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‘Cultures of healing’: spirituality, interdependence and resistance in the African diaspora

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ABSTRACT

Concepts of healing and spirituality have remained crucial to generating agency and empowerment for both black women and black men, especially in their diasporic displacement from Africa to the US. Healing has been consistently deployed to fight against the systemic racism and sexism that has pervaded and continues to persist in the lives of African diasporic subjects. Placing the discussion of healing within the current debates about interdependence and spirituality, the paper traces the notion back to its African roots and enslavement times, and attempts to delineate a genealogy of healing up to the present that grounds interdependence and interconnectedness within an ‘ethics of resistance’.

KEYWORDS

Healing; interdependence; spirituality; resistance; African diaspora

When I meet someone … I always try to relate to the person on the basic human level … If, on the other hand, I relate to others from the perspective of myself as someone different—a Buddhist, a Tibetan, and so on—I will then create walls to keep me apart from others.

Dalai Lama, Book of Joy (2016, 100).

In the beginning, after all, were the words, and they came with a tune. That was how the world was made, how the void was divided, how the land and the stars and the dreams and the Little gods and the animals, how all of them came into the world. They were sung.

Neil Gaiman, Anansi Boys (2005, 1)

1. Introduction

1.1. Healing, interdependence and ethics of resistance

Scholars need to interrogate the roots of healing and its transformative and communal aspects in order to make sense of the relationship between healing and resistance strategies. Most healing literature is actually based on the basic human need to connect to others in order to have the capacity to overcome traumatic situations. Therefore, I would argue that healing has first and foremost a communal dimension that cannot be overlooked. As Angela Davis and June Jordan write in their introduction to Body & Soul:

We cannot conceptualize healthy bodies, psyches, and communities without addressing problems that have always been taboo. This means we must go beyond the Civil Rights
Bodies, psyches and communities must be seen as inseparable. According to Fara Griffin, ‘Davis and Jordan assert that attention to individual healing lays a foundation for entering a community of resistance’ (524). And thus the communal aspect is instrumentalized in order to do away with the infamous patriarchal private/public dichotomous spheres. The motto ‘the personal is political’ is reshaped into ‘the personal is communal’, and subsequently political, because it creates a culture of resistance in which everything is interconnected.

One concept that can be usefully employed here is that of interdependence, which takes us back to the concept of ‘Ubuntu’: ‘a person is a person through other persons’, further clarified by Archbishop Desmond Tutu: ‘we’re meant for a very profound complementarity … I learned to be a human being from other human beings. We belong in this delicate network … We are bound up and can be human only together’ (2016, 60). This primeval connection emphasizes our profound need for other human beings in order to thrive, thus individual and collective levels are interdependent and interconnected. As he concludes, ‘we flourish in community’ (62). This sense of communal connection, of Ubuntu, is so crucial that much stress, hardship and anguish come from seeing ourselves as separated from others.

In the current context it is a difficult task to account for a shifting and fractured cultural climate where racism and sexism are rampant, in which those that are deemed as ‘others’ are repeatedly rendered invisible, ostracized and condemned to interstitial and marginal positions with a complete lack of concern for their material and spiritual well-being. This intentional disregard is fueled by the powers that be, quite intent on silencing and erasing the so-called ‘others’ and their valuable experiences and voices, as well as turning a blind eye on the unspeakable atrocities, both from a historical perspective regarding slavery and colonization, and those that happen on a daily basis. Toni Morrison deftly expresses it in her latest book The Origin of Others, where she discusses the way in which this ‘othering’ principle is essential to dominant formulations of subjectivity and belonging, and their concomitant power hierarchies created ‘through the process of inventing an Other’ (2017, 24).

