FOLKLORE AS A HEALTH PATTERNING MODALITY

By

Mary A. Joseph

A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2016
This manuscript has been read and accepted for the Graduate Faculty in Nursing to satisfy the dissertation requirement for the degree of Doctor of Philosophy.

Donna Nickitas, PhD, RN, FAAN, NEA-BC

____________________   ________________________________
Date       Chair of Examining Committee

Donna Nickitas, PhD, RN, FAAN, NEA-BC

____________________   ________________________________
Date       Executive Officer

Arlene Farren, PhD, RN

Barbara Montero, PhD

Keville Frederickson, Ed.D, RN, FAAN

Violet Malinski, PhD, RN

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK
ABSTRACT

The Lived Experience of Folklore Practice as a Health Patterning Modality

By

Mary Augusta Joseph MSN RN AHN-BC

Adviser: Dr. Donna M. Nickitas

The lived experience of folklore practices as a health patterning modality may have meaning for nursing science. This hermeneutic phenomenological qualitative study was designed to uncover and understand the meaning and experiences of Afro-Caribbean people who used folklore practices as a health patterning modality. Fourteen participants of Afro-Caribbean heritage participated in in-depth interviews, during which they described their experiences and the meaning of folklore as a health and healing modality. The researcher used van Manen’s phenomenological approach as the methodology for reflection and interpretation of the findings. The findings revealed that folklore practice is a phenomenon with six interconnected essential themes. Furthermore, the researcher used Barrett’s nursing theory of power as knowing participation in change to reflect on the findings from a nursing perspective. The research findings have implications for nursing science and the knowledge gleaned from the study may be applied to nursing practice. Further research is recommended on the phenomenon of folklore practice as a health patterning modality.
ACKNOWLEDGEMENTS

There are several individuals who have contributed to my achieving successful completion of this educational goal that I would like to thank.

To those who inspired me in the beginning:

Dr. Barbara Joyce: Thank you for being my mirror and teacher and helping me to believe that I can achieve whatever I put my mind to.

Dr. Keville Frederickson: Thank you very much for believing in me and for providing me with opportunities for growth. I appreciate your encouragement, your support and your wisdom.

Dr. Violet Malinski: Thank you for your guidance, direction and encouragement. I appreciate your devotion and mentoring. I will always remember and appreciate your assistance in clarifying my topic.

To My Sponsor:

Dr. Donna Nickitas: Words are not sufficient to express your hard work and devotion to students. Thank you for your guidance, your mentoring, and your selfless dedication to my work. You gave me hours of your time to ensure that I was prepared for the challenge of achieving my goal. Most importantly, your energetic presence encouraged me to be my best.

To My Dissertation Committee members:

Dr. Arlene Farren: Thank you for your gentle guidance, thoughtfulness and gentle constructive criticism. I am appreciative of your questions, they kept me focused.

Dr. Barbara Montero: Your calm demeanor and gentle spirit relaxed me greatly and will not be forgotten. Thank you for your gentle guidance; I appreciate your time.
Dr. Keville Frederickson: Thank you for believing in me from the beginning, your positive influence and constant support will always be remembered. You are like an angel to me. Thank you for your dedication and commitment to the CUNY Doctoral program.

Dr. Violet Malinski: You have been like my coach guiding and directing my path in the use of SUHB conceptual system and Barrett’s theory of power as knowing participation in change. Your calm and gentle guidance helped me to focus on what was important and to stay true to the framework and theory.

For all that you have done and continue to do, thank you.

Thank you to the Graduate Center faculty who contributed to my successful completion of the program:

Dr. Barbara Montero, Dr. Brigitte Cypress, Dr. Marge Lunney, Dr. Alicia Georges, Dr. Barbara DiCicco-Bloom, Dr. Eileen Gigliotti, Dr. Kathy Nokes, Dr. Martha Whetsell, Dr. Maryann Jefferys, Dr. Carol Roye, and Dr. Linda Scheetz.

I wish to thank the 14 participants of my study who shared their experiences with me. This research would not have been completed without each of you.

Thank you to cohort 5: Layla Qaabidh, Patricia Mclean, Joy Borerro, Margarett Alexandre, Abigail Kotowski, Joan Buckley, and Alice Tobin. Your support and encouragement over the past five years has been greatly appreciated.

To Sheren and Melanie and all the others behind the scenes who kept everything together. Thanks for all that you do to ensure that all things remained in order through my journey.
DEDICATION

I would like to dedicate this work to my parents Clayvana and Margaret Joseph whose legacy continues to motivate me to understand and decipher folklore practices for the benefit of health and well-being. I also dedicate this work to all of my family whose support and encouragement spurred me on to do my best.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>v</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>vii</td>
</tr>
<tr>
<td>CHAPTER I: Aim of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Folklore as Health Patterning</td>
<td>4</td>
</tr>
<tr>
<td>Aim of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Statement of Purpose</td>
<td>5</td>
</tr>
<tr>
<td>Research Question</td>
<td>5</td>
</tr>
<tr>
<td>Phenomenon of Interest</td>
<td>6</td>
</tr>
<tr>
<td>Folklore.</td>
<td>6</td>
</tr>
<tr>
<td>Phenomenon Discussed Within Context</td>
<td>6</td>
</tr>
<tr>
<td>Health patterning.</td>
<td>6</td>
</tr>
<tr>
<td>Afro-Caribbean.</td>
<td>7</td>
</tr>
<tr>
<td>Justification for the Study</td>
<td>8</td>
</tr>
<tr>
<td>Assumptions and Biases Related to the Study</td>
<td>9</td>
</tr>
<tr>
<td>Methodology</td>
<td>10</td>
</tr>
<tr>
<td>Relevance to Nursing</td>
<td>12</td>
</tr>
</tbody>
</table>

viii
LIST OF TABLES AND FIGURES

Table 1: Grouped Fundamental Meaning and Initial Themes 72
Table 2: Essential Themes 87
Figure 1: Thematic Model of the Lived Experience of Folklore as a Health Patterning Modality 991
Figure 2: A Model for Folklore as a Health Patterning Modality Phenomenon 109
CHAPTER I: AIM OF THE STUDY

