockin' you; you gonna say yes."

So I said yes. I got tired of Him knockin' me out — (Amelia L.).

The gift of healing is bestowed upon the individual at the time of this visible proof of divine approbation. The individual so selected then applies for a minister's license, pays a small fee and is ready to do the Lord's work. The possession of such a license admits the bearer to any hospital. Erma V. spends each Sunday at a local hospital praying for the sick, and, when the Lord so directs, "laying on hands" to cure:
I went to Kansas, I went in the hospitals there, too. He gave me somethin' in my hands that I could touch the peoples that they may be healed. You know what I mean? I went into a hospital there and prayed for those people. There was five womens in a room and they all had cancer. They was to operated on. And do you know, all those womens got well. It wasn't me, or, presumably, the surgery it was just obeyin' God.

You see, I never lay hands until I hear that still voice, "Lay hands on so-and-so." I'll go all over the room, if the Lord never say, "Lay hands," I'll never lay hands. I won't put my hands on anybody. I have to obey the Lord, whatever I'm doin' -- (Erma V.).

Such laying on of hands is the curing practice most commonly mentioned. The idea seems to be that the power of God present in the healer is transmitted to the patient through the healer's hands, rather like electricity. "Holy oil," "blessed water" and "prayer cloths" are also used occasionally. The invalid is often "anointed" with oil during the laying on of hands. Water is brought to church services (Pentecostal) and blessed by the pastor. It can then be taken home and drunk during illness. Erma V. prescribes it for people as follows: "I mostly gives the water to people that are sick. Peoples that have kidney stones, ulcerated stomach, peoples that have sick stomach. Peoples that drink a lot, I let 'em drink it, just drink it."

In Pentecostal churches, the end of midweek night services (often Wednesday or Friday) is marked by a call for the sick to come forward to be healed:

The sick person comes forward, and they pray for you. Anoint you with oil and pray for you. They put their hand on you, anywhere it is, they'll put it on you. Or
a woman will put it on you. Anoint your forehead with oil, plus maybe your misery. If it's your stomach a woman will go there, 'cause a man will hardly fool with no woman down around here, you know. 'Cause you know women's is so funny, now, and men. And he'll /the minister/ call one of the women, a evangelist /to do it/ - - (Arnella L.).

Those unable to attend services, however, may order "prayer cloths" by mail. These items are advertised by radio evangelists and by such organizations as A. A. Allen Revivals, Inc., at Miracle Valley, Arizona. The cloths are impregnated with "oil" exuded by an individual "when the Spirit is on him." The "oil" thereby obtained presumably contains supernatural power, and the cure is effected by simply pinning the cloth anywhere on the body:

You know, one day I was surprised. One day I was out prayin', and when I was prayin' the oil came up in my hands. One woman was prayin' there /Miracle Valley/ and the oil came up in her feet and her stockin's. She walked across the floor and they had her to get up there in this box on those cloths, and put this oil on this cloth. When peoples are sick, they can send those cloths out to different ones. It's anointed with oil from the hands. You just take it and pin it on you. Just the contact /will cure you/, just anyplace - - (Erma V.).

Spiritual healers may have their own special curing techniques as well. Erma V. has a special scripture which she reads to stop bleeding (Ezekiel 16: 6): "And when I passed by thee, and saw thee polluted in thine own blood, I said unto thee when thou wast in thy blood, Live; yea, I said unto thee when thou wast in thy blood, Live."

A small boy in the neighborhood cut his head and was brought to Erma's house. She applied ice to the cut, at the same time reciting the above
formula over and over. When the bleeding stopped, the scripture was credited, not the ice, "God sewed it up with His needle, darlin'!"

The most spectacular cures, however, usually occur at the great public revivals. Twice a year such a revival is held at Miracle Valley, and the credible come from all over the United States seek healing.

At one of these revivals, Erma cured a small girl of heart disease:

Oh, I got a little girl"s picture here, a little girl from South Dakota. They were down there /at Miracle Valley/. . . I got so anointed that night . . . I tell you, many people come to Miracle Valley to see me shout! Cause darlin', when I get really anointed of God, I feel like I'm light as you /Erma weighs 350 lbs./ I don't feel this weight, this weight ain't nowhere about me when I get anointed. I can shout as good as anybody else, I don't know nobody that can beat me shoutin'! Cause it's not me, it's God! Cause when I get really anointed, my weight's gone.

I notice these people; this lady dropped her head. And I said to myself, "I must encourage these people because somebody have really told them the wrong thing." I went to 'em and she had walked out--cause they had been there /at Miracle Valley/ two or three different times. She went through the line /for healing/ that night, and she come out and say, "Well, it's gettin' close to the time for us to go home; my baby just won't get healed."

I say, "Darlin", if God heal your baby, what would you do? "Oh, I'd be the happiest soul!" I said, "In exchange, what would you do?" "Well, I would just be happy." I said, "Would you give God the rest of your life to serve Him, cause you baby could die with this enlarged heart." She said, "Well, we're Episcopalians, we just come for the baby's healin'." So I said to her, "Darlin', probably you're holdin' back on the baby's healin'. God knows that this is all you want from Him. Many time this is why many people don't get healed, because they sittin' there and they want to snatch healin' like a hamburger and walk off with it. Like a hot dog stand or sumpin'. Well, you have to give your life in exchange. God want you to promise Him sumpin'; your
baby's life. Maybe He touched this child to get you to come to Him; He wants you to love Him."

So this woman said, "Well, we just knew that our baby was gonna get healed tonight." I said, "Darlin', don't put God on the spot. You go runnin' like a hamburger, like a hot dog stand and get your baby healed, and then run back home. Maybe you need to feed on what they're feedin' down there from the pulpit; maybe you need to eat from that pulpit, there's somethin' good up there for you. That's why the Lord is keepin' you down here longer." She said, "Well, Brother Allen prayed for my baby, but she didn't get healed." I said, "Darlin', Brother Allen's not the only somebody what can lay his hands on your baby and heal that baby."

Just about that time my hands went up and the Lord anointed me, and the power of God hit me and began to shout me all over that ground. And ever'body else out there, I mean, was shoutin'! And this little girl /the "baby"/ run to me and said, "Mama, Mama, I'm healed! I can feel that I don't have it no more!" And she /the mother/ laid up on my shoulder and she said, "You don't know what you have done, you don't know what you have done!" But I'm just shoutin' away, I'm just gone in the Spirit. I just felt so good, I couldn't stop. Somethin' about the Spirit of God, I can't stop shoutin' when I want to, I have to shout till shout's gone! So I looked around and he /the father/ was on this shoulder, and she was on this shoulder, and I was shoutin' away. And the little girl had me by the skirt and was just a pullin' on me, and I was just a shoutin' away.

