

Conceptualizing Healing Through the African American Experience of Historical Trauma

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For the African American healing journey, it is essential for cultural strengths that preceded and followed the original injury of enslavement, and consequent racially based trauma, to be recognized and elevated. Historical trauma has offered an important framework for understanding how the structural determinants of health are related to mass group-level subjugation for Indigenous people across generations, with a growing focus on protective factors. Here, we expand the application of the historical trauma framework to African Americans, with a focus on intergenerational healing. This exploratory study examined historical evidence of healing among enslaved people of African ancestry on Southern plantations. Two themes associated with how healing practices and strategies were used by healers and seekers of healing—figuring out what to do and fighting back/resisting—were developed using a thematic analysis of a historical text. A conceptual model is introduced illustrating the intergenerational transmission of healing and well-being across generations of African Americans. Implications for policy, practice, and research are explored.


Public Policy Relevance Statement

Scholars have increasingly acknowledged the significant role of historical trauma in adverse mental health outcomes among African Americans. This article highlights historical responses to trauma that shaped cultural frameworks for intergenerational well-being and discusses the significance of these historical behaviors for understanding and supporting healing among African Americans. Public funding should prioritize and directly support community-based cultural healers and collective healing models, and incentivize mental health programs within African American communities that demonstrate and apply knowledge of culturally relevant healing frameworks at institutional and direct practice levels.

In 2019, the U.S. marked 400 years since the beginning of the enslavement of African people in this land (Hannah-Jones, 2019). Enslavement was a spiritual, cultural, social, psychological, and physical attack upon African people for the economic advancement and security of wealthy White landowning men and their descendants (DeGruy, 2005; Hannah-Jones, 2019; Mullane, 1993; Williams, 2014; Williams-Washington & Mills, 2018). Research on historical traumas and mass group-level harm, such

as enslavement and attempted genocide, has been conceptually linked to health disparities in subsequent generations (Brave Heart, 1998; Sotero, 2006). However, few conceptual models or empirical studies of historical trauma among African Americans¹ have focused on how healing strategies and protective factors have also been passed on intergenerationally to support the survival and thriving of African Americans (DeGruy, 2005; Hannah-Jones, 2019; Mullane, 1993; Richards, 1994; Williams, 2014; Williams-Washington & Mills, 2018). In this article, a thematic analysis of Fett's (2002) text on African American health and healing culture on southern slave plantations is presented to highlight the cultural strengths preceding and surviving the original injury of enslavement. We focus on healing as a critical construct in the discourse on historical trauma for people of African ancestry. In this article, we

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¹ The terms African American, people of African descent, and Black will be used interchangeably as reflected in the literature and colloquial usage.

define healing as the range of ways Black people confront, interrupt, and repair harm caused by traumatic wounding and restore wellness in personal, collective, and spiritual domains. We identify mechanisms of intergenerational healing for this population. Implications for how these traditions could support healing for African Americans, and for people of the African Diaspora who are navigating historical and contemporary traumatic pain, are also explored.

Background

Historical Trauma

Brave Heart (1998), a self-identified Lakota social work scholar, pioneered the development and application of historical trauma to First Nations People of the United States. They found the prevailing biomedical explanations of the health disparities between Indigenous peoples and the rest of the U.S. population insufficient. The ahistorical nature of the methods used to collect health data on First Nations People obscured the impact of centuries of traumatic exploitation and oppression on their physical health and mental well-being (see, Gone (2013), Brave Heart et al. (2011), and Walters et al. (2011) for more thorough explorations of historical trauma). The historical trauma framework posits current members of marginalized groups continue to be affected by past events through the intergenerational transmission of a continuum of responses (e.g., spiritual coping, substance abuse, unresolved grief, anxiety; Brave Heart, 1998; Brave Heart et al., 2011; Walls & Whitbeck, 2012; Whitbeck et al., 2004).

Sotero (2006) added to this body of literature by using psychosocial, political/economic, and social/ecological systems theories to formulate a conceptual model linking historical trauma to disease prevalence and health disparities via social, physical, and psychological pathways. This model elucidates how the effects of historical trauma and subjugation carry over from primary to successive generations and identifies six modes of intergenerational transmission of impaired health and disease (physiologic, genetic, environmental, psychosocial, social/economic/political systems, and legal/social discrimination).

For example, mass trauma experiences, such as genocidal devastation of some Native American tribes and enslavement of African people through physical and psychological violence, cultural dispossession, economic deprivation, segregation, and displacement, produced significant physical and psychological trauma for those who directly experienced it (Sotero, 2006). The subjugation and loss associated with these experiences manifested as diseases, injuries, and compromised emotional and psychological states resulting in responses we now recognize as chronic bereavement, disenfranchised grief, and posttraumatic slave syndrome, among others (Brave Heart, 1998; DeGruy, 2005).

The historical trauma framework has had a tremendous impact on public health studies and has been applied to marginalized groups around the world, including Holocaust survivors (Kellerman, 2001), First Nations People of North America (Whitbeck et al., 2009), displaced Palestinians (Daoud et al., 2012), and African Americans (Ortega-Williams et al., 2019; Williams-Washington, 2010). A strength of Sotero (2006) model is in explaining intergenerational health disparities within the historical context from which these disparities emerged (Mohatt et al., 2014; Whalen et al., 2016). This framing reminds us these health outcomes are not inherently

pathological to these groups. In fact, they are responses to the trauma associated with subjugation and oppression. Mohatt et al. (2014) showed this model not only has relevance for how people who have experienced subjugation and oppression conceptualize their needs but also for how they understand their resilience.

“Original Instructions”: Cultural Buffers to Harm From Historical Trauma

Cultural beliefs and practices have been conceptualized as protective for people who have experienced historical trauma. For instance, Walters and Simoni (2002) presented an “indigenist stress-coping model” that explains the protective role of identification with cultural beliefs and practices for Native Americans. Identity attitudes, enculturation, spiritual coping, and traditional healing practices were conceptualized to disrupt the pathway between historical trauma and negative physical and psychological health outcomes (Walters & Simoni, 2002). Beltrán et al. (2018) captured these buffers using the language “Original Instructions” (language used earlier by esteemed scholars like Deloria, 1969, 1997, 1999). The term describes the ancestral knowledge available to Native Americans about how to care for themselves, their families, communities, and the planet. Creation stories (e.g., tribal origin stories), folk tales, cultural artifacts, artistic expressions (e.g., song, dance, traditional foods), and spiritual practices have embedded original instructions, which are preserved and transferred through oral traditions and continued vital ceremonial practices (Nelson, 2008). Nelson (2008) explained the healing knowledge held within cultural beliefs, like the original instructions, is seen as a birthright to all members of that community.