As Homi Bhabha eloquently phrased it in the inaugural lecture to the BAI conference, we seem to be a ‘post-guilt society, as we’ve profoundly lost the notion of shame that is connected to community’. He further argued that ‘we’ve lost the ethics of community and this makes us unsafe’, tackling important ethical issues of security and resistance as dependent upon community-building. Hence, the other perplexing notion nowadays is how to maintain the fabric of the community in the face of all this turmoil, especially as it pertains to the African diaspora. As was suggested in a panel I attended last year, only by working together as a community is it possible to advance social justice. That is why the role of the community is tantamount to the implementation of any project of social justice and equity, whose main contention is that the common struggle against oppression necessitates a brand-new paradigm which embraces unity in diversity. Only guided by the spirit of interdependence and love, it is possible to strive towards unity. Indeed, many contemporary voices are calling for a personal and communal commitment to one another ‘to build communities of beauty and wonder’.
To promote healing then involves a holistic and more inclusive perspective of self and community, both locally and globally. So going back to the roots of healing, an alternative discourse and politics of love, an ethics of care, has to be implemented in order to maintain a strong and healthy community, and not to lose sight of what it means to be human. This ethics of care stems from the basic need for human beings to come together with shared values; it is a significant transformative process that purposely rejects the imposed hegemonic narratives of othering and violence, and looks for other ways to enhance the collective good in our sadly turmoil filled world. As Caryl Phillips stated: ‘the only aberration in the world is the lack of love’.\(^4\) Thus, a paradigm shift is invoked here, whereby interdependence and community would facilitate healing and recovery from the traumas caused by a hideous long history of structural racism, sexism and intolerance.

2. Discussion

2.1. Roots of healing in African spirituality

To fully comprehend the cruciality of adopting healing as a paradigm and its beneficiary short and long-term effects in the African diaspora, a journey back to its roots must be taken, tracing it all the way back to African philosophical systems. As scholars, we need to be fully aware of the roots and routes that have foregrounded healing as a transformative model for the African diaspora.\(^5\) So as the concept is revisited and updated, any genealogy of healing is firmly anchored in the field of African spirituality.

In John Mbiti’s groundbreaking work *African Religions and Philosophy* (1969), he discusses healing mainly in the context of a chapter devoted to whom he calls the ‘specialists’, among them medicine-men, who are both men and women. Their main function is described as ‘concerned with sickness, disease and misfortune … believed to be caused by the ill-will or ill-action of one person against another, normally through the agency of witchcraft or magic’ (1969, 169). Their work impacts both physical and spiritual aspects, because ‘disease and misfortune are religious experiences, and it requires a religious approach to deal with them’ (169). Therefore, in this pioneering approach to healing there is a clear recognition of the bidimensional nature of healing, as it is framed within the religious realm and involves the patient’s physical and spiritual well-being. What emerges in this account of healing is its holistic approach to the wellness of the person.

In this context healing is regarded as highly positive, because it is acknowledged as part of the functions performed by medicine-men who personify the hopes of society: ‘hopes of good health, protection and security from evil sources, prosperity and good fortune, and ritual cleansing when harm or impurities have been contracted’ (170). Thus, traditional religions are embedded in the very fabric of African societies, where the sacred and the secular coalesce and the individual is seen as part of a community. As Mbiti notes, ‘to be human is to belong to the whole community, and to do so involves participating in the beliefs, ceremonies, rituals and festivals of that community’ (2). Humanity is defined as intricately connected to community and also to a holistic sense of spirituality.

Another pathbreaking voice, E. Bolaji Idowu, provides a complementary perspective on healing as interrelated with magic and medicine. He argues that they are constitutive elements of religion from the earliest times. He discusses at length the differences between religion and magic to finally acknowledge that they are intermingled in every
ritual (1973, 196). Within this context he locates the practice of medicine within the religious sphere, and, more importantly, the inextricable link between healing rituals and divine beliefs. He also includes the so-called ‘ancestral sanctions’, that is, the invocation of ancestors before and during the ritual (201). He concludes by saying that ‘religion … is considered necessary to medicine, since the belief is that only the Maker can remake, repairing the damage to mind and body and effecting wholeness in man’s being’ (202). Once again the holistic character of healing becomes the main target for both religion and healing practices. As Aron Patton argues, ‘religion and spirituality are nearly inseparable from ideas of health and healing’, even today in the African American community (2015, 4), a direct consequence of African-based philosophies.