He said, "Don't you know what you have done? Do you know what you have done?" Well, I thought I had did somethin', you know what I mean. I thought I'd hurt somebody or somethin'. Then I began to say to the Lord, "Lord, forgive me if I did anything wrong." But I was still shoutin' away. I didn't know what was happen cause I can't see, I close my eyes on the world, and then I'm gone away in the Spirit. So I looked around, and she say, "I'm healed, I'm healed!" I said, "Praise God!", and I looked around, everybody, that Spirit just went through there ever'body; ever'body down there was shoutin'! Just like they was inside the church. The Spirit just cut through ever'body, and ever'body began to shout. And she said to me, "Come on
back in the house and let me take your picture." It was a colored picture, and she sent it back to me. I got it here someplace. And the little girl got healed. Little white girl - - (Erma V.).

As the above recital shows, the failure of a cure to take place does not mean that the curing technique itself is at fault, or even that the healer lacks power. The individual is clearly in a bargaining position vis-à-vis the deity, and God wants something in return for favors; love, adulation, promises of various sorts. God can certainly cure anything, and if the patient is not healed, it is his fault, not God's.

The practice of spiritual healing may itself be dangerous to the practitioner. Arnella L., also a Pentecostal minister, has had to give up praying for the sick altogether. The events related in the preceding pages reveal the power of suggestion in such religious exercises. Arnella is so extremely suggestible that she is unable to pray for a sick person without taking on their symptoms, a sort of spiritual contagion:

I don't pray for 'em, though, cause I picks up their ail­ment. See, you could have something wrong with you and I could pray for you, and I'd take it!

Q Would I get well?

Yeah, you'd be all right. But I'd be sufferin' with it! It'd go in me! And then somebody'd have to come along and pray it out of me! Lots of times people won't accept it; it's the way you have to pray for the sick people to keep from takin' it. Rev. McBride, he stopped me from prayin' for people down there. Ever' time I'd take it. Pick it up; take it like that. And they had to come right on and pray it off of me. And so they kinda stopped me. Say, "You just quit prayin' for the sick; your body's not strong. You takes it for some reason. You just quit puttin' your hand on these people
and prayin' for 'em. Cause you picks up ever'thing they got! And then we got to worry and pray and get it outa you!" They stopped me - - (Arnella L.).

Just as medicines may drive some illnesses out of the body, it may be noted that others are seen as entities which can be "prayed out" all at once. The parallel with the exorcism of demons is inescapable:

I've seen 'em preach demons out of 'em. I've heared demons talkin' over the loud speaker, just like this here /points to the tape recorder/. They can put it to your mouth, and you can hear 'em talk, "I ain't comin' out! If I come out, I'm gonna get in somebody else!"

Then that's when the pastor tell ever'body, "Put your hand on your Bible! Ever'body get your Bible! Put one hand on the Bible and throw your hand up to God, and get to prayan'! Ever'body get back, this demon come out, gonna get on you. Get back!" They won't let you get around nobody that's got demons, cause you'll pick it up. They'll jump outa them and jump on you - - (Arnella L.).

With the high drama present in such cures, it is little wonder that the curing techniques of the M.D. are relegated to everyday status. The A.M.A. surely has a formidable opponent in the spiritual healer.

**Kill or Cure: Born with the Power**

Those persons publicly selected by God for His service have more than just everyday ability. The person with the most power of all, however, is the one born with the gift. Such power may not always be used for healing, however.

A few words should be devotèd to the only person of whom I heard thought to have the power to kill. I did not meet her, and made no effort to do so. The one person I know who has met her, or who admits to it, wishes in no way to be identified. Information on the
woman is therefore fragmentary: an informant was taken to meet the woman known only as "Madam." The informant was blindfolded, put into a car and taken for a ride lasting she thought about forty minutes. Still blindfolded, she was led into a house. There was no sound, but she felt that people were present. She was taken to and seated in a room, and the blindfold removed. All that she could see was a table with a lighted candle. She heard movement behind her, but was prevented from turning around. At last the woman known as "Madam" came into the room, and sat down at the table. She spoke with a slight accent as she explained her gift. She was born with this gift, inherited from her maternal grandmother. The gift, she says, is from God. All that is necessary is for her to will the death of an individual: with God's help, it will take place. Before this is done, however, an investigation takes place to make certain that the individual deserves to die. This ensures that her power is not misused—that, for example, it is not used to resolve some petty feud. The interview ended at this point—I did not ask the informant why she wanted to meet Madam. It is of interest that this practitioner considers her gift to be from God—according to most informants, such power would be devilish in origin, not divine.

Being born with a gift, however, whatever the origin, presupposes some pre- or immediately post-natal sign that the infant is unusual. The woman known as Mother D. was such an infant. She was
born with the gift of healing, inherited, as was Madam's gift, in some fashion from her maternal grandmother:

My grandmother was a woman of many gifts; she was a very gifted woman . . . She was a wonderful healer, and then, too, she was a midwife. Oh, she was great! I can remember, when I was very small, things that she did . . . .

I never seen any sign of the power in my mother. My mother, she was more for house things. I had two brothers, they twins. And I were born behind the twins. Some people believe that twins have the gift . . . . Some people say that I have the gift because I were born behind two twins. But I don't know; I always had the urge that I could cure anything. I've always felt like that.

But my grandmother knew it before I were born. I cried three times in my mother's womb before I were born. Then she said, "That's the one! That's the one what's gonna be just exactly like me!" I was fortunate. I was born just exactly with the gift.

My mother told me that I was born with the power. I can remember when I was five, five years old. Cause I never will forget the little stool which she used to use for me to lie my hands on my brothers and sisters. Her or them would have a pain, I could lie my hand on them and their pain would leave them. She would tell me all along that I was gifted. I was born like that. From God.

The idea that twins have supernatural power and that the child born after twins has even more power is West African in origin (Herskovits 1938). It was transported to the New World and is an important element in Haitian Voodoo as well (Metraux:1959:146):

"Twins (marassa), living and dead, are endowed with supernatural power which makes them exceptional beings . . . . The child who follows twins immediately in order of birth . . . unites in its person the power of both twins and therefore can dispose of greater powers than they."
Mother D. is not only a well-known healer but a spiritual leader as well, maintaining her own chapel. In a Mexican-American barrio about a mile from the Hill neighborhood, two modest unmarked stucco buildings are the site of her operations. The larger of the buildings, an old house, contains a store where oils, incenses and religious items may be purchased, a small chapel, and the home of her son, Fred G., and his wife. The chapel is a curious combination of Roman Catholic, African and zodiacal elements. The altar table holds votive candles, a large portrait of St. Theresa of the Little Flower, statuettes of St. Martin of Porres, St. Francis of Assisi, the Infant Jesus of Prague, a pyrex bowl of water, and a large jointed wooden snake. Sticks of incense burn in holes in the snake's back. According to Metraux (1959) the snake is a symbol of the African serpent god, Damballah Ouedo, in West Africa and in Haiti.

Mother D. is regarded by her congregation as more than an ordinary human being. She was described at one religious service I attended as follows: "... in our midst we have a divine mother ... our spiritual leader, our divine mother of all time ... " On one occasion I attended the regular Friday night service, at which the entire congregation was black. At the special Sunday morning Mother's Day service, however, several Mexican-American families were present as well.

