

Science, Scapegoating, Survival, and Resistance:

A Historiographical Survey of Scholarship Surrounding Magical Thinking
in Early America as it Relates to Illness and Epidemics

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In this historiographical essay, I will examine the scholarship surrounding magical thinking, epidemics, and illness in colonial America from the mid-seventeenth century to the nineteenth century. Ethnographers, medical historians, folklorists, psychologists, and anthropologists have long sought to understand these relationships through their respective approaches. When taken all together a larger set of narratives and themes begin to emerge. I limited the scope of my research to European settlers in colonial New England, Native Americans as they were introduced to new cultures and diseases in the Northeast, Southeast, and West, and Africans in the American South. The publication dates of my sources range from 1976 to 2020.

The scholarship that explores magical thinking in colonial New England often stems from trying to identify the physical or psychological illnesses that were attributed to supernatural workings or by trying to understand the social motives of individuals or groups. Native American spiritualism is presented as a means of self-preservation, with many norms much like the European colonials with a different pantheon. Historians frame the relationship of Africans to magic and healing as methods of resistance and reclamation of power. In all of these cultures, those seeking to make sense of their indecipherable circumstances looked for someone or something to blame, be it an individual, evil spirit, or unnatural imbalance.

“Early Americans blamed [illness] on an invisible miasma in the air. At times disease was blamed on sinful behavior or, in the case of Africans and Native Americans, on violating taboos. Ignorance about disease was universal and not confined to any ethnic or national group.”¹
In *Epidemics and Society: From the Black Death to the Present*, Frank Snowden describes the

¹ Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: NYU Press, 2012), 2.

response of fear to illness and how this often led to suffering communities to look for someone to blame.

Communities afflicted with plague responded with mass hysteria, violence, and religious revivals as people sought to assuage an angry god. They also looked anxiously within their midst to find the guilty parties responsible for so terrible a disaster. For people who regarded the disease as divine retribution, those responsible were sinners. Plague thus repeatedly gave rise to scapegoating and witch-hunting. Alternatively, for those inclined to the demonic interpretation of disease, those responsible were the agents of a homicidal human conspiracy. Frequently, vigilantes hunted down foreigners and Jews and sought out witches and poisoners.²

Here he describes the terror of the plague, but throughout the text the theme of placing blame is apparent.

Not all historians agree that pandemics result in othering and placing blame. In “Pandemics: waves of disease, waves of hate from the Plague of Athens to A.I.D.S,” Samuel K. Cohn asserts that epidemics are unconnected to violent and disenfranchising movements that are generally associated with mysterious epidemics throughout the historical record. However, this claim falls flat. The bulk of Cohn’s work delineates the plethora of instances that epidemics caused blame placing and scapegoating, but because they didn’t result in mass killings and violence come up short of his definition of “sparkling hatred,” as deeply as the Holocaust.³ This overlooks the major hardships faced by “othered” groups and individuals murdered in response

² Frank M. Snowden, *Epidemics and Society: From the Black Death to the Present* (New Haven, CT: Yale University Press, 2020), 29.

³ Samuel K. Cohn, “Pandemics: waves of disease, waves of hate from the Plague of Athens to A.I.D.S,” *Historical Research* 85, no. 230 (November 2012), 535, 554.

to beliefs of magical thinking—especially heinous is the interpretation of living sufferers of the AIDs epidemic, that have been systematically failed. Neglect and apathy in regard to an epidemic by a government because of the association of the disease with a specific group is a form of violence.

Diagnosing colonial ills in New England

It was popular in the 1970s and 1980s to reexamine historical events or individuals through the lens of psychology or medicine. Spanos and Gottlieb, respectively an assistant professor and doctoral candidate of psychology wrote “Ergotism and the Salem Village Witch Trials” in response to the 1976 article “Ergotism: The Satan is loosed in Salem?” by L. R. Caporaël. The earlier article appeared in *Science* and claimed that the witchcraft accusers in Salem Village, Massachusetts had been suffering from ergotism.⁴ Ergot is a fungus that contaminates grains and if ingested can cause cardiovascular problems, gangrene, and most importantly—neurological effects including convulsions. Spanos and Gottlieb dissect each claim of the original paper: the features aligned with an epidemic of convulsive ergotism, the symptoms of the accusers were those of ergot poisoning, that others involved had symptoms that align with convulsive ergotism, and that the hysteria and symptoms died down the way that epidemics often suddenly vanish.