As has been contended so far, healing is necessarily linked to traditional African religion/spirituality in order to promote optimal well-being (Mokgobi 2014, 7). Linda Orlando insists on the importance of spirituality as ‘the foundation of one’s being’ and on the belief in God as ‘the healer’. Especially resonant is her discussion of communal altars that would act as ‘vehicles for channeling the positive forces from God and the ancestors to the whole community’ (n.d., 2). Once more the undeniable power of communal rites for healing is asserted, whether coming directly from God or the elders, and through altars or prayers enacted in community. As Djenaba Dioum Kelly notes, there is no separation between the ‘spirit world and the realm of matter’, where Africans view ‘spirituality as a part of life. To them, all life is spiritual’ (n.d., 2). In this interconnected world, rituals play a significant part:

Ritual serves as a gateway to the land of ancestors and to the realm of Spirit. It evokes sacredness and intentionality. From birth until death, some ritual marks every milestone in a person’s life. Rituals anchor the individual to the community and give structure and meaning to life. (2)

Kelly also emphasizes communication with the ancestors as a crucial path to healing in this ritualistic conception, ensuring access to the spiritual world.

These views about the intricate link between traditional African religion/spirituality and healing are confirmed by many other specialists such as Gumede (1990) or Chavunduka (n.d.), who relates how the concept of illness in traditional African philosophy ‘encompasses relations between God, ancestors and the universe’, which ultimately results in ‘many traditional healers doubling as religious leaders (priests and prophets) in African independent churches and vice versa’ (cited in Mokgobi 2014, 1–2). Traditional African religions, therefore, involve a chain of communication between the worshippers and the Almighty God (Mokgobi 3), performed by ancestors or aided by traditional healers.

Janzen goes on to identify four pillars of most African religions (mainly based on the Western coast): (a) prominence of a narrative about the world and its origin; (b) human contact with the divine through consecrated human priests or mediators who invoke ancestors or lesser, lower deities representing various issues of human experience (e.g. fortune, misfortune) or the natural world (e.g. lightning and storms, fertility and infertility); (c) prominence of ancestors that mediate the ultimate, and beyond reach, power of the high god, (d) prominence of priests, healers, prophets, and spiritualized elders with the responsibility of interceding with such powers on behalf of humans (4). In this religious worldview healing occupies a central role, because it is spiritually and empirically made use of in order to ensure the well-being of the community as a whole (4).
In Janzen’s and others’ accounts, ancestors and healers figure prominently, because they are the ones that mediate between human beings and God. Both figures are of utmost importance in traditional healing. Mokgobi explains the role of ancestors in detail:

The ancestors are the ‘living-dead’, compassionate spirits who are blood-related to the people who believe in them. The ancestors continue to show an interest in the daily lives of the relatives that are still alive (Van Dyk 2001). They are superior to the living and include … departed/deceased parents, grandparents, great-grandparents, aunts and uncles. These spirits, because they have crossed over to the other side of life, act as mediators between the living and God. This way of life is regarded as ancestor reverence, veneration or remembering and not as ancestor worship. (2014, 4)

Janzen’s final distinction between ancestor reverence and ancestor worship is particularly illuminating, because it foregrounds the importance of ancestor figures. Finally, it is also important to take into account the dynamic and cultural-based different types of traditional healers that can be found. These can include, but not be restricted to, diviners, herbalists, birth attendants, prophets, surgeons, etc. Their roles are really quite varied: as counselors, social workers and skilled psychotherapists, as well as custodians of indigenous knowledge systems (Mills, Cooper, and Kanfer 2005, cited in Mokgobi 2014, 7), but also as ‘educators about traditional culture, cosmology and spirituality’ (cited in Mokgobi 7). One last note should be added about the gender of the ancestors: both men and women can become ancestors depending on whether the society is matrilineal or patrilineal, as Zahan rightly concludes (2000, 14).