Behind the combined store-chapel-home is a smaller building, an office where patients are seen. A sign on the door announces that
office hours are from 9:00 to 5:00 Monday through Thursday. Inside is a waiting room containing a number of wooden benches and folding chairs, and a receptionist's desk manned by a young black girl. There is a four foot statue of St. Martin of Porres, patron saint of the poverty stricken, draped with many rosaries. In front of the statue burn a number of large votive candles. At the north end of the room is the office of Fred G., Mother D.'s son, who reads cards. He has a license from a School of Swedish Massage in Chicago. He gives massages, prescribes medicines, largely herbal teas prepared by his wife in the house, and, like his mother, gives advice. He "read my vibrations" on one occasion and told me that people of African descent "have more power than white people, even educated ones!" He has inherited the power of healing by laying on hands from his mother. In their family, he says, at least one child in each generation has the power; it has been passed on to one of his teenage daughters.

At the south end of the room is Mother D.'s examining room, from which she emerges periodically clad in a white uniform, to call in the next patient. The room contains a hospital bed, a chair, a small table covered with jars and bottles, and a number of statuettes of saints and the Virgin on shelves. She does not charge for her services, she says, but donations are accepted. These donations may be money, but whatever the patient has, "... a chicken, ham, sheets and pillow-cases," is acceptable.

If the congregation at the chapel is largely black, the clientele at the office seems to be primarily Mexican-American. A Papago
Indian woman of my acquaintance also goes to her. On the occasions when I have visited the office the waiting room has never been empty. On one recent morning I waited three hours to speak with Mother D. When I arrived at 9:15 there were already eight people ahead of me. During the period in which I was in the office 21 other people were in and out, 13 women, five men, and three small children. All but one were Mexican-American, and most had come to consult Mother D.

Fred gave a young black woman advice on her love life (the walls are thin and she was so angry at her boy friend that she was speaking very loudly.) He also saw a Mexican-American woman who had come to have her medicine refilled.

Mother D. also has a minister's license from the International Universal Church, and the diploma of a Doctor of Divinity from the same organization. So she really could be called "doctor" if she wanted, she told me. She too has a certificate from a school of Swedish Massage, and a massage is included in many of her treatments. One woman told me that Mother D. had cured her of "crossed eyes" by massaging her face.

According to Mother D., her professional credentials are printed in the Bible (I Corinthians 12: 4-11):

There is a variety of gifts but always the same Spirit; there are all sorts of service to be done, but always to the same Lord; working in all sorts of different ways in different people, it is the same God who is working in all of them. The particular way in which the Spirit is given to each person is for a good purpose. One may have the gift of preaching with wisdom given him by the Spirit;
another again the gift of healing, through this one Spirit; one, the power of miracles; another, prophecy; another the gift of recognizing spirits; another the gift of tongues and another the ability to interpret them. All these are the work of one and the same Spirit, who distributes different gifts to different people just as he chooses.

This same scripture is doubtless responsible for the unanimity of opinion regarding the giving of gifts which was expressed by informants.

Mother D. has been told of her great power virtually since the day she was born, and she possesses a really superb self-confidence. Doctors can cure natural diseases and so can she, she says—but she can cure unnatural diseases as well, and they cannot: "Doctors can see so far, but I can see farther." As soon as the patient walks in the door, "the spirit" gives her the diagnosis: "... I have a spirit that tell me, I get it like you would say something told me. The spirit tell me what's wrong. It comes into my mind, sub-conscious mind."

Natural illnesses are treated by laying on of hands:

No, I never been trained ... that's one thing I know is from God ... what I really have, born with, I don't know nothin' no place nowhere. I never seen anyone like me. I've seen healers and what not, don't get me wrong that I'm the only healer. I've seen healers, seen them go through their procedure ... you know, like Oral Roberts. I've seen that done, but I don't know how that's did. But I know about myself.

When a person come to me, I can diagnose the case on the inside; he have gallstones, bladder infection, somethin' like that, or a tumor. I actually can diagnose a case, and I never miss. I just see it! It come in my mind; I can see it. The minute they walk in the door, they say, "What I come for, to get a treatment on my back; the doctor say it's a pinched nerve." Then I tell 'em to lie down, face down, then I put
my hands on them and then I can tell, tell 'em, "It isn't a pinched nerve, it's arthritis," or, "rheumatic in the nerve center, or whatever it is on the body."

I can put my hands on it, and then I'll work there with my hands a little while. No ointment, nothin', just my plain hands. Finally they'll say, "I don't feel anything, it's gone!" Like that, y'know. And ever'body say it's a miracle. Like people /that/ cain't walk. They brought several people /like that/ . . . . And they say, "Mother, I don't see how you can take that man, or that woman in there, and they cain't walk." You know what they mean. I have faith in myself that they gonna walk, that I'm gonna help them . . . .

I don't turn down nothin', I don't care what's wrong with 'em, I just have confidence. I tell you what, I believe in God. I believe God can do anything and everything. That is a high power, faith and the belief. I never lose faith, I never doubt myself. I know there's nothin' I can do without Him, and I feel like He's with me at all times. That goes to workin', take 'em in, and you get a result.

For the treatment of mental problems brought on by the stresses of daily life, she simply talks to the patient:

There's so many sickness that can come upon a person. Well, whatever's in their mind, it control the body. Some buys too much, go downtown cause they can get things on the credit. Well, they overdo it! See, they get more than they can pay for! Then when the time come for them to pay for what they got, they don't see no way out of it, and they gets thinkin' about it, and broodin' about it, they don't want to lose what they have, nobody does. "Where is I gonna get the money to pay this and that," and next thing, he sick! I get a lot of people like that.

And then, I'm a counselor, I counsel to them. And I talk to them, and they say, "Oh, Mother, I feel so much better now--I feel so strong, I feel so good!" I give 'em medicine, you know, cause I give it to 'em through their mind. I call that spiritual medicine. Cause I talk to them, and get their mind off of whatever that is amakin' them sick. They're not strong enough to know what's the cause of them feelin' like they feel. They doesn't, that's why they hunt somebody to advise 'em, or counsel with them. I get people like that ever' day.
Regarding witchcraft, Mother D. feels that such a thing is possible, the result of a person with devilish powers "holding a thought." On the other hand, she feels that most of the clients who come to her thinking that they are the victims of witchcraft are simply made ill by the fear of witchcraft. In either case, her treatment is the same, to convince the client that her power, being from God, can overcome any evil:

It's just a bad spirit, all of it's from the devil. Like they say, "Mother, am I witchcraft?" I just say, "If you sick, you want to be healed, just believe in God! I don't care what is done to you, or what you believe is done to you, God is everything. He's all power. If you have faith in God, God can heal you. Change your thinkin', your way of thinkin'." I tell 'em they're always lookin' down, and feel like lookin' up. Get their mind up instead of down. That'll help 'em. You just don't know how a person can be helped by counselin' with 'em . . . . Well, I do help people. They bring folks over here, they don't know one day from another, and in days they be right back to their right mind. I tell 'em all that I am recommendin' a man they call Jesus! That He can do all thing . . . .