Indigenous public health researchers have designed studies exploring how original instructions can be used to remedy contemporary health disparities (Beltrán et al., 2018; Spencer et al., 2020; Walters et al., 2011; Walters & Simoni, 2002). Informed by the historical trauma framework, this research seeks to uncover pathways to healing from the social determinants of health, multidimensionally, by investigating the impact of cultural disruption, colonialism, capitalism, and neoliberalism upon wellness while exploring the impact of remembering and reclaiming traditional healing wisdom.

African-Centered Approaches to Wellness

Scholars of African descent in the Americas have also sought to incorporate wisdom about wellness strategies that predated enslavement, as well as strategies that emerged for survival during and after enslavement. Similar to Indigenous people of the Americas, white supremacist ideologies, practices, and priorities attempted to erase the distinct ethnic identities of people of African descent for the purpose of subordination and economic exploitation (Richards, 1994; Williams, 1987). Drumming, using one’s language of origin, and practicing sacred rituals were prohibited and eventually outlawed for people of African descent, fearing retention of one’s cultural roots would make enslavement difficult and fuel rebellions (Richards, 1994; Thornton, 1991). For example, during the Stono Rebellion in 1739, in South Carolina, Black people of Angolan descent used drumming as a part of the rallying cry for enslaved people to fight for liberation against the English colony; two dozen White enslavers were killed (Thornton, 1991).

Africans, and African descendants, like Indigenous people of the Americas, resisted this attempted annihilation of personhood; original instructions were encoded in remixed and revitalized traditions (Richards, 1994). People of the African diaspora, uncovered, highlighted, and restored access to cultural practices predating colonization, attempted genocide, and enslavement (Asante, 1998; Bent-Goodley et al., 2017; Richards, 1994; Schiele, 1996; Williams, 1987). Alongside individual and community efforts to retain cultural traditions, pan-African frameworks emerged, also referred to interchangeably with African-centered and Afrocentric philosophy (Asante, 1998; Mullane, 1993).

Pan-Africanist thought stemmed from African liberation movements and decolonization efforts on the African continent, simultaneous with uprisings for civil rights and Black liberation movements in the U.S. (Asante, 1998; Fanon, 1963). Pan-Africanism identified commonalities in worldview and ethos among people of the African diaspora while acknowledging the diversity of African cultures, knowledge, and spiritual practices (Richards, 1994; Williams, 1987). Although impacted by these initial historical traumas, African Americans created bridges back to their original instructions to protect conceptualizations of wellness and healing. For instance, a collectivist orientation, cosmological belief in interrelatedness, and the importance of ceremonies and rituals as restorative practices are examples of original instructions people of African descent carried across the Atlantic Ocean (Richards, 1994).

The current work continues this exploration of the original instructions, healing ways, and traditions among African Americans who survived the historical trauma of enslavement. Situated within the lineage of pan-African thought (Carlton-LaNey, 1999; Grills et al., 2016; Richards, 1994; Schiele, 1996; Smith Brice & McLane-Davison, 2020), we argue further examination and discussion of these factors provide a much-needed framework for the healing journey of people of African ancestry.

Conceptualizing Healing

Like trauma, healing is a subjective phenomenon defined by the context, culture, and individual or collective narrative in which it is situated (Kirmayer, 2004; Meza & Fahoome, 2008; Sussman, 2004). Nonetheless, various definitions have been proposed to support discourse and examination of healing. Among these definitions are references to healing as a process to counteract distress (Draguns et al., 2004), restore varying degrees of health and wholeness (Draguns et al., 2004; Kirmayer, 2004; Meza & Fahoome, 2008; Parks, 2007), treat and rehabilitate wounds, and alleviate or transcend suffering (Mickel, 2002). In medical and clinical contexts, clinicians, physicians, and their treatment strategies are often elevated to serve as healers, curers, and/or agents of these processes (Egnew, 2005; Harley, 2006; Kirmayer, 2004). However, healing becomes more nuanced in its definition when applied to the mass group experience of historical trauma, and to groups of people who have historically experienced systematic oppression and were largely denied access to medical or clinical support.

Scholars such as Walters elucidated cultural healing as core to any understanding of, and approaches to, counteracting the deleterious effects of generational trauma associated with historical trauma and colonization among Native American communities (Walters & Simoni, 2002; Walters et al., 2002; Whalen et al., 2016). Based on traditional ecological theory, cultural healing recognizes every

community has its own practices intended to repair and restore community members (Walters et al., 2002). African American people who were enslaved cultivated and accessed healing strategies as a historical response to trauma and oppression. For today's trauma recovery approaches to be culturally responsive and healing centered among African Americans, these practices must continually be identified and considered. Thus, the following research questions guided this inquiry:

- What were the healing strategies, practices, and roles employed by people of African ancestry who were enslaved in the U.S.?
- How were these strategies and practices used?
- How have this healing knowledge and related practices been preserved?

Method

Research Design

This exploratory study employed thematic analysis to examine healing among enslaved people of African descent in the context of the historical trauma of enslavement in the U.S. As a first step to locate historical literature on this topic, we conducted a search in the EBSCOhost database using the search terms "healing," "African Americans," and "plantations." For people of African ancestry, plantations were one of the specific settings of racialized chattel slavery where we identified Sotero (2006) four elements of subjugation in action. Therefore, the authors believed plantations would also be a setting where we could identify and examine the responses of enslaved people to these forces of enslavement and subjugation. Furthermore, although plantations were primarily intended to be settings of forced labor and control, plantations were also settings where enslaved people of African ancestry transferred, fashioned, fused, and adapted ways of being, relating, coping, and surviving (Cross, 1998), making them important and relevant sites for an exploration of cultural healing.