Thus, in traditional African religions it is not possible to draw a line between religion/spirituality and the physical, social and cultural worlds. Hence, traditional healing is regarded as a very significant source of alternative and empowering knowledge transmitted through ancestors and healers. As Dona Azar Weir-Soley summarizes, ‘principles of interconnectedness, interrelatedness and interdependency of everything in the known cosmos is the basic tenet of the African worldview’ (2009, 4). Newlin, Knaf, and Melkus delineate some basic principles for spirituality while attempting to differentiate between spirituality and religion: ‘trascendence; faith in God or a supreme being; discovering meaning, hope, and/or purpose in life; and interconnectedness with self, others, God, or a supreme being’ (2002, 60). For many, as I have already asserted, religion and spirituality are interchangeable. Spirituality and healing are thus highly dynamic concepts. According to Dei, ‘spirituality is … understood in connection to humanity, healing, and the value of wholeness, self and collective empowerment, liberation’ (cited in Gayle 2011, 110).

2.2. From African to African American notions of healing

To grasp a more nuanced understanding of healing and what is now acknowledged as ethnomedicine, one needs to trace the difficult trajectory of the Middle Passage, that took over twelve million enslaved Africans to American soil. Notions of illness and healing, the black body and the system of traditional beliefs traveled between these two continents and Europe, undergoing a long process of syncretism dominated by a racist ideological attitude towards the enslaved Africans. As I have argued elsewhere, many racist assumptions were being developed during the period of slavery, precisely in order to create an ideological rationale for the contested project of Western modernity.
From its inception, racial slavery was predicated upon a racist belief system that aimed at depriving slaves, first of all, of their own humanity and then, of any rights, even to the point of denying the control over their own bodies and their well-being.

Within this wider framework many scholars have focused on the ethnomedical practices in the antebellum South (Fett 2002; Covey 2007; Long 2012) as a necessary historical corrective that calls attention to ‘the existence of alternative medical systems paralleling biomedicine’ (Patton 2015, 16) that were in place at that time, which provided an alternative knowledge heavily relying on traditional African notions of healing and well-being. As Sterling Stuckey and other critics have suggested, African traditional religion was the foundation of slave culture. So many of the assumed religious practices are documented to be a convergence between the ancestral African traditions and Christian beliefs. Relying on their ancestral legacy in religious and medical knowledge, enslaved Africans could benefit from significant practices that gave meaning to their plight by offering an alternative worldview, and providing strategies of solace and resistance to the brutal dehumanization process to which they were subjected during slavery.

To negate personhood and agency of the enslaved, the infamous ‘slave codes’ granted plantation masters absolute ownership and decision-making over those held in bondage. Margaret Long explains: ‘This control extended beyond labor to sexual access and to medical treatment that could include decisions about everything from amputations to whether to rely on allopathic or homeopathic practitioners’ (2012, 2). Thus, enslavers acted upon certain misguided beliefs such as suspecting that slaves feigned sickness not to work, or they did not suffer pain or anxiety ‘which excused painful surgical exploration without anesthesia’, as Washington painfully reminds us (2006, 58). These hideous practices grounded in ‘scientific racism’ also held that blacks had different diseases and different reactions to them, or that they naturally harbored certain illnesses such as syphilis. As Covey phrases it: ‘whites believed that slaves were able to endure more illness and were less tolerant of drugs, and needed less medical attention’ (2006, 28). All the above could be summed up in, as Faith Mitchell puts it, ‘the general belief among southern whites that blacks were not of the same species as whites’ (1978, 15), recalling polygenist beliefs. So slave owners resorted to a racist and proslavery perception of slaves that not only determined their commodification and horrid mistreatment, but also marked their perception of illness and health. As Covey states, there were two standards for healthcare: ‘one for whites and the other for enslaved’ (2007, 5).