They use medical resources to dispute the arguments presented. For example, they point out that epidemics of convulsive ergotism are typically found where the population has a severe vitamin A deficiency in their diet. They assert that because Salem Town was a port and records indicate that fish and beef were plentiful, there is no indication that such a dietary deficiency

⁴ Salem Village and Salem Town were two distinct communities that bordered one another and had religious disagreements.

would exist, while ignoring the historical evidence that the Puritans did not turn to fish as a food source until they were desperate.⁵ Ergotism is most likely to impact young children, but most of the affected girls were in their teens. They point out that one of those that suffered from the convulsions was an 8-week-old baby. Nursing infants cannot contract ergotism through their mother's milk, though at no point is this case accounted for in their alternate explanations. Lastly, they refute the claim of epidemic of ergot poisoning due to the sudden resolution of the illness. The sheer numbers of sufferers and affected areas in New England make it very unlikely to have resulted from tainted grain spreading that far or being that common of an issue. Spanos and Gottlieb make a solid argument against Caporaal's claim of ergotism. They suggest magical thinking aligning with the Puritan culture. They assert that the sufferers exhibited an illness common to the era, "demonic possession," and that the occurrences were simply dramatics socially learned or psychological in nature.

Physical Anthropologist Anne Zeller offered another medical explanation for the behavior of the young women in Salem who accused others in their community of witchcraft and exhibited a wide array of symptoms including changes in personality, convulsions, pain, outbursts, delusions, and erratic behavior. By the 1980s, new discoveries surrounding dietary analysis through bones led anthropologists to consider new interpretations of historical events.

Zeller's historiography recognizes the many previous explanations put forth to explain the behaviors: political and psychological stress, actual demonic possession, lying, and ergotism. In response, Zeller makes the case that the young women may have been suffering from *pibloktoq* or Arctic hysteria, a condition which was not identified until the 1890s and not understood until well into the 20th century. This phenomenon is generally considered a "culture-

⁵ Anne C. Zeller, "Arctic Hysteria in Salem?" *Anthropologica*, Vol. 32, No. 2 (1990), 252.

bound syndrome” that is documented in the Inughuit Inuit people of Greenland who live in the north, close to the Arctic circle. It is typically, but not exclusively, exhibited in women and is associated with the cultural repression of personality in women.⁶

Zeller’s argument consists of three parts. The first examines the dietary conditions and activity patterns typical of young women in 1690s Colonial New England and addresses gender differences in nutritional balance that can result from menstruation. Second, she dissects the environmental conditions which dictated the access to sunlight: northern climate, architectural styles that typically had small or limited windows, light sources utilized, time spent outdoors by young women, and the norms surrounding modesty in dress that would have restricted their access to sunlight—even when outdoors. The third argument laments the access to bone fragments that could provide evidence and addresses the cultural, political, and psychological reasons that led to this particular manifestation of the illness. She makes it clear that her argument doesn’t offer an explanation for the belief in witchcraft since it reached far beyond Salem and New England, but rather that an underlying set of conditions may have led to hysteria which was viewed and expressed through the ways of understanding familiar to 17th century puritans.

Her argument is extremely convincing and answers or disproves many of the claims made by prior studies—specifically, the arguments against ergotism put forth by Spanos and Gottlieb—such as easy access to meat and dairy on which they build their argument and their explanation that the young women were simply lying. Their assumption that fish would have been an appropriate dietary substitute for meat makes an even strong case for Zeller’s explanation. Fish, high in phosphorus would have exacerbated a calcium, vitamin A, and vitamin

⁶ D. Landy, “Pibloktoq (hysteria) and Inuit nutrition: possible implication of hypervitaminosis A,” *Soc Sci Med*, Vol. 21, No. 2 (1985), 173–185.

D deficiency. These deficiencies, along with psychological stress stemming from living in a repressive society, are the understood causes of Arctic hysteria—which closely matches all of the symptoms exhibited by the young women in Salem. As Zeller sums up the conditions necessary for the illness, “in a situation of low sunlight, little milk or fresh vegetables, a grain diet supplemented with fish, cold weather and sudden stress, which may cause hyperventilation due to anxiety, a hypocalcemic crisis could readily be precipitated.”