Introduction

Stories are embedded with instructions which can guide us through the complexities of life. (Pinkola-Estes, 1992, p. 16)

The brown-skinned woman of African descent came into the nurse’s office, sat down, and then said, “Nurse, I have not slept a wink for three weeks, because the woman who lives next door to me hates me for no good reason. I have not done anything to her, and she just doesn’t like me. She has set spirits on me, and they have kept me awake all night talking nonsense. They are annoying me, I need my sleep.”

The nurse was surprised at the patient’s choice of words to describe her chief complaint; however, the words had meaning for her. The nurse understood the phrase, “spirits on me and they have kept me awake all night” as an expression from her own Caribbean heritage, and was therefore able to reassure the patient in calm and soothing words. After this interaction, the nurse discharged the patient with medication and suggested traditional remedies that included specific instructions for a relaxing bath.

The nurse could have dismissed the patient’s description of spirits but did not; she responded by listening carefully to the patient’s concerns. This patient-centered response put the patient’s symptoms of hearing voices and feeling spirits above all else. The nurse quickly recognized that “spirits” were an identifiable pattern that was deeply ingrained into her patient’s values and came from their shared African heritage. The next day the patient returned
and informed the nurse that she had followed her instructions and they had worked: she slept the entire night.

Every society has its own sense of identity that includes folk traditions and traditional beliefs, activities, foods, knowledge, and sayings (American Folklore Society, 2013). In most instances, there is no definitive separation of these categories, in everyday life. For generations, folk and indigenous groups have used folk remedies to maintain health and well-being of their people (Koithan & Farrell, 2010). Through the use of these folklore remedies, they hope to live in harmony with the environment (Koithan & Farrell, 2010; Wing, 1999).

According to the World Health Organization (WHO, 2008) folklore is the knowledge, skills, and practices based on beliefs and experiences of a society. Folklore can also be defined as the traditional beliefs, practices, customs, stories, jokes, and songs of a people handed down orally or behaviorally from individual to individual (Ben-Amos, 1971). Folklore can be used to promote and maintain health; it often reflects traditional medicine techniques which are predominantly natural ingredient recipes and rituals that are passed down verbally from generation to generation (Struthers & Eschiti, 2005; Stark, Mtui & Balembe, 2013; WHO, 2008).

The practices and customs of folklore include the use of traditional medicine or folk medicine and any therapeutic practice that has endured over space and time (Bhasin, 2008; Wing, 1999). A folk healing system is consistent in its beliefs and practices, as it is not affected by external forces (O’Connor & Hufford, 2001; Wing, 1999). Folklore is disseminated primarily through oral communication and behavior.

Folklore exists within large societies and within sub-groups, which may be geographic, linguistic, ethnic, or occupational (Ben Amos, 1971). Within a sub-group, folklore is unique;
group members share traits that manifest distinctive patterns. There is an underlying perspective that there are reciprocal relations of folklore traditions and the people who are identified as the folk group (Bauman, 1971). Folklore contributes to the stability and cohesiveness of a society (Bauman, 1971). It reflects mutual beliefs about human beings that they share with each other and their environment (Wing, 1999). Within a belief system there is harmony or balance, within the whole person (Wing, 1999). According to Wing (1999), many indigenous people seek harmony with the environment as the basis for health. A central belief among those who practice folk healing is that there is no separation of the body into parts, but rather each person is whole and unitary (Wing, 1999).

Furthermore, the relationship between healer and patient in the folk healing system is mutually supportive and dynamic; both the healer and the patient benefit from their connection. In this relationship, the patient defines what is important and is assisted in achieving the desired results (Wing, 1999). Additionally, the patient’s energy is dynamic; if there is a blockage, energy flow is diminished (O’Connor & Hufford, 2001; Wing, 1999). Folklore healing actions are non-invasive and non-destructive. They involve verbal interaction, prescriptions by a healer, physical interventions, and performance of rituals. For example, storytelling is a metaphoric way to suggest possible actions one should take (Wing, 1999). “Allegorical tales that reflect the patient’s situation may be used to provide both creative insight and spiritual awareness” (Wing, 1999, p. 258). Some healers may lead patients through meditations or prayers to stimulate the healing process. The exact patterns of a folklore healing system are highly individualized and vary, according to its associated or specific group (O’Connor & Hufford, 2001). Folkloric healing patterns may have a profound effect on the health of the individual, the family, and the community.
Folklore as Health Patterning

Health patterning is a phenomenon from the Rogerian Science of Unitary Human Beings (SUHB). It was developed by Elizabeth Barrett (1988) in her work to create a theory of power as knowing participation in change, and a tool to measure it. Health patterning is a present-oriented, unitary practice, which emerged from the theory of power as knowing participation in change, and it focuses on enhancing well-being in persons (Barrett, 1998, 2009, 2010). Many American communities, in particular African Americans, Caribbean Americans, and Latinos practice folklore to some extent as a part of their health care patterning regimen. The exact extents of these practices are not well known for many of these communities; however, it is known that it is a means of providing and receiving healthcare (Leininger & McFarland, 2006; Wing, 1998).