Concurrently, as Fett contends, the exploitation of the Black body also led to ‘the objectification of African American health’, producing a limited definition of ‘slave health’ that gave primacy to slave owners’ interests and status: ‘The intersection of medicine with the southern economy produced a narrow definition of slave health permeated by concerns of slave holder status and wealth’ (2002, 18). These concerns had to do with ‘slaves’ mental and physical health’, which actually ‘influenced the very nature of economic transactions in slave property’ (18). Following Fett, Covey refers to the concept of ‘soundness’ used by enslavers to value the price of slaves, which was directly related to ‘the extent and quality of health care they were willing to provide to their slaves’ (2007, 31). So not only were there two standards of healthcare – for whites and for slaves – on plantations, even among slaves there were also different standards depending on their market value. As a result, enslaved people would
resort to their own health care out of a need to address their health issues, conditioned by a deep mistrust of white physicians’ questionable practices.

Moreover, black bodies were constantly submitted to despicable experimental practices in order to advance ‘scientific knowledge’. Enslaved people were systematically used for experiments that physicians would have never dared to attempt on whites (Covey 2007, 30). A very detailed account of the physical and mental mistreatment and abuse of black people through medical experimentation can be found in Harriet Washington’s Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present (2006). As she argues, ‘dangerous, involuntary, and nontherapeutic experimentations upon African Americans has been practiced widely and documented extensively at least since the eighteenth century’ (2006, 7). And she also addresses the terrible consequences of that inhuman experimentation: ‘fear, profound deception, psychological trauma, pain, injection with deadly agents, disfigurement, crippling, chronic illness, undignified display, intractable pain, stolen fertility, and death’ (8). Concretely, talking about the antebellum period, Washington demonstrates how the unethical medical experimentation contributed to ‘routinely identified African Americans as experimental subjects’ (57).

Patton ironically comments on this:

the belief in Black inferiority did little to deter white physicians from using Black bodies as test subjects for the benefit of white health. In many regards Black bodies were expendable or valuable only insofar as they advanced the health of white bodies. (18–19)

This manipulation of their bodies and minds evidently conditioned slaves’ responses to the medicine of masters; while the slaves might not have been able to openly reject such medicine, they nevertheless often dismissed it as irrelevant. As has been repeatedly documented, enslaved people continued to practice their alternative methods based on what they retained from Africa. Long argues that ‘slave healers relied primarily on their own traditional methods and worldview’ (2012, 22), so enslaved people could shun mainstream medicine and take care of themselves.

Moreover, African-centered practices also came into contact with Native American ones, due to the frequent social interaction between the two groups in which Native Americans would share their extensive knowledge of ‘herbal and other remedies native to North America’ (Covey 2007, 27). As Covey continues, ‘Native American with traditional African medicinal practices made the most sense because both emphasized the importance of spirituality in the healing process and relied on prevention and the use of natural substances, such as herbs and plants’ (27). Mitchell also explores the enormous influence of Native American medicine on both Euro-American and Afro-American folk medicine in an early treatise on Sea Islands herbal remedies. First of all, she notes the respect that colonizers felt for Native Americans’ medical expertise, clarifying that ‘the medical knowledge that the colonials brought from Europe was no more scientific or advanced than native American medicine’ (1978, 10). Secondly, she affirms that ‘Native American medicine surely influenced Afro-American folk medicine…especially in the South-east, where the greater contact occurred between the two races’ (1978, 11). And she presents a chart as evidence of how both Native Americans and African Americans used the same herbs to cure similar diseases.

All this certifies the importance of many African-based healing practices in slavery times, which facilitated the development of a different culture of healing for enslaved people.
Indeed, that alternative culture of healing came into contact with other healing practices, but was especially influenced by Native American medicine. So it can be affirmed that from slavery times onwards there was a new perception of what healing entailed for African diasporic people that allegedly has managed to survive up to the present day.