Anybody that believe in those things, to harm, what my job is gettin' people to believe right! All in the world it is, no need of takin' it piece by piece. If they believin' wrong, I know they believin' wrong! I get some of the scripture out and show them how Jesus were tryin' out people in the disciples and prophets presence; tellin' them about wrong people, like Pharisees. They are sorta like people are today, wrong people, wrong thinkin' people . . . .

I talk to people, and I get them to thinkin'. I don't know, I talk to people and watch them, seein' is it takin' effect. And it is, then I pour it on! Cause that's what I want, you know, I want them to believe what I'm sayin'. And then when they do, I pour it on, see. Then they get so strong! See, they gainin' all the time when I'm counselin' to 'em . . . . All of it is on the mind, bad thoughts. Whatever you think, well, that's what you are, you know. That's true. So many people don't know about life; they stumble, and blunders. I
feel sorry for 'em; they in the dark. They don't have no confidence, no faith in **themselves**. You have to first place faith in yourself, believe that you can do a thing. If you get enough **faith** in yourself, then you can face anything. I don't care **what** it is, you can face it . . .

My intention is to go higher. **Higher and higher**, in the power. I know I am. I want to demand, I want to demand right someday. In ever'body. I want to be strong enough to demand right . . . I want to demand it through the powers of God. I tell God all the time to make people think right and make them believe in right, and **do** the right thing. Put it into they mind, into their thoughts. That's what I pray for all the time, I ask God. And then I want to be **strong enough** to make it happen . . .

But I do believe in bein' strong enough to **convince people** in their own way of thinkin'; if they're thinkin' in the **wrong** way, to convince them to think in a different way. I do believe in that. And do it through **peace**; I do see peace as everlastin'. Peace is something that nothin' can blot out. I believe in love. Love is one of the greatest and one of the strongest powers on earth. Love rule the whole world, if you can learn to love ever'body . . . every-thing that you do, you do in a way to try to make people **happy**!

Now, that's one thing that I love, too, to make people happy. I go all out the way to make someone happy. You know, feel good. Come to me cryin', in tears 'n ever'thing, then I think right quick, "What can I do to make them smile?" Then I'll go all out, and they'll smile. I don't care how burdened down, next thing you know we'll have a big conversa-tion and laughin' up a breeze! And that's my desire, too, that's what I do ever' day of my life. When they come to me every'day, they leave laughin'. I don't care how heartbroken they are, how sorry, what feelin' bad they were. They go out feelin' good. Then that make me feel good. And that's my desire. My desire is for good, all way -- (Mother D.).

That Mother D's. combination of massages, teas and folk psychotherapy fills a felt need can be assumed from the steady parade of people in and out of her office, her chapel, and her home.
The Circle of Protection: the Spirits of the Dead

Several miles across town on the city's east side, is another combined dwelling and church. It is the Spiritualist temple where Alma U. went when she was the victim of witchcraft. The pastor of this church is also a woman, the Rev. Esther W. She is white, however, and unlike any of the other practitioners in the study she is a medium. That is, she is considered to have the ability to make contact with the spirits of the dead. I attended the church on "message night," when the spirits of deceased friends and relatives utilize the medium to bring messages to members of the congregation. The night on which I attended, the congregation consisted of ten white women. Hymns were sung, the Lord's Prayer recited and after an invocation to "God the Father-Mother," the messages were delivered by the medium. Like the curing of Mother D., the ceremony incorporated a curious (to me) blend of the occult and the ordinary. That is, most of the communications from the "astral plane" had to do with the solving of everyday problems and worries. The spirit of a woman's dead brother promised to help her overcome her quick temper; an older woman was advised to go ahead and make a projected journey as it might be her "last chance," and so on. Underlying premises seemed to be that, (1) spirits can see into the future, and that (2) being the spirits of each individual's own loved ones, they naturally wish to be helpful.

Although no one asked to be healed on the night I was there, I was told how it is done. The method is by laying on of hands, as in
the Pentecostal churches, but there is an extra link in the chain from God to the afflicted individual. In the Pentecostal churches, the cure comes from God through the healer to the patient. In the Spiritualist belief, the cure comes from God through the spirits through the healer to the patient. Treatment can be both preventive and curative. In prevention, the individual concentrates so that the spirits will band around him. This is the "white light of protection." Illness, bad luck, witchcraft or whatever are unable to "get through" this barrier of ghosts. If the individual is already ill, however, concentration is on "the green light of healing" and the spirits are summoned to come and remove the problem. As in all other varieties of healing in the study, the trouble, the illness, the worries or the charm can be extracted all at once. And, as in all other varieties of healing in the study, the individual does not play a passive role but must do his own part for the help to be most effective. In this instance he must concentrate, meditate and do what he can to "cooperate" with the helpful spirits.

Although Alma is the only informant who sought out this type of professional spiritualism, other informants have mentioned that the spirits of their loved ones are near when needed. When Olive P. is troubled over something, the spirit of her deceased mother comes to spend the night in the front bedroom. Fred G. says that he rarely has
to go to the doctor. His grandmother was a talented herb doctor, and his mother gave him to this grandmother at birth. He lived with her until he was nine years old, when she died. When he is ill, he says, the spirit of his grandmother comes to him. He sees her standing before him; then she puts her hand on his forehead. At her touch he "breaks out in a sweat," and when he wakes in the morning he is cured.

Disparate though the various practitioners of the healing arts seem at first to be, they all have one thing in common. Whether M.D., herb doctor, spiritual healer, Voodoo practitioner or grandmother's ghost, the ability to heal is a gift from God, and without this gift curing practices would be futile.
CHAPTER 8

SUMMARY AND CONCLUSIONS

The preceding chapters have described a medical system as understood by the residents of a lower class black neighborhood in Tucson, Arizona. This final chapter will summarize the beliefs which are the basis for this system. The manner in which these beliefs affect health behavior will be outlined. Polgar's model for illness referral systems will be modified so that it will better "fit" illness referral behavior in the group. Finally, the illness referral behavior for the group will be described.

The medical system of neighborhood residents in a composite, comprising elements of African origin, the folk and formal medicine of the ante-bellum South, and modern scientific medicine -- all inextricably melded with the beliefs of fundamentalist Christianity. The religious beliefs of informants are of primary importance in understanding this medical system, and are summarized below.

Religious Values of Neighborhood Residents

The following are the religious beliefs of the majority of informants in the present study: God is omniscient, omnipotent and everything that is good. He made the universe and all in it, including man. He maintains a constant and personal interest in His creations, particularly man.
Evil also exists in the universe, however, personified by another spiritual being, Satan (the devil). He is less powerful than God, but is unceasing in his attempts to gain man's allegiance.

Man himself is a mixture of the earthly and the divine. God created him from dust, then infused him with an immortal soul. He gave man the freedom to govern his own actions, and the ability to choose between good and evil. At the time of creation, however, the first man allowed himself to be tempted by Satan in the Garden of Eden, disobeying God. As divine punishment, man has since that time been flawed from birth, a mixture of good and evil.