The essence of health patterning can be discerned in the theory of power as knowing participation in change. According to Barrett (2009), health patterning is the process of facilitating unitary well-being. It involves assisting clients with self-identified change. As health seekers, clients are searching for meaning and ways to make changes (Barrett, 1990, 2010) that enhance their health. In the health patterning process, individuals are helped to become more aware of changes they want to make and taught to find the authority and clarity within themselves to make the changes they want to make from their available options. A person’s decision to change is critical in this process. Health patterning is a unitary modality that looks at the person as a whole and not the sum of parts, and as such, the client is fully involved in the process that enhances a person’s capacity to transform himself in a creative, mutual process with the environment (Malinski, 1991).
The health patterning approach to well-being and healing is a way of understanding clients and their world. The approach is based on the belief that each person is more than the sum of their parts (Barrett, 2010). Therefore, a person cannot be understood through knowledge of his or her parts. Barrett (2009) wrote, “To understand people, is to see them as a unitary person in a mutual process with the entirety of their environment, including other people, places, and things” (p.1) as they seek to explore the meaning of their lives.

**Aim of the Study**

The aim of the study is to understand the meaning of folklore as a health patterning modality and to uncover its unique characteristics in the health process (Rogers, 1992). The study will be guided by a phenomenological research method developed by van Manen (1990, 1997). The study results will describe the meaning and experience of folklore by its practitioners; additionally, this study may contribute to understanding folklore as a health and healing modality within a nursing context.

**Statement of Purpose**

The purpose of this phenomenological research study is to uncover the meaning and experiences of human beings who use folklore practices as a health patterning modality.

**Research Question**

The research question is: What is the lived experience of human beings who use folklore practices as a health patterning modality? The researcher used the following question to guide the interviews: Tell me what it is like for you when you use folklore practices for health.
Phenomenon of Interest

Folklore.

Folklore is one of the universals of all societies, as all peoples develop their own in one form or another (Bascom, 1953; Popescu, 2011). Folklore is a complex term that connotes numerous aspects of a society and its environment, folklore includes folk beliefs or superstitions, folk medicine, folk music, and folk metaphors (Schmidt, 2012).

Folklore is a communicative process that occurs within a social context and has significance (Ben-Amos, 1971; Popescu, 2011). In folklore communication, people relate to one another directly, either one-to-one or in small groups. When understood as a process of communication it can be considered as a body of interactions in its own right (Ben-Amos, 1971). Folk traditions, a central part of a people’s identity, traditional behaviors, beliefs, or knowledge; these traditions may encompass treatments for ailments, recipes, or methods for working in a particular craft (Schmidt, 2012). For this study, folklore is viewed within the context of health patterning behavior.

Phenomenon Discussed Within Context

Health patterning.

Health patterning is a process of healing or a therapy that facilitates the promotion of health and well-being and occurs through teaching clients how to knowingly make desired changes (Barrett, 2009). Clients who practice folklore to maintain their health choose to do so knowingly: folklore is an expression of a personal health behavior that is facilitated by awareness, choice, freedom and involvement. Health patterning evolves as clients participate, more knowingly in changes that occur in their lives, including health care decision-making.
Health patterning is additionally a dynamic process, in which power and other areas for actualization are enhanced (Barrett, 1990).

Health patterning is accomplished through two processes (Barrett, 1992, 2010), which are (a) ‘pattern manifestation knowing-appreciation’ and (b) ‘voluntary mutual patterning’. According to Barrett (2010), ‘pattern manifestation knowing-appreciation is a continuous process of identifying manifestations of the human and environmental fields that relate to current life-health events; ‘voluntary mutual patterning’ is the process by which the nurse, with the client, patterns the human/environmental field to promote harmony related to the life-health events. Nursing care is then focused on patterning the human/environmental field: the nurse and the client together pattern the environment to promote healing and comfort. In this perspective, the goal is enhancing knowing participation in change regarding the client’s health dynamics.

**Afro-Caribbean.**

The goal of Caribbean folk healing is to obtain a change in the client’s health. Caribbean health practices are rooted in the goals that reflect historic health traditions, which reflect a plurality of beliefs and practices that transcend Western, scientific biomedicine (Aarons, 1999). That is, although the official or lawful healthcare practice is based on Western medicine, other forms of health care practices are used in the Caribbean (Aarons, 1999). That is to say, scientific biomedicine is considered costly, and accessibility is difficult at times; as a result of these issues, Caribbeans choose folklore practices to maintain health (Aarons, 1999).

Many Afro-Caribbean people include folklore practices in their healthcare regimen. According to Archibald (2011), many Afro-Caribbean people adhere to superstition, and myths about health, based on their beliefs about spiritual and supernatural causes of poor health;
however, Afro-Caribbean health and healing practices are a mixture of the various peoples who have lived in the Caribbean region (Mitchell, 2011). Folklore information that has been passed down from generations, including the use of plants, is a continual source of knowledge for health and healing practices (Mitchell, 2011). Folk healing practices in Caribbean countries are practiced at various social levels and reflect the historical backgrounds of the people. For example, people of West African heritage are likely to practice herbalism and magical arts, as portions of their health and healing practices (Aarons, 1999). During the centuries of slavery and regardless of the languages they spoke, Afro-Caribbean peoples met on the slave plantations, where they fused their beliefs, including those concerning the health and healing practices of Western medicine, African traditional medicine, and Amerindian health practices. Some of these beliefs focused on how and why folk healing is needed and from whom it should be sought (Aarons, 1999).