2.3. More recent developments in the African diasporic world

Focusing upon contemporary views of the concept of healing, perhaps the most complete definition of traditional healing/medicine is provided by Mokgobi when he cites the World Health Organisation:

The sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing, and health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being. (cited in Mokgobi 2014, 4)

He also mentions that ‘traditional healing encompasses treating illnesses with herbs to spiritual treatment’ (United Nations Joint Programme on HIV/AIDS – UNAIDS 2006). This approach to healing is undoubtedly holistic and confirms the dynamic and diverse nature of traditional healing.

In addition, Janzen offers a quite accurate definition of healing in the wider context of the Afro-Atlantic diaspora:

Healing is the understanding of, and responses to, affliction and misfortune, and the struggle to achieve wholeness and well-being. In many of the African and Atlantic settings, healing combines knowledge and application of the materia medica from the natural world, the divination of causes of misfortune, and interventions into social relations and community issues. (2017, 2)

For Janzen, spirituality and knowledge go hand-in-hand to understand the complex nature of the concept of healing, as it ties up into notions of wholeness and well-being, at both individual and collective levels. As was mentioned previously, the communal and spiritual dimensions are inextricably woven together to create an alternative source of knowledge of the natural world. This source of alternative knowledge comprises ‘embodied knowledge, intuition, tradition and those knowledges and practices existing outside of key Western knowledge producing institutions’ (Patton 2015, 9), especially related to black people.

It is remarkable then, as Fett points out, that enslaved Africans in the larger African diaspora were capable of maintaining African-centered healing and health practices in the face of blatant racist oppression and discrimination in what she calls ‘cultures of healing’:

From Haitian Vodou to Brazilian Candomble to North American hoodoo, Black Atlantic religions of healing, still thriving today, reflect their particular place within the history of enslavement and forced migration. African American healing traditions, while deeply embedded in the regional history of the American South, must also be understood in this context of the African diaspora. (2002, 3)

As has been argued already, the connection between healing, spirituality and religion lies at the very core of a holistic conception of health and healing. Enslaved people could feel
healthy and whole through those African-based practices that centered upon reinstating their humanity and sense of self-worth. By means of this link to spiritual reconnection and communal support, slaves would align themselves with this nurturing conception of healing that eschewed the Western focus on the materiality of the human body.

As Newlin et al. contend,

Spirituality is a prominent component of African American culture. It permeates nearly every domain of African-American life. Historically, spirituality has served as a personal and communal source of liberation, solace, hope, meaning, and forgiveness, particularly in relationship to social, political, and economic injustices. Further, spirituality has fostered political mobilization, action, and participation. It has shaped individual, family, and communal relationships, promoting altruism and unity. (2002, 58)

Therefore, spirituality continues to be a vital component in examining more contemporary attitudes toward health and healing, ensuring a political engagement that has emphasized generosity and unity as key factors in the process.

As bell hooks writes, ‘there is still a profound unshaken belief in the spiritual power of black people to transform our world and live with integrity and oneness despite oppressive social realities’ (2015, 8). She continues focusing on black women who ‘believed in high powers … [and] have learned and shared the secrets of healing’ (8–9). To this Nadesha Gayle adds that ‘the role of spirituality as a tool for Black women’s agency is warranted critical investigation because … it has been used throughout generations as a source of resistance’ (2011, 107–108). In these quotes the intimate link between spirituality, agency and resistance is clearly established, especially as it pertains to black women. Historically black women have felt empowered by spirituality to enact survival and resistance strategies in order to cope with the hardships visited upon them due to racist and sexist discriminatory practices. Black women have striven for a greater understanding of spirituality that can guide their lives, and themselves as spiritual beings.