Medical historian Norman Gevitz seeks to fill a gap in the scholarship by examining the role of physicians in the New England witchcraft trials, which he says has been largely ignored. In “‘The Devil Hath Laughed at the Physicians’: Witchcraft and Medical Practice in Seventeenth-Century New England” he points out that the position of a physician in a community was much like that of a minister. In that doctors only lasted as long as they went along with the wishes of the community. He believes that some instances indicate that physicians begrudgingly accepted supernatural explanations in order to satisfy the preconceptions of patients and their families. He also argues that,

the medical arts played a significant and sometimes pivotal role in the witchcraft controversies of seventeenth century New England. Not only were physicians and surgeons the principal professional arbiters for determining natural versus preternatural signs and symptoms of disease, they occupied key legislative, judicial, and ministerial roles relating to witchcraft proceedings. Forty-six male physicians, surgeons, and apothecaries... served on coroners' inquests, performed autopsies, took testimony, issued writs, wrote letters, or committed people to prison, in addition to diagnosing and treating patients.

Even though Gevitz implicates these medical practitioners as complicit, even if they were under social pressure, he also argues that it was physicians that ended the epidemic by embracing early Enlightenment principles in the years that followed.

Speculation about the conditions that might have afflicted the New England witchcraft accusers occasionally extends to accused, in an attempt to understand why these particular women and men might have been accused. In “The distinction between witchcraft and madness in colonial Connecticut,” Lawrence B. Goodheart poses the question, “Were the witches of the colonial past actually the mentally ill?”⁷ Goodheart notes Freud’s interpretation that those labeled as witches were merely hysterical, a common label for women in early psychiatry. In order to answer this question Goodheart turns to the social norms and legal statutes of the day. A practice descended from the community style of English parishes dictated that the community would be responsible for the poor mentally ill (only those from that community) in the cases that their families would or could not, as was the usual practice. As he puts it, “Home care, folk remedies and religious guidance were the norm.” Medicine in colonial New England was a mix of folklore, Galenic humoralism and Paracelsan chemistry replete with recommendations of bleeding and purging or administration of “medicines,” partnered with the belief that illness was a spiritual affliction. They did not distinguish between illness of the body and mind, but rather mental illness was seen as symptomatic of a bodily woe.

According to Goodheart’s argument, they did however distinguish between insanity and demonic possession. Puritans believed that a person must willingly accept alignment with the forces of evil and in order to do that they must be *compos mentis* or mentally competent by their legal standards. While this study focuses on Connecticut, Goodheart states that it also

⁷ Lawrence B. Goodheart, “The distinction between witchcraft and madness in colonial Connecticut.” *History of Psychiatry*, 13 (2002), 433.

representative of New England at the time. I question this claim since children as young as 4 years old and homeless indigent women were arrested as witches in Salem.

The scholarship that explores magical thinking in colonial New England often stems from trying to understand the science of what happened—a medical explanation of why the accused were accused or claim that the accusers may have been suffering from an illness. The works cited here all seek to diagnose and identify the physical or psychological illnesses that were attributed to supernatural workings by Puritans. While many historians do examine the witchcraft epidemic as a social one tied to a set of religious beliefs, they often overlook the motives of individuals or groups as a response to illness. There is a need in the scholarship that synthesizes many of these disparate ideas. Notably, Puritan beliefs aren't framed in terms of survival tactics or methods of resistance. Historians interpreting magical thinking by Native American find the same common thread of an individual or individuals believed to witches working with spirits or evil to cause illness, but instead frame these beliefs in an entirely different way.

Spirits and survival responses in Native American cultures

Nuanced studies into Native American culture were uncommon until the 1970s. George Snyderman interviewed the Seneca in the 1940s and continued the relationship through at least 1983 when he published “Witchcraft, and Allegany Seneca Medicine.” He notes that documenting indigenous history is difficult since many Native Americans believe the histories shouldn't be written down or told to outsiders.

The Seneca were the largest of the Six Nations.⁸ They lived in the Finger Lakes and western present-day New York state areas. Their democracy and traditions predate colonialism in America. Native Americans commonly held supernatural beliefs surrounding health and illness.⁹ Disease was explained by evil spirits or witchcraft.

Since they often attributed illness to sorcerers, there are documented cases of executions of witches believed to have cursed an individual. The belief also managed to drive out missionaries who could do things like predict solar eclipses, but not cure an illness and whose presence often coincided with widespread illness. The accusation of blame for an illness was enough motivation for these priests to flee after seeing what happened to witches. It was common for an ill person to name someone they believed had cursed them with the illness.