**Justification for the Study**

Currently, folklore healing practices are not identified in the scientific research literature as a health patterning modality. Researchers and nurses would benefit from understanding the concept of folklore more fully, particularly as it relates to health, and how it can be integrated into nursing science and health care literature. As a complement to understanding the relationship of folklore to health, it would benefit researchers to explore and elucidate how, on a broader scale, folklore informs people’s lives. Understanding folklore as a health patterning modality may illuminate why it is significant for many people. Nurses have a unique opportunity to facilitate the process of gathering this information, and would thereby add to the body of evidence-based knowledge for nursing and other healthcare professions. Rogers (1992) envisioned that, as the demand for the use of health patterning modalities grows,
there will be a need and demand to advance nursing science by conducting research. Therefore, research on folklore as a health patterning modality may advance nursing science.

**Assumptions and Biases Related to the Study**

I have been interested in the impact of folklore on everyday life for a long time. I recall that, when I was a child, my grandfather and other elders in my village would share folklore stories that had been brought to Antigua from the West coast of Africa to the Caribbean by slaves. The stories were for entertainment, but even as a child, I would reflect on their meanings and realized these stories had both basic and complex meanings. At the basic level, they are very entertaining; they describe personality traits of a main character who was often quick-witted and clever. On a more complex level, the stories reveal how information, knowledge, and wisdom were transmitted to educate a community towards pathways of success and well-being.

In spite of the strong influences of technology, science, television, urbanization, and literacy, folklore traditions are still an important base for learning about life’s normalcy and conventionalities and communicating important observations and expressions. Hence, I believe folklore is found everywhere, not only in the backwoods or in developing societies. Folklore may be thought of as an important educational and expressive tool in which people learn how to see, act, respond and express themselves (Ben Amos, 1971; Popescu, 2011). Much folklore is learned during childhood but is not fully understood or practiced. Folklore as traditional medicine may involve spiritual or religious healing aspects, or magic. Such practices include conjuring, obeah,(a kind of sorcery practiced in the Caribbean) prayer, religious counseling, and spiritual cleansing rituals (Santos, Hurtado-Ortiz & Sneed, 2009) and are an important
aspect of folklore. Therefore, it is recognized that all aspects of folklore must be discussed, and disclosed.

Individuals are not often aware of or do not appreciate their folklore traditions and practices. When asked about their usage of folklore, most individuals will quickly say, “Oh, I don’t have a specific folklore practice.” However, when explored more deeply, bits and pieces of information arise about how certain oils, herbs or ritualistic behavior influence an individual’s current behaviors; these rituals had not been considered as folklore.

In my own case, the entire community where I grew up practiced folklore and still does today. Many people, old and young, prefer to use their folkloric remedies for whatever ailment they have such as cancer, hypertension, and diabetes, rather than the medications received from conventional health care providers; some individuals choose to use both. However, the majority of people in this community use folkloric or “local” remedies for healing purposes. For example, I was recently diagnosed with hypertension. When I told this to a good friend from childhood, he brought me a garlic mixture with specific instructions of how I should use it. In essence, folklore practices provide ready formulas as expressions of societal norms in ways that are often useful and pleasurable (Toelken, 1996).

**Methodology**

The proposed qualitative study will use the phenomenological hermeneutics method as designed by Max van Manen (1990) for data collection and analysis. Phenomenology is the study of the human experiences and the manner in which we perceive the world through those experiences (Sokolowski, 2008). It was developed by such philosophers as Husserl, Heidegger and Merleau-Ponty. Husserl’s ideas gave rise to the descriptive phenomenological approach to inquiry (Flood, 2010; Husserl, 1964). He believed that subjective information is significant to
the scientist seeking to understand human motivation, because human actions are discerned to be real (Flood, 2010). Although Husserl sought the pure, inherent character of conscious experience by means of description (Laverty, 2003), his colleague Heidegger sought to understand the nature of being (van Manen, 1990). Hence, Heidegger’s focus was on elucidating details and trivial aspects within experiences that can be taken for granted (Laverty, 2003). Heidegger’s work, hermeneutic phenomenology, is based on Husserl’s thinking. Hermeneutic phenomenology purports that the “lived experience needs to be captured in language…and this is inevitably an interpretive process” (van Manen, 1990, p.181).

The phenomenological method may shed light on understanding the meaning of folklore as a health patterning modality. Furthermore, the use of this methodology may illuminate meanings of folklore practices in various societies. Phenomenology, as a philosophy, encourages reflection on the lived experience of a person’s existence. Reflecting on one’s experience should be done as thoughtfully as possible and without prejudice (van Manen, 2007). Reflection allows the researcher to understand the meaning of the phenomenon from its essence, so that the discovery provides knowledge of its essential nature (Moustakas, 1994). The primary aim of phenomenology is to understand what it means to be a human being, or to understand the lived experience of another human being. As such, the emergent material of the experience shows the way to understand the meaning (Munhall, 2012; van Manen, 1990).