Data Source

Our targeted search produced one result: Fett (2002) text, *Working Cures: Healing, Health and Power on Southern Slave Plantations*, which served as the single data source for this study. The case study method, which includes the use of single-case examples, is an appropriate qualitative "method for learning about a complex instance, based on a comprehensive understanding of that instance, obtained by extensive description and analysis of the instance, taken as a whole and in its context" (Baškarada, 2014, p. 7).

Using social history methods and concepts from medical anthropology (see Fett, 1995), Fett (2002) traced the legacy of African American healing on plantations in Virginia, North Carolina, South Carolina, and Georgia to conduct a "meaning-centered critical analysis of the social, cultural, and political significance of healing" (p. 11) for enslaved African Americans in this context. Fett (2002) analyzed data from previously published interviews with formerly enslaved people; folklore collections; findings from medical, agricultural, and plantation archaeology journals; plantation records; and manuscripts from enslavers. This work emphasizes the social relations and realities of illness and healing; captures how enslaved people of African ancestry tended to physical, spiritual, and

psychological wounds; and details how this healing culture served as a strategic and intentional weapon against traumatic assaults on African American humanity and in service of the realization of African American freedom. As such, Fett's text emerged from our search of the literature as a critical case of strategic importance to this area of interest.

Fett (2002) construction of healing is set within the backdrop of the racialized social order sustained by chattel slavery. Defining healing as the "entire spectrum of practices that enslaved communities employed to pursue bodily and spiritual well-being and protection" (Fett, 2002, p. 203), Fett carefully distinguished the enslaved community's conceptualizations of health and healing from the construction of "soundness" employed by slave society. Fett (2002) commented:

Plantation slave communities . . . maintained a relational vision of health that fundamentally diverged from slaveholder notions of slave soundness. This relational vision connected individual health to broader community relationships; it insisted on a collective context for both affliction and healing; it honored kinship relations by bridging the worlds of ancestors and living generations; it located a healer's authority in the wisdom of elders and divine revelation. (p. 6)

This relational vision of health emerged for African people and their descendants who had been enslaved in North America, and produced an array of ideas and practices used in pursuit of well-being. Fett (2002) did not trace the specific ethnic origins of the healing practices examined but did recognize the influence of African, Native American, and European healing systems and philosophies. Although careful to acknowledge all enslaved people did not subscribe to the same practices and frameworks, and that plantation and regional differences informed variations in practices and beliefs, Fett described aspects of the social relations of healing culture present across plantations in the southern U.S. These include African American doctoring, conjure (i.e., the ritual mobilization of spiritual forces to heal, protect, and harm), engagement with the land and the spirit world, and communal/relational caregiving. Ultimately, data for our study included parts of the text that referenced these healing strategies and practices, key healing roles, and acts of preservation employed by enslaved people of African descent in this context.

Data Analysis

Data were analyzed using Braun and Clarke (2006) 6-phase, reflexive approach to thematic analysis. Because of our interest in examining how people of African ancestry constructed and performed healing on southern plantations, our analysis employed a contextualist/critical realist epistemology (Terry et al., 2017).

The analysis was conducted by the first author who became familiar with the text by reading and rereading it, making observational notes during this process. The first author then commenced systematic data coding, identifying segments of the text relevant to the research questions, and then labeling these data segments using codes capturing both semantic and latent meanings (Braun & Clarke, 2006). After collating the tagged data segments to these codes, the first and fourth author constructed initial themes. These two authors independently generated ideas about patterns observed in the data and then collaborated to review, shape, clarify, or reject potential themes from the previous phase. This process helped

ensure candidate themes adequately captured the meaning in the collated data segments and worked well across the entire data set (Terry et al., 2017). The first author reread the data set to ensure nothing was missed and then worked with the fourth author to review the analysis, confirm the themes to help construct a narrative that responded to the research questions, and write this report of the findings.

Researcher Description

We are all members of the African Diaspora and descendants of people affected by the trans-Atlantic slave trade. We are social work educators who have direct clinical and community-based research and practice experiences associated with Black wellness and healing strategies. We also have postdoctoral-level training in qualitative research and analysis.

Indigenist research recognizes the intangible value brought to the research process when work is done by those who share a within-ethnic group identity. Such researchers are sometimes sensitized to the lived experiences of the group, approaching and documenting their findings in important ways that can otherwise be missed, actively disrupted, or misrepresented in the context of White supremacy (Smith, 2012). Belonging to distinct but related ethnic groups of the African Diaspora allowed us access to many oral traditions and original instructions that survived colonial cultural dispossession. Fett (2002) written account of many of these traditions resonated with us and sparked a sharing of accounts that had been handed down through generations within our families and communities.

Personal knowledge and experience with intergenerational remedies and stories of Black healing traditions from across the African Diaspora, in some ways, affected the first author's ability to recognize healing practices and roles in ways they had observed, experienced, and been socialized to recognize and interpret. Being conscious of their perspectives also positioned us to carefully note and interpret what was previously unknown. In accordance with sound qualitative research practices, we were transparent about our positionality and its potential impact on the analytical process (Creswell, 2013). By collaborating on the analysis, we brought the strengths of our individual lenses and expertise to this process during discussions about the data (Terry et al., 2017).

Findings

Key Healing Practices and Strategies

Fett's (2002) text included descriptions of strategies and practices used by both healers and seekers of healing. Our analysis of this content produced seven themes (see Table 1 for summary): (a) figuring out what to do, (b) fighting back/resisting, (c) seeking relief/addressing and confronting pain, (d) enduring and pushing through, (e) performing healing, (f) standing in the gap/holding each other in love, and (g) laying the foundation for intergenerational healing and well-being. Five of these themes will be discussed in future manuscripts. Below we discuss the two themes that overlapped for both healers and seekers of healing: figuring out what to do and fighting back/resisting.