Snyderman points out that in some instances if the accused “witch” admitted their evil acts and promised to never do so again, they might be spared. This was also the only way that many of the women in the puritanical New England witch trials avoided death. The Seneca believe this type of confession of wrongdoing is the first step to repairing one’s health (which encompassed physical and spiritual), while the puritans focused on the soul.

These beliefs have been documented through the 1940s in spite of some having converted to Christianity and persist today. The Seneca interviewed by Snyderman said they believe “white doctors” are unable to diagnose illness caused by spirits or witches and still employ plant and animal sacrifices to appease the spirits.¹⁰

⁸ Six Nations or Iroquois Confederacy consists of the Mohawk, Oneida, Onondaga, Cayuga, Seneca, and Tuscarora tribes of the Great Lakes area.

⁹ George S. Snyderman, “Witchcraft, and Allegany Seneca Medicine,” *Proceedings of the American Philosophical Society*, Vol. 127, No. 4 (1983), 263. The Cherokee, Chippewa, Delaware, Menominee, Saulteaux, and Winnebago all had contact with the Seneca and held similar beliefs.

¹⁰ *Ibid.* 276.

Elaine G. Breslaw offers context for the smallpox epidemic among Native Americans in her book, *Lotions, Potions, Pills, and Magic: Health Care in Early America*. The death toll was exacerbated by how many Native Americans were infected. With 80 percent of the population afflicted, hunting, farming, and resource gathering became difficult to sustain and added to the lives lost. While the European death rate for smallpox ranged between 7–30 percent, it was closer to 50 percent for Native Americans with around 75 percent of pregnancies aborting due to nutritional deficiencies. This highly communicable disease could live for weeks outside the body, making even trade dangerous and transmission likely if an individual sought refuge with another group.¹¹ Paul Kelton uses the term “holocaust” to refer to the population loss catastrophe associated with virgin soil epidemics like smallpox, measles, and yellow fever disproportionately affecting indigenous people who lacked the genetically acquired immunity.¹² His body of work places the Native American “local struggles with epidemics within the large-scale context of colonialism's social disruption, structural violence, and political upheaval.”¹³

He discusses the response of Native Americans of the Southeast to epidemics, specifically smallpox in his ethnohistory article “Avoiding the Smallpox Spirits.” Rather than “undermining their religious beliefs” as is a common depiction by historians, the Cherokee reinforced their beliefs through creating new rituals like the *Itohvny* (the smallpox dance). Believing that smallpox was punishments from spirits, the Cherokee recognized it was unsafe to travel and developed a seven-day ritual cleansing ceremony (in practical effect a “travel ban” and “self-quarantine”).

¹¹ Breslaw, Elaine G. *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: NYU Press, 2012) 13–14.

¹² Paul Kelton, “Avoiding the Smallpox Spirits,” *Ethnohistory* 51, no. 1 (Winter 2004), 46.

¹³ Paul Kelton’s statement describing his work on his faculty page.
<https://www.stonybrook.edu/commcms/history/people/faculty/kelton>

Kelton explains the threat to the Four Nations was not only to their lives and physical health, but cultural and spiritual upheaval as well.¹⁴ He argues that it was the spiritual leaders stepping forward to contextualize the epidemics within their own belief systems that ensured the preservation of their cultural and spiritual beliefs. The Cherokee and Creeks shamans offered as an explanation of illness that animals decided to create diseases as a defense against hunting by humans, but that the plants devised the way to help humans by becoming medicine. By asking animals they hunted for forgiveness, they might be able to keep the malevolent spirits and associated illness from following them back home.

Various epidemics were often blamed on specific evil spirits. During the outbreak of an illness that followed a period of flooding, likely typhoid or malaria, the Creeks “believed they had become haunted and possessed by vengeful spirits” and claimed to be warned by dreams and apparitions telling them to flee the area.¹⁵ They consequently relocated their settlements and survived the epidemic. The beliefs that manifested as medical practices of avoidance, quarantine, and palliative care may have preserved some measure of safety. The epidemics in the late 1700s had lower death rates than those in the earlier half of the century. Kelton points out that without vaccination or antibiotics their herbal remedies and ceremonies were less harmful than the European methods like bleeding, purging, and administering harmful chemicals.¹⁶

Native Americans of the western frontier shared these beliefs in spirits and magic to help or hurt. In “Blood Came from Their Mouths: Tongva and Chumash Responses to the Pandemic of 1801,” Edward D. Castillo, professor of Native American studies, shares an account of Tongva shaman being paid to use sorcery to cause illness as revenge. In order to put an end to an

¹⁴ The Four Nations are the Southeastern indigenous tribes including Cherokee, Creek (Muskogee), Choctaw, and Chickasaw.