There are different phenomenological perspectives on data gathering and analyzing, one of which is Max van Manen’s (1990) method. According to van Manen (1990), human science, to which phenomenology belongs, “aims at explicating the meaning of human phenomena… and at understanding the lived structures of meaning” (p 4). He further stated
that to do research from a phenomenological point of view “is to always question the way one experiences the world and to want to know the world in which we live as human beings” (p 5). The goal of this study is to uncover the lived experience of folklore as a health patterning modality as described by the participants of the study.

Relevance to Nursing

Nursing science is an organized body of knowledge, and the practice of nursing is the use of that knowledge (Rogers, 1994). The application of nursing knowledge is for human betterment and well-being (Rogers, 1994). Consequently, research that is rooted in nursing science is indispensable to nursing practice (Butcher, 2006). This study will offer insights into understanding and accepting folklore as a healing modality towards a person’s knowing participation in change ----awareness, choice, freedom to act intentionally, and involvement in creating change (Barrett, 2010). This change reflects an acceptance of patients’ preferences and needs, including nursing care that is patient-centered.

Patient-centered care was noted by the Institute of Medicine’s (IOM, 2001), Crossing the Quality Chasm, to be one of the six aims of high quality care (Epstein, Fiscella, Lesser, & Stange, 2010). Patient-centered care is “care that is respectful of and responsive to patients’ preferences, needs and values and ensuring that patient values guide all clinical decisions” (Epstein, et al 2010, p. 3). These qualities are essential to providing the appropriate care to each patient at the time it is necessary (Epstein, et al., 2010). Patient-centered care is a healing dyadic relationship between the health care provider and the patient; it may also include the patient’s family. In this relationship, information is shared, including the patient’s values, beliefs, and preferences. Patients and their families are guided in making clinical decisions. As
such, patient-centered care requires the individual and provider to be in a mutual process to engage in health patterning for well-being.
Summary

This chapter describes the aim of the study, which is to understand the meaning of folklore as a health patterning modality and discover its unique characteristics in the life-health process. The phenomenon of interest – folklore -- the context of the phenomenon, and the theoretical context are presented. The justification for the study is that researchers and health care providers would benefit from an understanding of folklore as a health-patterning modality. Assumptions and biases are addressed, and the methodology of phenomenology is discussed.

The proposed study is relevant to nursing, as new knowledge gained from this study will add to the body of knowledge for nursing and other healthcare professions. Afro-Caribbean health-patterning is the context for the study, as described in Barrett’s theory of power as ‘knowing participation in change.’ Individuals who use folklore for health and well-being hope to pattern their health to achieve balance and harmony within themselves and their environment.

In Chapter Two, the evolution of the study will be discussed in the historical, experiential, and theoretical contexts to further explicate the utility of folklore as a health patterning modality.
CHAPTER II: EVOLUTION OF THE STUDY

Historical Context

Folklore as a health patterning modality has not been defined, described, or studied as a phenomenon in the nursing literature. In everyday usage, the term folklore is often used to mean oral literature traditions (Deka, 2011); however, folklorists and anthropologists who have defined, studied, and described the phenomenon of folklore since the 1840s (Blyn-LaDrew, 1996) have found that it is a significant part of numerous societies that contains traditional plant remedies developed by local medicine persons over time (Deka, 2011). Folklore exists within organized groups and consists of the knowledge that is shared by a society (Deka, 2011). Nurses have addressed specific complementary and alternative healing systems but have not developed a body of knowledge that includes folk healing systems or folklore practices from a Rogerian perspective on nursing science. Notwithstanding, storytelling, a form of folklore, has been used for centuries as a dynamic vehicle for communication, education, and recreation (Bowles, 1995; Moon and Fowler, 2008). Moon and Fowler (2008) suggest that folklore or stories may be a vehicle to facilitate learning rather than imparting knowledge.

Folklore.

In order to understand folklore practices as a health patterning modality, one must understand the significance of folklore practices and folk healing within a society. A folk healing system is a set of beliefs, values, traditions, ideas, narratives, folk sayings and folk art that have a shared social dimension; it is what people do when they are ill (Wing, 1998). For centuries, folk healing has been an essential aspect of maintaining health. It has been documented that all societies have some form of a lay health system; this may be called folk,
indigenous or generic medicine (Leininger & Mcfarland, 2006; Zapata & Shippee-Rice, 1999, Wing 1998). The knowledge and skills necessary for lay healing are transmitted by one’s elders. Although there are many similarities, no two societal groups approach folk healing in the exact same manner (Leininger and McFarland, 2006; Zapata & Shippee-Rice, 1999). The meanings associated with life-health processes are tied to beliefs related to care that are specific aspects of folk healing (Zapata, & Shippee-Rice, 1999). Folk beliefs include the whole range of human and environmental concerns. The use of herbs and other remedies is only one aspect of folk healing; it also includes the meanings assigned to maintaining good health, including beliefs and acts associated with an aspect of folk healing (Zapata, & Shippee-Rice, 1999).

Beliefs and values influence behaviors and attitudes towards a health disturbance and other misfortunes, and may have important implications for health and healthcare (Papadopoulos, 1998). Every society has its particular ideologies that set the standard within which life and health are defined. These understandings of health, and treatment/healing often stem from different observations, understandings and interpretations of specific symptoms, and how symptoms are uniquely experienced and explained in a specific society or geographic area (Waldron, 2010). There are those who believe that folk healing practices are limited to rural areas where conventional medical care is limited (Dorson, 2011). However, several studies (Wing, 1998; Zapata, & Shippee-Rice, 1999) have shown that folk healing practices are used among diverse communities in urban and suburban areas. Regardless of where folk healing practices are used, they include a dynamic, participatory relationship between the client and the traditional healer.
Health Patterning.