Table 1
Key Themes of Healing Practices and Strategies

Healing practices & strategies performed by seekers of healing	Healing practices & strategies performed by healers
1. Figuring out what to do a. Consulting healers b. Accessing original instructions	1. Figuring out what to do a. Consulting spiritual guides b. Accessing original instructions
2. Fighting back/resisting a. Strategic use of illness and health b. Consulting healers	2. Fighting back/resisting a. Strategic use of healing expertise b. Taking preventive measures and precautions c. Performing conjuration and root work
3. Seeking relief/addressing and confronting pain a. Taking herbal and medicinal remedies b. Praying and praising in the moment	3. Performing healing a. Providing sickbed care b. Sourcing the land and creating medicine c. Performing conjuration and root work
4. Enduring and pushing through a. Engaging intrapsychic strengths b. Praying and praising in the moment	4. Standing in the gap/Holding each other in love
	5. Laying the foundation for intergenerational healing and well-being a. Taking preventive measures and precautions b. Teaching cultural healing practices

Figuring out What to Do

Figuring out what to do captures how healers and seekers consulted guides (e.g., doctor, conjurers, God, root men) and accessed original instructions as essential steps for reclaiming health. For example, Fett (2002) shared the testimonial of a southern conjurer who “explained that unless the victim *sought* [emphasis added] a cure, he or she ‘either goes crazy or dies’” (p. 95). The seekers of healing written about in Fett (2002) text embodied this conjurer’s sentiments. For example, Fred Jones, an elderly Georgian man, described consulting a doctor and a root man to address symptoms he endured as a result of an interpersonal conflict. He stated:

I can’t never forget the time I had a dose put on me by a woman I didn’t like . . . she told me not to come to her house no more. I ain’t pay no ‘tention. Well, suh, the next night soon as I laid down, I feel myself swoon. Every night it happen. This thing keep up til I get sick. I couldn’t eat and just get to pining “way. The doctor he can’t help me none. Finally I went to a root man. He say right off somebody done give me a dose. (Fett, 2002, p. 86)

Similarly, “interviewers collected an account of a woman who had been given up for dead by a physician. As a last resort the sick woman consulted ‘old Lady Calloway,’ a diviner and conjurer” (Fett, 2002, p. 101).

Both Mr. Jones and the woman who sought old Lady Calloway’s curing illustrate the limitations of the doctor and delineate the expertise of the cultural healer. They also speak about the reclaiming of life and health that was essential for survival within a context where the lives of enslaved Africans who were ill were not valued beyond their ability to enrich enslavers. Seekers who were left for dead by plantation doctors did not accept the prognosis of death but moved to the spiritual realm to access the healing available there. Healers like Old Lady Calloway knew to go further to understand and address affliction and ultimately save Black lives. Using divination, “the ritualized practice of obtaining hidden knowledge through supernatural assistance” (Fett, 2002, p. 101), Old Lady

Calloway “determine[d] that the woman was “not naturally sick but fixed . . . [and] next pinpointed the origins of her client’s sickness” (p. 101).

To discern the cure for afflictions, healers like Old Lady Calloway and Fred Jones’s root man often relied on healing practices and strategies of African origin (Fett, 2002):

The large numbers of African captives transported in the last decade of the Atlantic slave trade, as well as the subsequent illicit smuggling of captive Africans, ensured some continuing influence from African-born practitioners One elderly Georgian recalled an “Igbo doctor” who cut and bled his patients. Rosanna Williams’s African-born father extracted teeth and made herbal medicines for the sick. Jack Wald-burg, who was from coastal Georgia, acquired knowledge of how “tuh make medicine root” from his African grandmother, a mid-wife (p. 76).

This pattern of accessing original instructions was also evident in the behaviors of seekers like Della Barksdale who described reactivating herbal remedies learned during childhood. Fett (2002) wrote:

Della Barksdale remembered the patch of flag root planted by her mother and grandmother during slavery in Virginia. As an adult she continued to grow the tall grasslike plant whose root was chewed or made into a tea for stomach trouble. Another elderly woman grew jimsonweed in her garden that was used, among other purposes, for headache and drowsy (p. 72).

For both healers and seekers, figuring out the pathway to a cure also depended on seeking and opening oneself up to receiving guidance from spiritual and supernatural forces. As healer George White emphasized, “Dere’s a root for ev’y disease an’ I can cure most anything, but you have got to talk wid God an’ ask him to help out” (Fett, 2002, p. 79). Similarly, Aunt Darkas, a blind healer from Georgia, was known to “look for God’s hand in the southern forests” (Fett, 2002, p. 81). A Tennessee woman also noted, “The spirit directed me to get some peach-tree leaves and beat them up

and put them about my limbs . . . I did this, and in a day or two that swelling left me, and I haven't been bothered since" (Fett, 2002, p. 79).

Collectively, these examples show consulting healers and accessing original instructions were essential steps in healing. These strategies helped healers and seekers figure out what to do, and emerged as a critical step in their processes of reclaiming health.

Fighting Back/Resisting

Fighting back/resisting captured how enslaved African Americans retaliated against agents of harm to transcend the forces of chattel slavery. Seekers and healers strategically used illness, health and healing expertise, conjuring, and divination to counter subjugation. They concealed serious illnesses from Whites to divert sale, avoid disruption of family ties, and access reprieve from field labor. Enslaved laborer, Charles Grandy, for example, was described to have "complained of sickness in order to mask the fact that he had not performed his required field work" (Fett, 2002, p. 149). Others were described to claim injury and pregnancy and to conceal illnesses as acts of agency, defiance, and bodily preservation. These choices in behaviors speak to patterns of identifying and strategically engaging areas of enslaver vulnerability in service of Black well-being. For example, many of the illnesses and conditions reported by seekers could not be visibly detected; sometimes the complaints involved symptoms or conditions beyond their enslavers' knowledge and capacity to discern. These proclamations of illness and well-being were also strategically employed based on members of the enslaved community's understanding of their social value in the context of enslavement, suggesting critical appraisal of the context, agents, and circumstances of harm were an essential step in the execution of this healing strategy.

Beyond the strategic use of illness and health, "across the South enslaved men and women [also] rejected treatments administered by slaveholders and made clear their preference for African American doctoring" (Fett, 2002, p. 147). For example, "in South Carolina, planter Henry Ravenel reported sick men and women on his plantation threw the white doctor's remedies out the window and substituted a black root doctor's medicine instead" (Fett, 2002, p. 148). In doing so, they further defied enslavers' absolute control of their bodies; fighting back sometimes came at great cost, resulting in violent punishment and even death. Nonetheless, these high-risk acts of resistance were often grounded in the enslaved community's knowledge of the historical experiences of injustice enacted on Black bodies. Fett (2002) noted "African American oral traditions distilled truths from these . . . experiences about the dangers of white practitioners, institutions, and medicines" (p. 157). The intentional transmission of these narratives as warnings highlights the use of resistance strategies as mechanisms to facilitate community preservation and protection. This also shows how cultural practices help transmit healing and well-being from primary to successive generations.