¹⁵ Paul Kelton, “Avoiding the Smallpox Spirits,” *Ethnohistory* 51, no. 1 (Winter 2004), 49.

¹⁶ *Ibid.*, 63.

mysterious and deadly fever outbreak that happened soon after, the captain of the cursed group found the sorcerer's home and murdered everyone within it and destroyed the artifacts believed to have been used in the casting, followed by burning their bodies to prevent resurrection.

Castillo attributes this to the norm in Native American cultures of holding healers accountable and when faced with epidemics and diseases that killed en masse, the response was first to question the authority of these shamans. "Tongva and Chumash are simply two examples among hundreds in which Native people turned inward to explain, interpret, and contend with foreign invaders who introduced deadly diseases, ill health, and social anomie." As was the case when Africans and Native Americans in the Northeast were forced into "accepting" Christianity, Castillo closes his argument with the assertion that the Native Americans of the West didn't simply abandon their religious and magical beliefs, but rather they incorporated them into the new belief system.

Even though many of their responses of blaming witches or evil spirits were nearly identical to many norms of the European colonials with the exception of a different pantheon, the Native American spiritualism is presented as a means of self-preservation. Historians view the Native American magical thinking in response to illness as a way that they reinforced their religious beliefs. They not only preserved their rituals but created new ones to fend off epidemics. This narrative of survival and self-preservation is echoed in the literature examining enslaved Africans living in the American South.

Hoodoo as a method of resistance and healing of the soul

In the 1990's, African American centric historical interpretation flourished. John Michael Vlach touches on magical thinking and illness in his book, *Back of the Big House: The*

Architecture of Plantation Slavery. This text dissects the architecture of a Southern plantation in terms of cultural understanding and delineates the methods of resistance by enslaved Africans and the formation of their own unique culture. The resources utilized are plans, sketches, and photographs, all contextualized through the testimonies of the enslaved individuals that lived there. In the chapter entitled, “Buildings for Slave Welfare,” Vlach describes the hospitals and sick houses that were present to prevent the spread of, “marsh miasma,” the “sickly season,” and “pestilence and death.”¹⁷ Vlach makes the argument throughout the text that it was the physical separation of buildings from the “big house” that allowed African culture and beliefs to thrive in the South. Enslaved workers were generally responsible for all manners of their own welfare which generally included administering medical aide. While he examines their entrepreneurial efforts, preservation of their culture through songs and language, he only addresses their religious and superstitious beliefs by documenting the missionary and plantation owner efforts to “civilize” the enslaved with religion. Others however have stepped forward to fill in that gap through documentation of those practices that commonly took place.

In his studies on conjure in African American culture, Assistant Professor of History at the University of Louisiana, Monroe, Jeffrey Anderson has documented how African beliefs of conjure, voodoo, and hoodoo evolved in the Americas. His 2005 book, *Conjure in African American Society*, is crafted from his dissertation of the same name. As a result, much of the book consists of notes and historiography. This social history spans 1800–1999 and documents the major shifts surrounding hoodoo’s roots in slavery, the Great Migration, the Jim Crow Era, the New Age movement, and to the modern era where hoodoo has been largely

¹⁷ John Michael Vlach, *Back of the Big House: The Architecture of Plantation Slavery* (Chapel Hill, NC: University of North Carolina Press, 1993).

commercialized—but retains its place as a path to “spiritual enlightenment and practical supernaturalism” for many blacks and whites.¹⁸

Like Vlach, Anderson relates the use of alternate power structures for a group that had been effectively stripped of most of their agency, left to find their methods of resistance that preserved and formed their cultural identity. Their use of pharmacologically active herbs gave these practitioners tangible power that often become an important source for social regulation, both in terms of power to heal or harm. As a result, hoodooists were able to achieve positions of importance in the community—another avenue of power for an oppressed people—especially the women who had few vocational options after slavery. Their perceived power offered them protections much later than one would think. Josephine Gray was suspected of murdering two husbands and a lover, the first in 1974, but avoided substantial prosecution and prison until 1999 because those around her were too afraid of her “supernatural abilities” to speak out.¹⁹