Health patterning is a dynamic process that requires mutual participation of the individual and nurse within a creative caring partnership (Barrett, 2009; Malinski, 1997). The basis for health patterning practice comes from central ideas in Rogerian science. According to Rogers (1992) human beings are energy fields and as such, are irreducible and indivisible. A pattern is the distinguishing characteristic of the energy field; although a pattern is an abstraction, its nature changes continuously and hence it gives identity to the field. Moreover, the pattern manifestations are observable in the physical world. Rogers (1992, p. 31) maintains that, “manifestations of patterning emerge out of the human/environment field’s mutual process and are continuously innovative.”

The term health patterning, conceived by Elizabeth Barrett (1998), describes the processes of facilitating the transformation of human beings in a creative mutual process with their environment (Malinski, 1991) through informed participation. Health patterning consists of ‘pattern manifestation knowing-appreciation and voluntary mutual patterning’ (Barrett, 2010). ‘Pattern manifestation knowing-appreciation’ is defined as the continuous process of discovery (Cowling, 1993; Barrett, 2010). In this process, the client and the nurse work together to discover the client’s concerns and how to resolve them (Barrett, 2009). The ‘voluntary mutual patterning process’ is a continuous process in which the nurse assists the client to freely choose, with awareness, ways to participate in making changes that will enhance her/his well-being. In this process, there is no attachment to a particular outcome (Barrett, 1998, 2009). Although these two processes are described separately, they function simultaneously; it is critical that the nurse has no investment in a specific change on the part of
the client. Creative and imaginative use of knowledge is essential in health patterning; the nature and the process of change must be fully explored (Barrett, 2010).

**Afro-Caribbean.**

The folk healthcare system among Afro-Caribbean people is a creative and natural process that evolved from their contact with Europeans, Africans, and Amerindians. A rich source of healing knowledge, is a common bond among the people of the Caribbean (Sutherland, 2014). This syncretism developed when members of slave communities from different African countries borrowed remedies, knowledge, and techniques from each other (Laguerre, 1987). During the colonial era, individuals from different African tribes were placed together on the various plantations. Although they could not communicate in a shared African language, they learned the common language of their enslavers to communicate with each other. They shared healthcare practices as they remembered them, and developed a new system. Despite the diversity of languages spoken in this region, the West African traditional healing system shared broad characteristics (Handler, 2000). However, since the health and healing system is based on collective memory, folk health practices may have varied from plantation to plantation (Laguerre, 1987; Sutherland, 2014; Handler, 2000).

In the traditional folk health and healing system, there are no distinctions between body, mind, and spirit (Wing, 1999). A person is treated as a unitary whole (Handler, 2000; Laguerre, 1987; Sutherland, 2014). The heart of Afro-Caribbean health and healing traditions is “the worldview that everything in the universe is of one source and will” (Sutherland, 2014, p. 19), and that the world is energized by spiritual beings and deities that often intervene in the everyday lives of people. In this view, whatever affects the body, mind, or spirit affects the
whole person: there is no separation. Therefore, folk healing experiences are intended to heal the whole person (Sutherland, 2014).

**Experiential Context**

My experiences both as an Afro-Caribbean native and a clinical nurse specialist stimulated my interest in the phenomenon of folklore as a health patterning modality. I was familiar with the stories that were told in my childhood primarily for entertainment, but that were also valuable for teaching/learning life’s lessons.

In addition to stories, folklore contains a body of knowledge about the various plants and herbs that families use to achieve wellbeing. Sometimes a person’s health concerns would be attributed to a supernatural or a spiritual root domain; this would be the perspective from which healing was approached, while at the same time, other concerns were ignored or not given adequate attention. As a result, people would consult a doctor or nurse after a period of using the herbal concoctions only because their health had not improved. Unfortunately, many people suffered or died because they waited too long to seek conventional medical attention.

As a clinical specialist, I have had opportunities to work with Caribbean patients who sought medical attention because a family member insisted on it. For example, one gentleman came to the emergency department with symptoms of shortness of breath, insomnia, and decreased appetite. When he was told that his blood pressure was 230/110 his response was, “Nonsense, you guys don’t know what you are talking about.” A few days later, when a family member brought him back, his blood pressure was 240/150. Although we explained to him how his blood pressure level was contributing to his mild heart failure and sleeplessness, he was not convinced. When I learned he was a plumber, I explained to him what was going on with him in plumbing language; he then wanted to know what herbs and teas he could use to
bring down his pressure. I suggested that he could consider working with his health care provider to achieve optimal well-being. Throughout the interaction, I spoke with a Caribbean accent, but without telling him that I am from the Caribbean. My accent may have made him feel comfortable and very likely contributed to his cooperation and acceptance of the treatment. In another issue related to this case, many people from the Caribbean and other communities that use folklore as the basis for healthcare strongly believe that it works; suggestions to the contrary alienates them, regardless of the extent of their illness. The gentleman mentioned above was in his 60s and he proudly stated that he had not been to see a medical doctor in over 40 years. However, rather than assuming he had not done anything to maintain his health, it was important to first ask him, “What have you done to maintain your health?” and then assist him to freely choose, with awareness, ways to participate in making the changes he wanted to improve his health. It was important for me to acknowledge that this patient may choose to continue with his folklore practice to maintain his well-being.