God is all-forgiving and loving, however, and has given man the opportunity and the means to cleanse himself of this inborn stain. He has made known the rules which must be followed in order for the individual to be reinstated in God's grace. These rules are to be found in the Holy Bible. Man still has the freedom of choice, however, and must be ever on guard against temptation and evil. If he makes the wrong choice, he will be punished by God.

As man was created from the dust of the earth his physical being is also liable to the laws of nature (also ordained by God) which govern the natural world. He must strive to remain in harmony with the plants, the animals, the moon, sun and planets. He is responsible for this set of rules too, and must govern his behavior accordingly. If he fails to obey these natural laws, physical disability may result.
Finally, man shares the earth with other men. Like himself, others are composed of good and evil elements, and malevolent people can cause harm to the individual. Man must know whom he can trust and avoid in interpersonal relationships. This is a third set of rules, those which govern his interactions with other men.

The world man lives in is composed of elements, both personal and impersonal, which are potentially hostile. He must be constantly on guard, and is himself responsible for knowing and following an intricate set of rules vis-à-vis God, nature and his fellow man in order to maintain physical, spiritual and emotional well being. Further, this complex, interlocking system is not static but dynamic, so that each individual must constantly adjust and modify his behavior in all areas of his existence.

In brief, then, informants believe that (1) the universe is composed of potentially hostile forces, natural, divine, and human, (2) there exists a set of rules which, if followed, will avert danger to the individual from these forces, (3) the individual is himself responsible for knowing and following these rules, (4) if the individual fails to learn or to follow the rules, he will suffer, and (5) as the responsibility for knowing and following these rules rests with the individual, he is ultimately responsible for his own suffering.

The Effect of Religious Beliefs upon the Medical System

These beliefs affect ideas about health and health behavior in the following areas.
1. The causes of illness
2. The pathological processes involved
3. Illness prevention
4. Allocation of curing ability
5. Treatment of illness

Cause

Illnesses, a departure from what is considered to be the state of normalcy and which may vary from group to group, are the result of man's deviation from the rules governing the universe. Failure to abide by these rules may occur in any or all of three areas, the natural, the divine, and the human. In each case, intrusion of some outside force into the body, or directed at the body, is responsible for the pathological condition.

Man is a part of nature, and hence the laws of nature affect him. Such impersonal outside forces as the weather, the movements of the planets and the changes of the seasons can affect his well being. Illnesses caused by the transgression of these laws are considered "natural" illnesses.

As man was created in the image of God to love and serve Him, he is also governed by divine laws. Transgression of the divine will may result in a variety of punishments or "afflictions," some of which may take the form of an illness. Contrasted with the impersonality of natural forces, divine punishment is personal - directed at a specific individual. These illnesses are also to be considered "natural" in origin.
Man shares the earth with other men. Problems, not all of which may be considered illnesses, may result from anxieties and tensions generated by participation of the individual in society as a whole. These problems are considered "unnatural." In his more immediate social group, he is bound by certain modes of behavior considered to be right and proper by that group. Failure to abide by recognized rules of conduct may produce malevolent feelings in other persons. These persons may then try to harm the individual by the use of evil power (witchcraft). The illnesses which result from such evil activity are also considered "unnatural." They are the result of personalized attack upon an individual at the instigation of another.

Process

The intrusion of some outside agent into the body, or of some force directed against the body is responsible for causing illness. The pathological processes involved are vague and generalized. In some instances the presence of the agent in the body is enough to produce symptoms. In other instances, the process may be described in more detail.

In some natural illnesses, the intrusive agents are impersonal forces found in nature -- that is, the attack is indiscriminate as to victim. Cold air, damp air, or impurities may enter the unprotected body through the pores and circulate through the body by means of the bloodstream. Symptoms arise as a result of the agent being trapped in the body.
Other natural illnesses are divine punishment for sin. As such, they may take any form, although two general categories may be distinguished. In the first category the individual is born with the problem, e.g., mental retardation or physical deformity, or it occurs quite suddenly, as in an accidental injury or a paralytic stroke. In the other category, God has relinquished control and let the Devil "take over" the individual. This involves entrance into the body by an evil spirit, so that the victim is demonically possessed. In these cases, symptoms are likely to be behavioral in nature. This punishment is, of course, directed against a specific individual.

In those illnesses considered to be the result of witchcraft activities, the causative agents are imbued with magical powers. In some cases the agent may be introduced into the body of the victim in food or drink. In other instances the proximity of the agent may itself be enough to cause the victim to fall ill. Evil intent may be enough to injure the individual. Whatever the method, three elements held in common are (1) the desire of a malevolent human being to injure another person by (2) the use of magical powers, (3) whose source is evil and thus un-Godly. Like divinely ordained illnesses, unnatural illnesses are personalized: only the intended victim can be harmed.

Prevention

Illnesses are caused by transgression of certain regulations. Knowledge of the regulations can be utilized to preclude many illnesses by a series of prescriptions and proscriptions. Certain activities
must be carried out to maintain good health, and other activities must be avoided.

Avoidance procedures in the prevention of natural illnesses consist of behavioral manipulations. Moderation in life style is important: don't over eat, don't drink too much, don't stay out too late, don't overwork. The body must also be protected from extremes in the weather, particularly cold air and dampness. Certain conditions such as pregnancy also call for behavioral modifications. Maintenance of good health also includes dietary manipulations and the administration of medicines. Certain foodstuffs have properties beneficial to the body; some medicines can prevent illness.

Those illnesses sent by God as punishment for sin are also preventable. Avoidance of behavior known to be displeasing to God is of course important. Neutral behavior (avoidance of sin) however, is not enough. God also wants to be praised and thanked for His goodness, and such activities must also be carried out to avoid divine retribution.

It is less easy to avoid the malevolence of one's fellow man, as the reason one is the victim of witchcraft activity may not be obvious. As envy and sexual jealousy are frequently cited as causes of witchcraft, however, some precautions may be taken. One should live in a manner which will not arouse envious feelings in others. Wealth or good fortune should not be flaunted. One should not interfere in the sexual relationships of others, or appear romantically interested in a person who has already formed such an attachment.
Curing

All human talent and ability is based on these premises: (1) all ability is a gift bestowed upon the individual by God, (2) God gave some individuals more ability than others, (3) ability must be used by the individual or it will disappear, and (4) an individual operating in a sphere in which God did not give him ability will be ineffectual. These premises apply to the ability to cure illness, as they do to all human activities. The presence of God is required in every phase of curing, and a person not believing in God is not able to cure at all. Curing practitioners may be differentiated along several lines: how they acquired the ability to cure, the degree of ability they command, what modes of treatment are at their disposal, and the types of illness they can cure. There are two basic types of practitioner, those whose abilities were learned and those whose ability was mystically bestowed.

The category of persons who have been taught their knowledge of curing includes individuals with knowledge of home remedies as well as those whose training was in more formal institutions. The important fact is that the ability to cure has been learned from someone else. The amount of formal schooling is of little moment, however, as it is the "gift" (to be able to learn) that counts.

Practitioners are differentiated according to the mode of treatment they employ: herb doctors and medical doctors use medicines; "surgical" doctors employ surgery; chiropracters and others with knowledge of such techniques use massage and bodily manipulation, etc. Of
these persons, those whom God gave more ability will be the more successful healers. Practitioners in this category can cure only certain natural illnesses. They cannot cure illnesses which are divine punishment, nor can they cure those which are caused by witchcraft.