Three years later Anderson shaped his research into a more practical guide for a wider public audience entitled *Hoodoo, Voodoo, and Conjure: A Handbook*. Even though he offers definitions of hoodoo (folk magic and “rootwork” practiced by enslaved Africans, but not a religion), conjure (the act or practice), and Voodoo²⁰ (religion) throughout the text he uses some of the terms seemingly interchangeably which blurs some of the definitions. These works dive deeper into the nuanced way that magical and religious beliefs have evolved since 1800 to shape African American culture. Even today these beliefs in the use of herbalism permeate the elderly religious community with 93 percent considering it necessary for health.²¹ Anderson also makes

¹⁸ Jeffrey E. Anderson, *Conjure in African American Society* (Baton Rouge, LA: Louisiana State University Press, 2005), 150.

¹⁹ *Ibid.* 159.

²⁰ For the purposes of this paper, I have focused on the aspects of hoodoo and conjure. Voodoo or Vodou, among many other names, involves the worship of deities and a belief system that can involve hoodoo, herbalism, and conjure. These practices are as varied as the diaspora of Africans is in location, culture, and circumstance.

²¹ Jeffrey E. Anderson, *Hoodoo, Voodoo, and Conjure* (Westport, CT: Greenwood Press, 2008), 23.

an interesting case by framing hoodoo as folk psychiatry, suggesting that practitioners often fell into a catch-all “informal caretaker,” but as he points out they were positioned to understand the culture and beliefs of someone in need of help. He follows the evolution of conjure intertwining with the Black Spiritualism and Pentecostalism, but doesn’t give enough credit to the cultural exchange of colonial, indigenous, and African beliefs existing in the same space.

One response that does address the cultural blending was published the same year—“African Medicine and Magic in the Americas,” wherein Robert Voeks examines African approaches to healing, medicine, magical beliefs, and documents the “Historical introduction of African magico-medical systems, the social and economic factors that facilitated their survival, and the role of plant geography in their persistence...” His argument is in agreement with Vlach’s claim that it was through the neglect inherent in chattel slavery that left Africans to their own medical care. “African priests, herbalists, and magicians, initiated into their trade before passage to the Americas, pursued their vocation to the extent possible in their new urban or rural settings.”²² Voeks introduces a new aspect to the study of African ethnomedicine in the form of geography of plant life and its meaning in African culture. As he states, “Most healing rituals and ceremonies involve the use of leaves, roots, bark, or plant reproductive structures.”²³ Finding themselves transported to a place with “alien” plant life, they learned their pharmacological uses from enslaved Native American herbalists—a cultural exchange ignored by Anderson. Likewise, Voeks notes that some plants traveled as well. Specifically, tobacco was brought from North America to Africa and being used for medicine in the 1600s. “African Medicine and Magic in the Americas” covers a wide breadth of subjects on the topic of African magic, geographically ranging from Brazil and the Caribbean to the northern United States and encompassing

²² Robert Voeks, “African Medicine and Magic in the Americas,” *Geographical Review* 83, Vol. 1 (1993), 66.

²³ *Ibid.* 67.

Umbanda, Obea, Vodoun, and Santeria. This article makes an excellent primer for anyone wanting to engage with the topic in a broad scope.

Anderson denies the connection, but Middleton sides more with Voeks and characterizes the hybridization of European Christianity and African Spiritualism as a method preserving their culture and practices. Rather than rejecting what was being forced on them and suffering the consequences, folding their own beliefs into a new framework allowed them to continue that connection. In “Two-Headed Medicine: Hoodoo Workers, Conjure Doctors, and Zora Neale Hurston,” Billy Middleton, author and teaching assistant professor of English, builds on the work of anthropologist, ethnographer, author, and folklorist Zora Neale Hearston. The study of hoodoo provides a historical perspective to recognize the response to medical deprivation and abuse endured as a part of chattel slavery. Middleton emphasizes that Black Magic practitioners catered to and recognized the need for healing of body and soul. Likewise, these practices stood apart from other early American magical practices by not dividing the good from the bad—the rigid way Native Americans and New England Colonials did. “This pharmacosmic view of physical health reveals the dichotomies of good and evil or body and spirit are unstable, perhaps even nonexistent in Voodoo.”²⁴ “Two-headed doctors” likewise is a reference to the dual nature of practitioners. Overall, Middleton provides a serviceable synthesis of Hurston’s work for a broader audience that might not be familiar otherwise. However, anyone interested in diving deeper should refer directly to Hurston’s work which has stood the test of time.