Theoretical Context

Folklore as a health patterning modality encompasses the features identified by Barrett (1998, 2009, & 2010) in her power theory. That is, according to Barrett (1998, 2009, & 2010) power is the capacity to knowingly participate in change. Barrett (2009, 2010) describes knowing participation in change as having four measureable and observable features. They are awareness, choice, freedom to act intentionally, and involvement in creating change. As Barrett (2009, 2010) states, awareness and freedom to act intentionally guide participation in choice and involvement in creating change. The features of this theory are innate to those who practice folklore for health reasons. As stated above, in many cases folk remedies are used before seeking medical attention, and it is not uncommon that medical attention is sought only
to identify the problem. Once the problem is identified, the folk remedies that are believed to work for the condition are chosen and used.
Summary

The phenomenon of folklore as a health patterning modality has not been well defined and studied in the nursing literature. However, the use of folk remedies has been defined, studied, and incorporated in the writing of Sutherland (2014), Laguerre (1987), and others. Folklore as a health patterning modality encompasses a set of beliefs that have a shared social dimension that includes the actions people take to maintain their health, versus the actions they should, as determined by a set of standards (Wing, 1998).

The work of previous scholars (Barrett, 2010; Sutherland, 2014 and Wing, 1998) has laid the foundation for inquiry into folklore as a health patterning modality phenomenon. There is a dearth of knowledge about folklore as a health patterning modality and a distinct phenomenon in the nursing literature. The historical context of folklore as a health patterning modality suggests that further inquiry is needed to uncover the phenomenon in order to understand its magnitude. Uncovering the meaning of folklore as a health patterning modality may add to the description and meaning of the phenomenon in nursing literature.

In chapter three, the methodology of the study will be discussed, including: the rationale for the selection of transcendental phenomenology as this study’s research approach, and the background of the phenomenological method, with summaries of Edmund Husserl and hermeneutics phenomenology, Merleau-Ponty and the hermeneutics method, and Max van Manen’s method.
CHAPTER III: PHENOMENOLOGICAL METHODOLOGY

To understand the phenomenon of folklore as a health patterning modality, the researcher must be committed to understanding the meaning of the lived experience of patients who use folklore to pattern their health. As health seekers, clients are searching for meaning and ways to make changes (Barrett, 1990) that enhance their health and well-being.

Phenomenology is the study of human experiences and the manner in which we apprehend things through those experiences (Sokolowski, 2008). It was formulated by the philosophers Edmund Husserl (1859-1938), Martin Heidigger (1889-1976), and Merleau-Ponty (Mapp, 2008). The phenomenological research method varies with the philosophic perspective that one embraces (Welch, 1999). At the core of phenomenology is the goal of understanding human experiences and how lived experiences are the foundation to meaning. There are two main approaches to phenomenology: descriptive (eidetic) and interpretive (hermeneutic) methodologies (Lopez and Willis, 2004). This study will use the hermeneutic approach.

**Rationale for Selection**

The rationale for selecting the hermeneutic phenomenological method is that it provides a sound approach for understanding and interpreting the lived experience and meaning of folklore as a health patterning modality. Furthermore, using this methodology can clarify and enlightened understanding of the use of folklore practices in various societies. The hermeneutic phenomenological approach allows for a sober reflection on the lived experience of a person’s existence, reflecting on the experience is done as thoughtfully as possible and non-prejudicially (van Manen, 2007). It allows the researcher to illuminate the essential nature of the phenomenon and to describe clearly the specific nature of the phenomenological perspective (Moustakas, 1994). The primary aims of phenomenology are to understand what it
means to be a human being and to understand the lived experience of a human being. The personal nature of each participant is revealed, and it is expected that understanding of folklore as a health patterning modality will be revealed. Additionally, the emergent material of the experience shows a way to understand the meaning of using folklore for health patterning (Munhall, 2012).

Background of Method

**Transcendental phenomenology - Edmund Husserl.**

Edmund Husserl, a German philosopher, began developing the philosophy of phenomenology before World War I (WWI) (Welch, 1999). He is referred to as the father of phenomenology -- a science of consciousness -- and is credited with the development of the phenomenological method of inquiry (Husserl, 1913/1962; Mapp, 2008), which has as its primary objective the direct investigation and description of phenomena as consciously experienced, free from preconception and causal ideas (Welch, 1999; Dowling, 2007). Husserl (1913/1962) stated that in a study of consciousness, information and insight emerge from an intense study of experiences and accomplished form through the phenomenological method. His ideas led to the descriptive phenomenological approach to inquiry (Flood, 2010).