Because of their expertise, healers were able to resist by using privileges conferred to them in disruptive ways. For example, enslaved nurses corroborated the stories of other members of the enslaved community to support them in their strategic use of illness

and health. Healers also provided medicines not sanctioned by White authority and transmitted news of, or plans for, rebellion. For instance:

Another enslaved woman doctor had rare access to a horse for her sick calls. "My mother was a kind of doctor too," recalled Bob Mobley. "She'd ride horseback all over the place an' see how they was gettin' along." Such mobility allowed enslaved women to see friends and kin on other plantations, carry news for those who could not travel without penalty, and perhaps even contribute to plans of escape or insurrection. (Fett, 2002, p. 130)

Mr. Mobley's mom's act of resistance provided a fundamental link to another healing resource, namely, the restorative power of community. In addition to executing the work of a warrior for justice, describing this horseback ride as a journey that "allowed enslaved women to see friends and kin on other plantations" (Fett, 2002, p. 130) resonated with the current authors as a resistance excursion that also invited the opportunity for joy and connectedness.

To enact all of these resistance strategies under the threat and promise of violence, legal persecution and incarceration speak to healing as an expression of the audacity of Black survival. Radical courage emerges as an ingredient in these testimonies that appears to be bolstered by cultural identification and ideologies. Specifically, evidence from the text suggests it was cultural worldviews and sacred practices that "prevented legal slavery from becoming spiritual slavery, . . . formed a foundation for an 'ethos' of resistance . . . [and created] an internal world that could endure against the master's will to power" (Fett, 2002, p. 39). For example, in many instances, healers' and seekers' use of conjuration and divination affirmed Black personhood and spiritual authority in ways that provided the inspiration for resistance, radical hope, and the reimagining of what could and should be (Ginwright, 2010).

Conjure and divination were characterized in the text as weapons that disrupted the notion of passive victimization and created recourse for justice. These practices ignited fear in slaveholders because they involved a source of spiritual healing authority that their legal, political, social, and economic power did not allow them to access, contain, or control. As Fett (2002) wrote, "Conjuration offered a way to injure, drive off, or kill without directly assaulting [enslavers] in person" (p. 91), and "divination provided knowledge about potential misfortune and disorder" (p. 102). Fett (2002) also noted:

In 1836, for example, Virginia planter John Walker encountered the dangers of household poisoning in a conflict with a slave woman named Sillar. Walker had recently whipped Sillar because he was displeased with her work. Shortly after the whipping, Walker recorded in his diary, "[Sillar] said in the hearing of some of the servants . . . and one or more of the children that she would put three of us out of the way." Walker, his wife, two of his children, and two slave children soon fell ill. Walker believed the cause was some "poisonous stuff given in some way" by Sillar (Fett, 2002, p. 160).

This and other examples in the text depict conjuring as an art of resistance because this practice created opportunities for healers like Sillar to seek justice, defend and protect themselves, and regain some sense of autonomy instead of having to endure brutality without being able to respond.

Simply stated, through acts of fighting back/resisting like conjure, divination, and the strategic use of illness, health, and healing

expertise, healing became a political, revolutionary, spiritual, and communal act that acknowledged the injustice of chattel slavery and rendered it an institution distinct from the culture of African Americans. Healing as an act of resistance encompasses and respects the duality of the African American reality: the need to preserve their humanity and well-being within a dangerous world that sought to rob them of it in the service of enslavement.

The examples presented here demonstrate how enslaved healers and seekers critically evaluated their role, social positioning, and racial and gender ideologies in context, and integrated and remixed healing practices and strategies as cultural tools for resistance and to discern a plan for healing. These practices created the conditions for healing physical, spiritual, psychological, and emotional pain in the context of enslavement and would continue to facilitate healing for generations beyond. The mechanisms of how this knowledge and related practices were preserved over time are explored next as an intergenerational transmission of healing and well-being.

Pathways of Transmission

The survival of African Americans beyond enslavement occurred, in part, because there were adaptive mechanisms that allowed for the transmission of healing. This section examines two mechanisms of healing—spiritual and social—and explores the intergenerational transmission of healing and well-being in terms of process and content.

Spiritual Pathways to the Transmission of Healing and Well-Being. Several excerpts from the healing narratives captured in Fett (2002) text specifically reference the idea that healing insights and capabilities were transferred directly from God. For example:

In a 1938 interview . . . Alabama midwife Lula Russeau stated that she could foretell the future and see spirits. The caul covering her face at birth, she explained, was a sign of her second sight and her gift of healing. “I was born one . . . ,” she declared; “God made me dat way” (Fett, 2002, p. 53).

In this interview, Lula Russeau describes healing as an innate capacity that is divinely endowed. Lula’s testimony highlights a spiritual dimension of transmission that emphasizes the role of God in instilling in individuals abilities and insights that would equip them to be healers. Lula’s story goes on to include the fact that her “spiritual calling linked her generationally to other gifted women in her family” (Fett, 2002, p. 53), suggesting the divine calling to be a healer can be a collective attribute transferred via spiritual forces across generations of one family.

In addition to evidence of the spiritual transmission of healing roles, the text provides evidence to suggest healing practices and strategies were also transmitted via spiritual pathways. Fett (2002) explained “the relational vision of health placed healing in the context of a broadly conceived community that included living persons, ancestors, spirits, and God” (p. 56). Within descriptions of interactions between members of the living world and the world of the dead, we see ancestors emerge in the text as another critical source in facilitating the transmission of healing. For example:

Justine Singleton of Georgia also received a remedy through revelation. When her dead sister came to her, she recalled, “I knowd dat it waz huh.” Singleton’s sister told her to boil weeping willow and make a wash for her sore feet. Similarly, midwife Marie Campbell described how Auntie Jeanie, her late mentor, came to her “in the spirit” during a difficult labor to guide her hands “to do the right thing” (Fett, 2002, p. 55).