The narrative of resistance and reclamation of power is best articulated in Sharla M. Fett’s *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Unlike the other works examined here, Fett focuses on the experiences of women in the context of gendered

²⁴ Middleton, Billy. “Two-Headed Medicine: Hoodoo Workers, Conjure Doctors, and Zora Neale Hurston.” *The Southern Quarterly: A Journal of the Arts in the South* 53 (2016), 158.

slavery and their position as healers. This work includes a deeper context of the medical horrors of slavery that included nonconsensual medical experiments without sedation, dehumanizing circumstances, and infringement upon their sexuality and reproductive autonomy through rape, forced sterilization, and coerced “husbandry” which all insultingly were used to propagate ideas surrounding scientific racism. Fett examines the gender differences as well as the racial ones. Owing to the systemic rape of African women it was legislated that the condition of slavery was inheritable from the mother, regardless of the father’s status.²⁵ She examines the conditions that surrounded medicine in the antebellum South—a surprisingly democratic landscape of experimentalism that extended to Native American herbalism and hoodoo among many other avenues. *Working Cures* is divided into two parts. The first part sets the stage by explaining the disparate conceptions of health and medicine by Africans and white Southerners. Whites recognized the power of herbalism, but eschewed belief in the spiritual aspects of African hoodoo healing traditions and “working cures.” While plantation owners had a business interesting in keeping slaves healthy enough to work, this often only extended to providing sick houses as Vlach has suggested and making provisions for feeding the slave population, in both cases the enslaved workers were most often the ones administering care or preparing the food. Like most domestic duties, it was often the undervalued older women that those responsibilities fell to. The conflicts that arose from these differing ideas is the content of part two. In *Lotions, Potions, Pills, and Magic*, Breslaw points out that white male doctors tried to step in as male midwives and were largely rejected in favor of, “home remedies, the so-called root doctors, the black herbalists and conjurers, and... midwives.”²⁶ This only caused conflict in the case of

²⁵ Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, NC: University of North Carolina Press, 2002), 4.

²⁶ Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: NYU Press, 2012), 187–188.

enslaved women overriding what white doctors considered their rightful preview. As they were in New England, these female healers' knowledge of healing and rituals squarely placed them in center of suspicion for poisoning or hoodoo malice when a white family fell sick—yet another example scapegoating by placing blame for illness with magical thinking. Methods of resistance, like using herbal abortifacients to extend some measure of control over their bodily autonomy, were dangerous and attempted to be carried out in the framework approved by plantation owners. Fett has filled a substantial void with this work that recognizes black women healers as third type of medical authority in the antebellum South, beyond the white women's domestic medicine and the professional authority of white male doctors.²⁷

Historians frame the relationship of Africans to magic and healing as methods of resistance and ways they reclaimed their power. The act of conjure and persistence of hoodoo practitioners brought African culture over the Atlantic and preserved aspects of their stolen culture for future generations. Much like the Native Americans, the scholarship surrounding enslaved Africans tells the narrative of survival of both people and culture.

Conclusion

Scapegoating and blame-placing is a recurring theme in the history of epidemics. In desperation to place blame, many turned to supernatural explanations. Both puritan colonists and Native American tribes ascribed to the belief that when someone is ill, they may have been cursed by a witch. This magical thinking, whether placed on God's wrath, the Devil's work, or evil spirits often led to placing blame on outsiders in a community—both in terms of immigrant

²⁷ Ibid. 195.

groups and individuals that didn't adhere to the cultural norms, the poor, or on a community level someone who the accuser held a personal grudge. This recurring theme of unpacking how blame is placed permeates the historical analysis around the relationship of illness and magical thinking.

However, the approaches and narratives vary widely in regard to different groups. The scholarship that explores magical thinking in colonial New England often stems from trying to identify or disprove the physical or psychological illnesses that were attributed to supernatural workings or by trying to understand the social motives of individuals or groups. Native American spiritualism is presented as a means of self-preservation, with many norms much like the European colonials with a different pantheon. Historians frame the relationship of Africans to magic and healing as methods of resistance and reclamation of power. In all of these cultures, those seeking to make sense of their indecipherable circumstances looked for magical explanations and methods. These studies on blaming witches, endowing herbs with magic, negotiating with spirits, or practicing rituals all spell out a common sentiment. The belief in magic shaped the lives of early Americans.

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