Practitioners whose ability is not formally or informally learned, on the other hand, have been given the gift of healing as a sign of special divine approbation. In rare cases a child may be born with healing powers; more often the gift is bestowed during a religious experience. In any case, education and training are non-essential and irrelevant. The practitioner is simply an instrument through which divine power flows to effect a cure. Some practitioners have more ability than others, but all in this category have more power to cure than do those who have learned their curing techniques.

The most common mode of treatment is the "laying on of hands" in which the practitioner needs only to touch the patient in order to effect a cure. All practitioners in this category can cure natural illnesses. Only those with the most power (often innate), however, can cure those diseases caused by witchcraft.

**Treatments**

In general, an illness is treated by reversing the circumstance which caused it. If an outside agent has intruded into the body, treatment necessitates removal of that agent. If an evil spirit is in possession of the individual, it must be exorcised. The evil power of a witchcraft spell or charm must be neutralized. Such reversal of causation effects the cure. Just as the causative agent attacked the
body *en masse*, the extrusion or nullification of the agent removes the illness *en masse*: the cold air is driven out of the pores, the demon is expelled, and the charm rendered powerless.

The above ideas contrast in many instances with those of scientific medicine, particularly as to causes of disease and how diseases may effectively be treated. Informant's inclusion of God in all aspects of health and illness is especially at variance with medical practitioners for whom science and religion are separate domains. The bestowal of curing ability by divine fiat is also at odds with a system in which long years of academic training are required for a medical degree. Medicines used by informants are perhaps more outmoded than anything else, as many of them had their place in the American medicine of an earlier era. The supposed link between physiological process and natural events such as seasonal changes, on the other hand, would be regarded by the physician as incorrect, although these ideas too were in professional vogue in another day. Though they have moved to the city, the medical system of Neighborhood residents is still largely that of rural people long isolated from professional medicine -- people, therefore, who do not have knowledge of many of the changes in American medical thought during the past century.

**Modification of Polgar's Model**

The beliefs summarized in the foregoing pages provide the base for the illness referral system of the residents of the Martin Hill Neighborhood. The heavily religious orientation of the group suggests
that Polgar's model tested in this study must be modified to include such an orientation. Such a modification is proposed in the following diagram.

A. Self-addressed phase
B. Lay Action phase
C. Secular Professional Action phase
D. Religious Professional Action phase
E. Ultimate Power phase (God)

I do not mean to imply that this modification suffices to describe only the behavior of poor blacks. I believe it must be included whenever divine succor is explicitly sought in health behavior. Thus, such an inclusion could be applicable to poor Southern whites (LaBarre 1962), to Mexican peasants (Kelly 1965), to a Yaqui Indian living in Tucson, Arizona (Shutler 1967), or to the Apache Indian living on the reservation (Everett 1971). The weakness in the Polgar model lies in the fact that it provides no alternative for behavior in case of failure (i.e., the patient is not cured) in the Professional Action phase. If the patient is cured in any of the phases he proposes (Self-addressed, Lay Action or Professional Action), then of course no further help need be sought by the individual. If the cure is not forthcoming, however, further action must be taken unless the victim is simply to give up.

The idea of expertise in treatment is implicit in Polgar's model. That is, if the illness is not handled adequately by personnel in the initial phase, whichever it may be, the individual seeks out
other personnel thought to possess greater knowledge or ability. This idea of greater expertise is continued in the author's modification of Polgar's scheme. Personnel in what I have called the Religious Professional Action phase are considered to have more power, and are therefore placed in the model above those practitioners in the Secular Professional Action phase. In essence, then, two more phases have simply been added to the Polgar model -- the Religious Professional Action phase, and Ultimate Power phase (God). The Religious Professional Action phase category includes such personnel as spiritual healers, mediums in Spiritualist churches and Voodoo doctors; all those persons, in other words, whose ability to heal has come directly from God. The category Ultimate Power phase (God) is, I hope, self-explanatory. Some readers might look askance at the inclusion of God as a health practitioner. He is included because when all else fails it is to Him that a final appeal for help may be made. In the present study God is actively concerned in all phases of illness referral activity. He is, however, the ultimate appeal as well.

As Polgar has pointed out, personnel within any of the phases (excluding the Self-addressed phase, or when the individual deals directly with God) may vary according to the group. In the religiously based Professional Action phase, for example, one might expect to find a Voodoo practitioner among blacks but not among Indians. Emphasis within a phase may also vary between groups. Among groups where the extended family is important, as in the present study or in the New
Mexican village studied by Weaver (1970), personnel first contacted in the Lay-action phase are more likely to be kin than non-kin.

The present model is meant to diagram the choices possible to the sick person. It does not mean that the person who perceives himself to be ill starts in the Self-addressed phase and, failing to be cured ascends through each and every other phase as if it were a staircase. Any number of variables may impinge upon the decision of the individual regarding which phase he begins his search for a cure. He may, for example, go immediately into one of the Professional Action phases without regard to self-treatment or the advice of friends and relatives. The time spent in each phase may also vary; there is no rule stating how long the individual will treat himself before seeking outside help or how long he will spend in any other phase. Some of the variables affecting these decisions (In which phase is health action initiated? How long does one stay there before going to another phase?) are outlined below for residents of the Martin Hill Neighborhood.

**Illness Referral Behavior: Martin Hill Neighborhood**

**Self-addressed Phase**

Severity of symptoms probably is the most important factor in the decision of Neighborhood residents to attempt self-treatment or seek other help. As long as the ailment is seen as being "everyday" or "not serious," people will treat themselves. Treatment of simple illnesses at home has also been reported for blacks in San Francisco
(Cowles and Polgar 1963) and for low-income blacks in Washington, D. C. (Cornely and Bigman 1961). Time spent in this phase is short. Informants expect alleviation of symptoms within two or three days, and if such alleviation is not forthcoming, will seek outside help. If the individual lives alone he or she may use self-addressed treatment for two or three days. If there are other persons in the household, however, the Self-addressed phase may be of even shorter duration. As soon as the individual mentions the illness to another person, this phase is over.

Those individuals with positive social contacts within the community may move on to the Lay Action phase. There are individuals in the community who eschew any such contacts, however, and such persons are more likely to turn directly to a Professional Action phase.

For severe symptoms, however, most persons will go immediately into a Professional Action phase without attempting self-treatment or the treatments of friends and relatives.

Lay Action Phase

Advice may be sought from interested lay persons in the community during the course of an illness. In the present study, the persons first contacted in such cases are those related by kinship ties. Kin living in distant parts of the country may in fact be contacted before non-kin living in the community. If the individual has no family, fellow church members and friendly neighbors are sought out.
If the individual is not better in a few days, or if symptoms should worsen, professional help will be sought. On the admittedly slim evidence of one informant, it might be expected that upper class blacks are less likely to seek health advice from persons in this category. If they feel that the problem is beyond their control, they do not expect other lay persons are any better able to handle the problem. They are more likely to go from the Self-addressed phase to the Secular Professional Action phase, choosing those practitioners with formal training (an M.D., for example).