In these examples, both Justine Singleton and Marie Campbell describe the role ancestors play in transmitting healing in the spiritual dimension. These examples specifically highlight dreams as being an important carrier of healing knowledge between the living and the dead, and show how spiritual intercession can play a significant role in ensuring future generations are well. Auntie Jeanie’s transference of healing knowledge to Marie during a labor experience also shows the multigenerational impact of the spiritual transmission of healing knowledge and roles.

Social Transmission of Healing and Well-Being.

Historical evidence also documents the transmission of healing across generations of African Americans through social processes that included direct instruction and social learning. For example:

enslaved women attempted to preserve family well-being by teaching children the meaning of signs. Signs in nature and human behavior conveyed the threat of death, the meaning of dreams, and portents of future interactions with neighbors and enemies. Within a sacred vision of health, signs served as remedies against misfortune alongside herbal medicines (Fett, 2002, p. 127).

This idea that enslaved adults intentionally passed on healing wisdom to children “to preserve family well-being” suggests the intergenerational transmission of well-being was a conscious act with important cultural value for the African American community. It also suggests enslaved African Americans experienced the efficacy of these cultural healing practices. Community elders believed future generations could anticipate, recognize, and circumvent danger or intended misfortune because of their continued use of these insights and practices.

Opportunities to learn healing strategies were among the important memories those who were enslaved carried with them. According to Fett (2002):

John Jackson, an elderly man, recalled his boyhood in slavery: “You know, they lays a heap o’ stress on edication these days. But edication is one thing an’ fireside trainin’ is another. We had fireside trainin’.” . . . Jackson’s apt phrase conveys the process of learning from enslaved elders after the sun had set on the day’s work (p. 75).

John Jackson’s recollection of “fireside training,” and other accounts of apprenticeships and sharing of information among kinship networks, described how members of enslaved communities directly learned about herbalism and how to evaluate and regulate the body to effect and sustain healing.

Other accounts reference how those who were enslaved indirectly gathered information about healing through observing behaviors of community members:

In 1941 Mary Ross of Virginia described to an interviewer her grandmother’s calm efficiency in the face of illness: “When anybody in the family had the dysentery my grandmother she won’t ever bothered or skeered ‘bout what to do—she knowed what to do and went ahead and done it.’ Collecting leaves from a nearby peach tree, Meelie Hood soaked the bruised leaves in clear water as a cure for ailing family

members. What Mary Ross remembered most keenly was her grandmother's sense of confidence and her determination to use her knowledge for the well-being of her family (Fett, 2002, p. 196).

By watching her grandmother, Mary Ross got insight into the recipe for a cure and a model of Black self-determination and agency in healing. Mary also witnessed mutual support and taking personal responsibility for family and community survival.

Social and spiritual mechanisms activated pathways that would enable subsequent generations to perpetually access original healing instructions. These pathways for transmission were instrumental in ensuring generations of African Americans learned about herbal, cultural, and spiritual remedies; cultural and spiritual worldviews about healing and harming; guidelines for a healing relationship with the natural and spiritual environment; and survival techniques. These mechanisms simultaneously created opportunities for successive generations to (a) interact with and preserve cultural healing narratives that invite vicarious experiences of ancestral strengths, (b) interact with cultural models of healing efficacy and power in the context of trauma and adversity, and (c) have their own firsthand experiences of healing and well-being. Ultimately, healing became solidified as part of African Americans' collective memory. It resulted in social, physical, and psychological triumphs that led to population-specific strengths and culturally protective healing responses for successive generations.

Conceptual Model: The Intergenerational Transmission of Healing and Well-Being

The model presented here (see Figure 1) expands Sotero (2006) conceptual model of historical trauma by elevating healing as an equally important historical trauma response and identifying how

knowledge and related practices about healing and well-being were preserved.

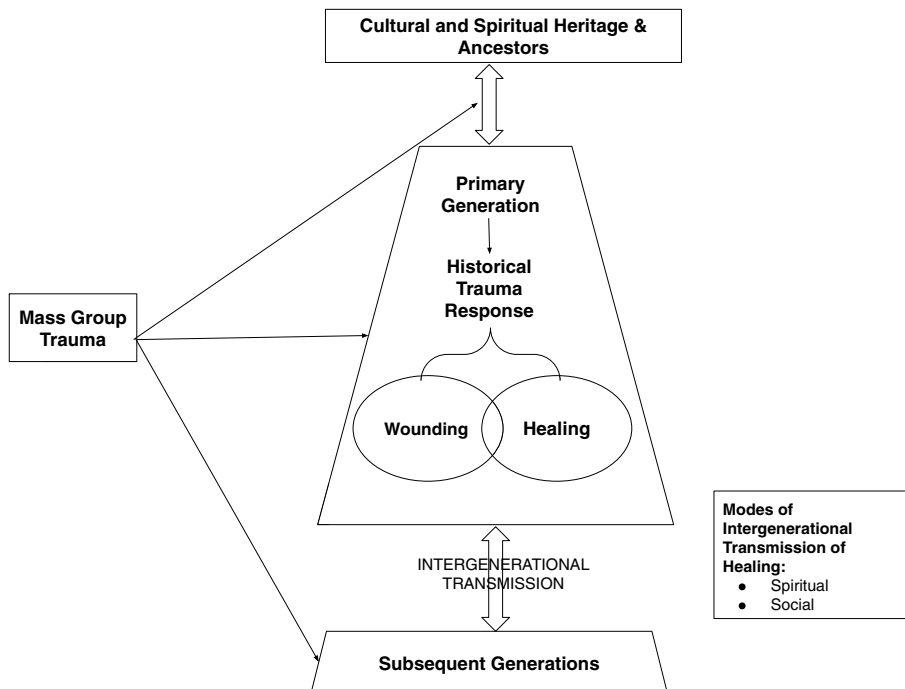
Cultural and spiritual heritage along with the centering of ancestors are the foundation. Their inclusion at the top of the model firmly establishes that the African American story predates the mass group trauma experience. We argue mass group trauma attempts to disrupt the natural flow of cultural strengths, assets, and resources in the process of subjugation. Historical and contemporary acts of mass group-level trauma affect multiple generations. The intentions of those original traumas are perpetuated through systemic violence and are deeply embedded in the social fabric.