Njoki Wane says that ‘reclaiming, maintaining and passing down African spiritual practices, whether directly from our ancestral homelands or from within the Diaspora, is key to maintaining healthy, vibrant communities into the future’ (cited in Gayle 2011, 109). But it is also a critical element in the process of affirming ‘radical black female subjectivity’ (hooks 2015, 57). It is to this ‘legacy of feminist resistance’, as hooks calls it (57), that this article intends to pay tribute to. I would contend that this alternative discourse is firmly grounded on what Patricia Hill Collins (2013) calls ‘love ethic’, or an ‘ethics of care’, also propounded by significant critical voices in the black diaspora. For instance, bell hooks argues that love is crucial as a ‘transformative source’ to be reckoned with ‘in any movement for social justice’ (2000, xix). She elaborates on this notion, drawing from the groundbreaking work The Road Less Travelled by M. Scott Peck, first published in 1978, in which he provides a definition of love that directly recalls Eric Fromm: ‘The will to extend one’s self for the purpose of nurturing one’s own or another’s spiritual growth’ (cited in hooks 2000, 4).

**3. Conclusion**

As has been demonstrated, in African-centered philosophies, the integration of mind, body, and spirit is a core precept. To be healthy, the three need to be aligned in a holistic
harmony. To heal all kinds of wounds and trauma, wholeness needs to be achieved through interdependence and interconnectedness. By means of healing and an ethics of care, African diasporic people have been able to reconnect with their spiritual roots in order to survive and thrive in community. Therefore, claiming healing as a valid paradigm in the African diaspora paves the way for more nuanced contemporary understandings of subject formation, belonging, and resistance.

Notes

1. ‘Black Arts International: Temporalities and Territories’ hosted by the African American department at Northwestern University. Bhabha’s lecture opened the conference on 10 October 2017.
2. In the ‘Critical intersections symposium’ organized by the Women’s center at Northwestern University (28 February 2018). In this deeply engaging symposium academics and social activists dialogued about these crucial topics from an intersectional standpoint.
3. Reverend Michael Nabors in the closing plenary lecture for the celebration of Black History Month, Second Baptist Church, Evanston (28 February 2018).
5. As Paul Gilroy (1993) would theorize for his influential theory of the Black Atlantic, still prevalent as an explanation for the constituency of the modern world despite the increasing criticism.
6. Many other insights can be recalled here, but especially interesting for the understanding of the deep connection between spiritual and physical dimensions is Black Magic by Yvonne Chireau (2006).
7. Zahan intimates that, in the case of matrilineal societies, female ancestors would take precedence, and the other way round for patrilineal societies. However, he insists upon the role of women: ‘without woman and the role she plays in the society of the living, the cult of ancestors would probably have no reason for existence’ (14).
9. For instance, Stuckey mentions the spiritual ‘Wade in the water’ as a manifestation of the African view of water as part of the regeneration natural cycle. He also affirms that the norm in slave religion was not Christ, but the ancestors and the elders, pointing out at another significant African retention (Olupona and Nang 1993, 105, 108).
10. Indeed, a long tradition of resistance and black protest can be traced back at least to late eighteenth century, as Bacon and McClish (2006) aptly demonstrate.
11. A classic example of these beliefs can be found in Sander Gilman’s ‘Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in late Nineteenth-Century Art, Medicine and Literature’ (1985).
12. Even to the point of believing that there were diseases only slaves could suffer. Covey mentions the work of an ‘eminent’ Southern physician, Dr. Cartwright, who published articles on diseases such as ‘black vomit’, or ‘black tongue’. Other proslavery physicians followed suit, like Dr. Fenner and Dr. Nott, who expounded on the thesis that blacks were from a different species (29).
13. Covey also illustrates this point with well-known cases of physicians who shamelessly experimented with slaves, among them the case of Dr. Sims, considered ‘the father of gynecology’, who conducted painful surgical operations on enslaved women in order to treat fistulas and other female problems (30).
14. Covey also documents the way in which Native American medicines ‘were critical to the early colonists, as ships were relatively rare, especially in the Winter months. The supply of European pharmaceuticals was scarce and colonists needed to rely on indigenous treatments and materia medica’ (27).
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References