Secular Professional Action Phase

Among the residents of the Martin Hill Neighborhood, this category contains folk practitioners as well as those persons ordinarily considered health professionals. Folk practitioners include persons with a knowledge of both herbal and non-herbal remedies, and those with knowledge of massage. Other studies have suggested that lower class whites are more likely to patronize a chiropracter than are members of the upper classes (Koos 1954). In the present study, however, although all informants knew about chiropracters only one person had ever been to one. I believe that this is because there are individuals within the neighborhood who use massaging techniques in curing. In contrast, with the exception of the single upper class informant, no one had ever heard of an osteopath.

As the category contains rather diverse personnel, how is the selection of a practitioner made? Since the members of this category
are also professional in that a fee or "donation" must be paid for services, the amount and source of income are important. Those persons receiving welfare checks are entitled to free medical care at the County hospital. They may therefore elect this free care rather than pay a Neighborhood professional.

The most important factor, however, seems to be whether the sick individual comes from a rural or urban background. In general, those informants who were raised in the rural south grew up being treated by folk practitioners. As in many cases they never encountered a physician until adulthood, they are less likely to consider that physicians possess superior ability. It is these rural migrants, therefore, who are most likely to turn to a Neighborhood folk practitioner when ill. If his or her ministrations fail, a physician may be sought out on the chance that his different medicines will be of help -- those, that is, which are not available without a prescription. Those Neighborhood residents whose early training did not include contact with folk medical practitioners may choose a physician at the outset.

Alleviation of symptoms is expected in a short time, however, and if a practitioner's ministrations fail to effect a cure within a few weeks, another practitioner may be sought out. Patients may therefore go from one doctor to another in the hope that they will find one who "knows more" about their particular illness.

Religious Professional Action Phase

Individuals who enter this phase may be roughly divided into two classes. Most healing practitioners in this phase are affiliated
with a church organization and the curing ceremonies are an integral part of a religious service. Members of these churches, therefore, may routinely take part in such healing services before (or as well as) consulting any other health professional. The Secular Professional Action phase may be skipped altogether or be utilized concomitantly with the religious cure.

Non-members of these churches, however, are likely to enter this phase only after all other curing procedures have failed. In this class are found persons who have been told that their case is hopeless or incurable.

There is variation within the category of practitioners as well, and selection may also be made according to diagnosis (e.g., the choice of a Voodoo doctor when the cause of the illness is witchcraft).

Failure of a patient to be cured may be blamed on the practitioner (not powerful enough) or on the patient (faith not strong enough). In the first instance that judgment is likely to be made by the patient, and in the latter by the practitioner.

Ultimate Power Phase (God)

The patient may pray directly to God for a cure. This may result from failure to be cured by all other means. God is therefore considered "the last resort." On the other hand, God may be approached directly instead of seeking curing alternatives outside the self.

In summary, the residents of the Neighborhood may be seen as possessing a wide array of choices when they fall ill. What choices
they make are based on a medical system which is at variance in many respects with that of "scientific" medicine. This medical system contains information regarding the causes of illness, the processes by which illness occurs, what should be done about it, and by whom. Since portions of the system are at variance with the beliefs of scientific medicine, the practitioners of such medicine should be aware of these differences if they are to effectively deliver health care to low-income blacks.
### APPENDIX A

**HOME REMEDIES**

Table 3. Medications and their uses.

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<th>Use</th>
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<td><strong>Oral Medications</strong></td>
<td><strong>Use</strong></td>
</tr>
<tr>
<td>Alum and Honey</td>
<td>cough medicine</td>
</tr>
<tr>
<td>Asafoetida gum in hot water</td>
<td>heart disease</td>
</tr>
<tr>
<td>Asafoetida gum, Garlic and Whiskey</td>
<td>disease preventive</td>
</tr>
<tr>
<td>Bay leaf tea <em>(Laurus nobilis)</em></td>
<td>measles</td>
</tr>
<tr>
<td>Beef Iron tonic</td>
<td>blood thickener</td>
</tr>
<tr>
<td>Beets and beet juice</td>
<td>blood thickener</td>
</tr>
<tr>
<td>Bitter gourd seed tea <em>(Cucurbita species)</em></td>
<td>kidney disease</td>
</tr>
<tr>
<td>Black Haw bark tea <em>(Viburnum prunifolium)</em></td>
<td>dysmenorrhea</td>
</tr>
<tr>
<td>Black Snakeroot tea <em>(Cimicifuga racemosa)</em></td>
<td>pneumonia</td>
</tr>
<tr>
<td>Blue copper and Sugar</td>
<td>vermifuge</td>
</tr>
<tr>
<td>Calomel</td>
<td>fever</td>
</tr>
<tr>
<td>Castor oil</td>
<td>to clean system</td>
</tr>
<tr>
<td>Catnip tea <em>(Nepeta cataria)</em></td>
<td>blood purifier (infants)</td>
</tr>
<tr>
<td>Cockleburr tea <em>(Xanthium species)</em></td>
<td>abortifacient</td>
</tr>
<tr>
<td>Cod liver oil</td>
<td>joint lubricant; rid system of excess mucus</td>
</tr>
<tr>
<td>Corn shuck tea <em>(Zea mays)</em></td>
<td>measles</td>
</tr>
<tr>
<td>Cow chip tea</td>
<td>pneumonia</td>
</tr>
<tr>
<td>Deer horn (burnt) tea</td>
<td>fever</td>
</tr>
<tr>
<td>Epsom salts</td>
<td>blood thinner</td>
</tr>
<tr>
<td>Flour and water paste</td>
<td>diarrhea</td>
</tr>
<tr>
<td>Hog hoof (burnt) tea</td>
<td>colds; pneumonia; coughs</td>
</tr>
</tbody>
</table>
Table 3. Medications and their use—Continued