As illustrated in Figure 1, members of the primary generation experienced significant traumatic wounding and ongoing challenges, but they also engaged in healing response behaviors. They resisted annihilation of personhood through healing, which involved remembering, activating, and remixing original tools, roles, and practices to ensure survival. These behaviors not only rendered them survivors, but also made them architects of intergenerational survival, healing, and well-being.

In this model, there are spiritual and social modes of the transmission of healing. In the spiritual mode, members of subsequent generations can access healing directly from God and the ancestors. In the social mode, healing was generated through (a) family lineage and (b) explicit and implicit instruction. Bidirectional arrows are used throughout the model to reference the transtemporal nature of healing and African cosmological beliefs of interrelatedness:

Healing doesn't just occur in the present. It also moves backward and forward in time. When [people of African ancestry] heal a soul wound, [they] heal the people who came before [them ... and] the generations to come (Menakem, 2017, p. 179).

Figure 1
Intergenerational Transmission of Healing and Well-Being



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Awareness of how healing has been transmitted supports an African-centered (Carlton-LaNey, 1999; Schiele, 1996), healing-informed (Ginwright, 2018) framework for African American well-being. In the presence of contemporary forms of systemic violence, racism, and subjugation, these tools and knowledge are necessary and relevant.

Discussion

This work examined the healing strategies, practices, and roles used by people of African descent who were enslaved on southern plantations. Thematic findings associated with how these practices and strategies were used and preserved are discussed, followed by limitations of the study and implications for policy, practice, and research.

These findings demonstrate empirically that in the midst of the mass trauma of enslavement, healing was cultivated in a range of ways. The healing practice/strategy for which we found the most evidence in Fett (2002) text included acts of resistance employed by healers and seekers of healing. Similar to discourse on radical healing (French et al., 2020; Ginwright, 2018), some members of enslaved communities demonstrated that directly confronting and resisting agents of harm, trauma, and oppression played a critical role in personal and collective healing. The ways in which they performed resistance suggests they were able to find and maximize the power they held within the constraints of their circumstances. For example, it was an understanding of their value to enslavers as laborers and as enslaved healers that enabled them to strategically use their health status/expertise to interrupt sale and forced removal. The presence of resistance as a healing strategy also speaks to activism as part of the legacy of radical healing for people of African ancestry (Ginwright, 2018; Ortega-Williams, 2017).

The healing practices and strategies from this text align with scholarship enumerating African-centered approaches to personal, familial, and community healing (Bent-Goodley et al., 2017; Schiele, 1996). This work also reinforces scholarship on the strengths of Black people and on the retention of spiritual beliefs and practices in African American communities (Billingsley, 1968; Hill, 1997; Smith Brice & McLane-Davison, 2020). Consistent with the indigenist stress coping model (Walters & Simoni, 2002), the data and current analysis show spiritual coping, identity attitudes, and use of traditional health and healing practices were common factors that facilitated healing on southern plantations.

The data also demonstrate many people of African ancestry who were enslaved on southern plantations viewed and experienced healing as a multistep process. Evidence from the text suggests these steps often included: (a) identifying a problem; (b) consulting healers, spiritual guides, and original instructions; and (c) following this guidance to address their ailments and distress. These steps delineate cognitive pathways from problem identification to the pursuit of healing and closely mirror the steps included in Cauce et al. (2002) cultural and contextual model of mental health help seeking. These steps also reinforce the role of culture and context in guiding people toward or away from particular courses of action. For example, the spiritual and relational framework for health and healing used by people of African descent on southern plantations, and the availability of healing knowledge and resources within their communities and informal social networks, played critical roles in their healing decisions and behaviors.

Finally, the current findings extend literature on the intergenerational transmission of trauma, which has emphasized social pathways (Kellerman, 2001; Lev-Wiesel, 2007). What was uncovered in this analysis is the spiritual dimension of transmission for people of African descent. The current work conceptualizes lineage and relatedness in ways that reflect African-centered belief systems and values (Grills, 2004; Hill, 1997) and therefore acknowledges extrafamilial, spiritual, and ancestral entities among the sources and forces of the intergenerational transmission of healing. The proposed model of the transfer of healing practices and strategies echoes recent (Henderson, 2015; Ortega-Williams et al., 2019; Stephens, 2018; Walton, 2016) and previous work (Carlton-LaNey, 1999; Hill, 1997) showing African Americans continue to apply cultural healing frameworks and behaviors. For example, organizing, engaging cultural expression, relying on supernatural guidance and strength, expressions of deep empathy, and participation in mutual aid are healing responses that persist in the face of ongoing trauma and oppression.

Limitations

While adding important insights to the body of literature on historical trauma and cultural healing, we acknowledge several limitations of this study. First, we relied on one source, which limited the range of healing practices, strategies, and roles we reviewed and analyzed. Fett (2002) text is one account of healing for people of African ancestry in a specific geographic location. As a secondary source of data, it provides insight on Black healing as interpreted by Fett for the purposes outlined in her original work. Further, we noted that Fett detailed her findings in this text without reference to any practice of reflexivity. Although others have characterized Fett as a White historian, there is no discussion in the document of Fett's racial identity or positionality, or of the way these factors informed her data collection and analysis.

Although these realities reflect some limitations of using Fett (2002) text for the present study, focusing on this single text was an appropriate qualitative strategy for this exploratory work, which endeavored to increase the depth of our knowledge on African American healing (Baškarada, 2014; Dudley, 2011). Fett's work provided a relevant and rich resource that directly resonated with our search for historical data on cultural healing in the context of enslavement. Further, in the text and related work (Fett, 1995), details on the sociohistorical and systematic approach to data collection are included in a way that allowed us to critically evaluate Fett (2002) methods. The inclusion of direct quotes and photographs of artifacts in the text allowed us to view and evaluate some of the primary data for ourselves. Also, we plan to address some of the limitations identified here through future primary research.