<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honey and Vinegar in hot water</td>
<td>blood thinner</td>
</tr>
<tr>
<td>Horehound candy</td>
<td>vermifuge</td>
</tr>
<tr>
<td>Indian Sage tea (<em>Artemisia</em> species)</td>
<td>fever</td>
</tr>
<tr>
<td>&quot;John the Conquerer&quot; root tea (?)*</td>
<td>fever</td>
</tr>
<tr>
<td>Liver, eaten rare</td>
<td>blood thickener</td>
</tr>
<tr>
<td>Milkweed tea (<em>Asclepias</em> species)</td>
<td>stomach pain</td>
</tr>
<tr>
<td>Peach leaf tea (<em>Prunus persica</em>)</td>
<td>fever; dysmenorrhea</td>
</tr>
<tr>
<td>Peppermint oil in hot water</td>
<td>colds</td>
</tr>
<tr>
<td>Pickle juice</td>
<td>blood thinner</td>
</tr>
<tr>
<td>Pinetop (<em>Pinus</em> species) and Mullein (<em>Verbascum thapsus</em> L.) tea</td>
<td>colds</td>
</tr>
<tr>
<td>Pinetop (<em>Pinus</em> species), Mullein (<em>Verbascum thapsus</em> L.) and Cow chip tea</td>
<td>croup</td>
</tr>
<tr>
<td>Poke weed leaves (<em>Phytolacca americana</em>)</td>
<td>blood purifier</td>
</tr>
<tr>
<td>Prickly pear syrup (<em>Opuntia species</em>)</td>
<td>whooping cough</td>
</tr>
<tr>
<td>Red Oak bark tea; bark taken from the north side of the tree (<em>Quercus species</em>)</td>
<td>diarrhea</td>
</tr>
<tr>
<td>Salt</td>
<td>blood thinner</td>
</tr>
<tr>
<td>Sassafras tea (<em>Sassafras officinalis</em>)</td>
<td>blood tonic</td>
</tr>
<tr>
<td>Sulfur and Molasses</td>
<td>blood purifier</td>
</tr>
<tr>
<td>Turpentine and Sugar</td>
<td>colds</td>
</tr>
<tr>
<td>Vinegar in hot water</td>
<td>blood thinner</td>
</tr>
<tr>
<td>Wine</td>
<td>blood thickener</td>
</tr>
</tbody>
</table>

Soaks and Poultices

- Bullrush root in bath water (?)  rashes
<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castor oil, Mustard, Kerosene and Turpentine in a cornmeal poultice</td>
<td>headache</td>
</tr>
<tr>
<td>Camphophenique on cotton</td>
<td>toothache</td>
</tr>
<tr>
<td>Cockleburrs in hot water (Xanthium species)</td>
<td>snakebite</td>
</tr>
<tr>
<td>Fig leaves (Ficus carica) in a Sweet Potato (Ipomoea batatas) poultice</td>
<td>cancer</td>
</tr>
<tr>
<td>Kerosene</td>
<td>snakebite; puncture wounds</td>
</tr>
<tr>
<td>Kerosene, Turpentine and Mutton tallow on a flannel cloth</td>
<td>chest cold</td>
</tr>
<tr>
<td>Smartweed leaves in bath water (Polygonum species)</td>
<td>fever</td>
</tr>
<tr>
<td>Snakelace vine leaves (?) in a corn-meal poultice</td>
<td>snakebite</td>
</tr>
<tr>
<td>Yellowtop leaves (?) in bath water</td>
<td>fever</td>
</tr>
</tbody>
</table>

**Liniments and Salves**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buzzard grease</td>
<td>sore muscles</td>
</tr>
<tr>
<td>Camphor</td>
<td>sore muscles</td>
</tr>
<tr>
<td>Fig leaf sap (Ficus carica)</td>
<td>freckles; ringworm</td>
</tr>
<tr>
<td>Goose grease</td>
<td>sore muscles</td>
</tr>
<tr>
<td>Hog jawbone marrow</td>
<td>mumps</td>
</tr>
<tr>
<td>Kerosene</td>
<td>mumps</td>
</tr>
<tr>
<td>Mentholatum</td>
<td>sore muscles</td>
</tr>
<tr>
<td>Poke weed root boiled in water (Phytolacca americana)</td>
<td>rheumatism</td>
</tr>
<tr>
<td>Rabbit entrails, raw</td>
<td>rubbed on gums of teething infant</td>
</tr>
<tr>
<td>Sardine oil</td>
<td>mumps</td>
</tr>
<tr>
<td>Snake venom</td>
<td>rubbed on chest, asthma attacks</td>
</tr>
<tr>
<td>Stewed hog &quot;pizzle&quot; (penis)</td>
<td>chest colds; infants and children</td>
</tr>
</tbody>
</table>
Table 3. Medications and their use—Continued

<table>
<thead>
<tr>
<th>Medication</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Miscellaneous remedies</strong></td>
<td></td>
</tr>
<tr>
<td>Castor oil</td>
<td>put in eyes for cataracts</td>
</tr>
<tr>
<td>Chihuahua dog</td>
<td>sleeps with individual to prevent asthma attacks</td>
</tr>
<tr>
<td>Cobwebs</td>
<td>packed in wound to staunch bleeding</td>
</tr>
<tr>
<td>Garlic buds (Allium sativum)</td>
<td>worn in bag around neck to prevent illness</td>
</tr>
<tr>
<td>Slippery Elm bark (Ulmus fulva Michx.)</td>
<td>bark inserted into uterus, abortifacient</td>
</tr>
</tbody>
</table>

*See Hurston (In Hughes and Bontemps 1958: 93-102) for the story of the black folk hero for whom this plant was named.
APPENDIX B

PRAYER GIVEN TO THE AUTHOR BY AN INFORMANT

"FOR PROTECTION"

I Am Praying and Looking to the One Who Turns the
Over At Night, And Watches Me In The Morning.

THAT'S THE CHRIST.

PRAYER

This Prayer was found on the sepulchre of the Lord Jesus,
in the year 329 AD, and was sent by the Pope to the Emperor
Charles on the eve of his departure to fight his enemies,
and by him sent to St. Michael in France.

Whosoever read or wear it
on him will never burn nor
burn nor will any poison
have effect on him. He will
never be a prisoner of war, nor
will be ever be vanished. When a
woman has labor pains, let her read this prayer, or let it be read to her,
or let her wear it, and she will immediately be delivered; and when the
child is born, let her place the prayer on the right side of the child; and
it will be safely preserved as accidents. Whosoever carries this prayer
with him will never have any epileptic attacks; and if you are anyone
having fits, place the prayer in his right side, and he will be cured im­
mediately. Whoever writes this prayer, for himself or others, “It will
hurt,” says the Lord, but whoever sets it or Ùangas at it will be doomed.
When this prayer is in the house, the house will be safely guarded of
the plagues. Whoever reads this prayer daily will be saved
3 days before his death by a holy sign, of the day of his death. “Oh Lord
Almighty you have suffered death at the Cross for our sins. O, Holy
Cross of Jesus, be my true light. O, Holy Cross, have pity on me. O, Holy
Cross be my hope. O, Holy Cross, let me not fear death, Holy Cross
safely guard me against unholy thoughts and worldly dangers
that I may worship the Holy Cross of Jesus forever, O, Jesus
of Nazareth, crucified, have mercy on me, forever and ever.
Amen. In honor of the precious blood of Jesus His death and
Resurrection, and of His Coronation by which He leads us to everlasting life. As true as
Jesus was born and crucified on Good Friday as true as
Joseph and Nicodemus took

Jesus down from the Cross as true as Jesus ascended to
Heaven, may He preserve me from my enemies, visible
and invisible, forever and ever. Amen. Lord Almighty into
your hands I give my soul.

Jesus, Mary, Joseph, Anna, Joschim, Lord Jesus, by all
you have suffered for at the Holy Cross, principally when
your soul left your body, have mercy on my soul when it
will leave my body. O, Lord Jesus, give me strength to
bear the Cross of Yourself. Teach me to bear with im­
patience all illness, that the Virgin may tell me with the Holy spirit,
Preserve my soul and heal it in everything life. Amen.

FREE WILL OFFERING

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