Implications

The current work suggests health-care models informed by white supremacist frameworks need to be reimagined to center the diverse cultural values, beliefs, and worldviews influencing how people define and pursue healing. Interventions that aim to heal trauma in Black communities without being informed by how healing responses have been historically cultivated and intergenerationally transmitted may be less effective (Ortega-Williams, 2017). Furthermore, continuing to respond to the sequelae of trauma in Black

communities using Eurocentric, individualistic, ahistorical, and medicalized models of healing is oppressive and irresponsible and will frequently miss opportunities for productive and collaborative work within these communities (Stephens et al., 2020). The model proposed here extends the theoretical work of scholars promoting the decolonization of clinical training, practice, and research to center the marginalized knowledge, skills, and power of oppressed people (Razack, 2009; Smith, 2012).

The year 2020 provided an important opportunity to observe that Black people continue to gravitate toward community and toward cultural and traditional practices for support to navigate physical and emotional health challenges and to address racial injustice. For example, during that year, many relied on community gatherings on social media and teleconferencing platforms as outlets for grieving, joy, healing, organizing, cultural expression, and sharing of health-related resources and information. Gathering in community, consulting community members and spiritual advisors for guidance, applying cultural and spiritual remedies, and the inclusion of artistic expression (e.g., music and dancing) as the outward expression of distress directly mirrors healing practices and strategies used by people of African ancestry enslaved on southern plantations. These intergenerational trends in healing approaches offer important insights that can inform health-related policy and programming in Black communities and should be further explored. In fact, many community-based programs exist that employ the African-centered values and philosophies highlighted in our results. These programs successfully attract Black community members who view their culturally and spiritually grounded service offerings as options for healing (HealHaus, 2020; H.O.L.L.A., 2020; Ifetayo Cultural Arts Academy, 2019). These types of organizations and practitioners should be engaged and compensated as experts to inform healing communities, health policy, and service delivery. It might also prove beneficial to financially support these organizations so they can expand their reach and build their capacity to thrive. Further, we should evaluate the conceptualizations of behavioral health and healing that inform health-care policy and influence reimbursement decisions to ensure they expand to include the types of culturally grounded, community-based, and collective healing practices that resonate with Black people. Public funding should prioritize as well as incentivize mental health programs that demonstrate and apply culturally relevant healing frameworks at institutional and direct practice levels (Bent-Goodley, 2005). Historically Black colleges and universities (HBCUs) also exemplify standards for how to run organizations and design educational and professional training programs in integrity with commitments to Black well-being and excellence (Johnson & Henderson, 2018). HBCU leaders could also be engaged as experts to establish standards and accountability for culturally responsible practice and policy.

Findings from this work also suggest healing efforts for people of African descent should acknowledge the multidimensional nature of healing and wellness. Just as during enslavement, although many Black people engage cultural settings and collective modalities for their health care, others also pursue healing in standardized and individualized settings of care. Thus, discussing the implications of these findings for clinical settings and professionals is also relevant and important. In practice, this looks like inviting people to consider their historical legacy, including exploring their cultural and regional roots to facilitate access to untapped healing assets and

resources. In practice, this also translates as a standard for the intentional engagement of clients of African descent about the healing frameworks that inform their trauma responses and the consultation of culturally informed guides to assist in understanding these responses. This approach is offered instead of approaches that reduce these responses to attitudes and behaviors that block recovery and care. For instance, a Black client's reluctance to engage in medical or mental health treatment could be reframed from "resistant" and "difficult" behavior to an understanding of how refusal of Eurocentric health care has served a cultural protective function. This shift better honors the client's contemporary and historical reality. Such an approach is a specific and intentional way to demonstrate respect for the dignity, worth, and values of those we serve and challenges us to develop new ways of thinking and intervening that honor these realities of the Black experience.

Clinicians who engage African American clients in the manner proposed can begin by asking questions like: How do you define healing? What do you and members of your family or community do to get better? Holding space for diverse responses to these questions, without labeling them as maladaptive or dysfunctional, can set the stage for Black clients to be supported and self-determined in their healing process. Using genograms or other ways to visually represent the legacy of healing and well-being in families can provide opportunities to (a) collaborate with clients to identify historical patterns of healing, (b) establish a healing narrative that may support their journey to well-being, (c) identify communal resources, and (d) support the development of a plan for healing grounded in who they are.

Trauma recovery is described in part as reconstituting a narrative about one's safety in the world (Tummala-Narra et al., 2012). For people of African descent, historical trauma and contemporary exposure to racism can erode/shatter this sense of safety. Exposure to intergenerational healing and well-being could be restorative because it reconstructs how safety and wellness have been created in Black communities, even in the direst circumstances, making it an empowering counternarrative to white supremacist accounts of history that offer narrow descriptions of enslavement and powerlessness. Therefore, practitioners aware of the healing responses of enslaved people of African descent can offer these narratives to clients who are unaware of this legacy as a model and mechanism for enhancing personal efficacy regarding overcoming traumatic pain. This approach can reconnect members to history and traditions that were historically attacked (Brave Heart, 1998; Duran et al., 2008), support community members through cognitively identifying examples of hope, and offer a culturally situated and empowering approach to collaborate with African Americans who are navigating traumatic stress, including action-oriented healing approaches through organizing for social justice (Ortega-Williams et al., 2018).

Future research should explore the healing roles, practices, and frameworks employed by populations of African descent enslaved in other geographic locations to expand on the work done by historians like Fett (2002) and the conceptual model introduced here. Additionally, further historical research on "fireside training" and healing apprenticeships in these contexts might elucidate how primary generations of enslaved African and African American caregivers and elders intentionally facilitated the intergenerational transmission of healing and well-being. Lastly, additional research should empirically investigate these observations to explore the relevance and utility of developing, expanding, and supporting

existing use of indigenous cultural healing practices in clinically grounded ways using social media and mobile applications.

In summary, this historical analysis pushes us to think about healing as part of a comprehensive discussion of the intergenerational impact of historical trauma. We have excavated evidence of cultural wealth from within a people who, through a white supremacist lens, has been viewed as needing to be acted on versus having the capacity to heal from within (Yosso & Burciaga, 2016). This work joins a lineage of telling the full story. Our historical narratives do not just end with pain; there is a deeper narrative of power, self-determination, and healing that can continue to be built upon today.

Keywords: healing, African Americans, intergenerational healing and well-being, historical trauma, healing-centered engagement

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