According to Husserl (1927), the phenomenological reduction to a phenomenon proceeds in two steps. The first is a “systematic and radical epoche, epoche is the theoretical moment in which knowledge and action of the external world is suspended] of every objectifying ‘position’ in an experience, practiced both upon the regard of particular objects and upon the entire attitude of the mind” (p. 4); the second is an “expert recognition, comprehension and description of manifold ‘appearances’ of what no longer ‘objects’ but unities of ‘senses’ ” (p 4). In this way the phenomenological description includes a description of the experiencing and a
description of the experienced. Although his work did not result in a protocol for phenomenology research, “he repeatedly returned to the philosophy of method and to the primary methodological goal of understanding how consciousness constitutes experience…” (Drew, 1999, p. 263). He believed that subjective information is significant to the scientist seeking to understand human motivation. Husserl states that, “one’s subjective perception is the truest form of experience one can have” (Husserl, 1964; 1913, p. 3; Flood, 2010). By immersing ourselves meditatively in the general intention of scientific endeavor, Husserl believed that we would discover fundamental parts of a final idea, “genuine science which, though vague at first, governs that striving”(Husserl, 1950/1999; p. 12-13). He further stated, “In the ‘seeing’ pure phenomena, the object is not outside cognition or outside consciousness while being given in the sense of the absolute self-given-ness of something which is simply ‘seen.’ ” (Husserl, 1964, p. 3).

Husserl (1913) uses eidetic phenomenological reduction to ‘see’ past or through a particular lived experience; this process involves the systematic removal of nonessential aspects, leaving the essence of that which constitutes the particular characteristic. Reduction allows discovery of the essential features of the structure through reflection (van Manen, 1990). The aim of reduction is to capture the concreteness or the living meaning of the structure (van Manen, 2011).

According to Husserl (1950/1999) bracketing seeks to briefly reduce or erase any speculation by returning the subject to its basic experience of matter. This means that the investigator identify all interests, personal experiences, and hunches that could influence the study’s data (Fischer, 2009). Although Husserl (1950/1999) sought the pure inherent character
of conscious experience by means of description (Laverty, 2003), his colleague Heidegger sought to understand the nature of being (van Manen, 1990).

**Hermeneutic phenomenology - Martin Heidegger.**

The word hermeneutics is derived from the early Greek word *hermeneia*, which means to express, to interpret and to translate (Welch, 1999). The term was used to indicate a unified manner of engaging, approaching, accessing, and explicating facticity, or the character of the being (Heidegger, 1999). Furthermore, although the etymology is obscure, the word is related to the Greek god Hermes, the divine messenger of the gods. Heidegger’s work, which is based on that of Husserl, is referred to as ‘hermeneutic phenomenology;’ hermeneutics concerns unity in the interpreting of the character of being (Heidegger, 1999; Dowling, 2007). His focus was on elucidating details and trivial aspects within experiences that can be taken for granted (Laverty, 2003). He states, “Hermeneutics has the task of making the *Dasein* or ‘being-there,’ which is in each case our own accessible to this *Dasein* itself with regard to the character of its being” (Heidegger, 1999, p. 11). Heidegger’s hermeneutic phenomenology is descriptive and interpretive. It is descriptive because it seeks to be attentive to how things are and to let things speak for themselves; it is interpretive because it claims that everything can be interpreted (van Manen, 1990). Hermeneutic phenomenology purports that the “lived experience needs to be captured in language…and this is inevitably an interpretive process” (van Manen, 1990, p. 181). Heidegger advocated the use of hermeneutics as a research method based on the ontological notion that the lived experience is an interpretive process (Heidegger, 1999; Dowling, 2007). He believed that the main phenomenon that concerns phenomenology is the meaning of being or one’s the presence in the world (Dowling, 2007); he believed that every inquiry is a seeking and every seeking is guided by what is sought, and therefore inquiry is a
mindful seeking (Heidegger, 1935/1953). He further states that the “concept of ‘Being’ is indefinable” and that “this is deduced from its supreme universality…” (Heidegger, 1962; p 274).

**Maurice Merleau-Ponty.**

Merleau-Ponty a French philosopher, was influenced by Husserl and Heidegger (Merleau-Ponty, 1945/2012). He believed that phenomenology is the study of essence. That is, all problems or situations consist of finding definitions of essence (Kleiman, 2004). For example, in the phrase, ‘the essence of experience,’ the term essence may refer to essence as a universal or a standard against which all other instances are compared (Kleiman, 2004). When writing about the phenomenology of perception (Abram, 2009), Merleau-Ponty intended “to show that the fluid creativity we commonly associate with the human intellect is an elaboration or recapitulation of a deep creativity already underway at the most immediate level of bodily perception” (p. 3). He saw the physical body as the conscious subject of experience. As such, transcendence was not a special property of the abstract intellect, rather, it was the capacity of the physiological body itself, the power of responding to other physical bodies, through hearing, touching, seeing things and resonating with things (Merleau-Ponty (1945/2012; Abram, 2009).

**Hermeneutics phenomenology method: Max van Manen.**

There are various phenomenological approaches to data gathering and analyzing, one of which was developed by Max van Manen, who believed that human science aims to explicate the meaning of the human phenomena and to understand the lived structures of meaning (van Manen, 1990). Van Manen (1990) further states that to do research from a phenomenological point of view “is to always question the way one experiences the world and to want to know the
world in which we live as human beings” (p. 5). Van Manen, a Canadian educator, came to phenomenology, hermeneutics, and human science through his studies in the Netherlands (van Manen, 1990). He states that his approach is a combination of interpretive or hermeneutics methodology and the descriptive phenomenological methodology (van Manen, 1990), as well as it reflects the influences of Husserl, Heidegger, and Merleau-Ponty. For van Manen, phenomenology is a philosophy of being as well as a practice (Munhall, 2012). He believes that phenomenology allows sober reflection on the lived experience of a human existence, reflecting on the experience is thoughtful and, as much as possible, is free from prejudicial inferences (van Manen, 2007). It allows the researcher to see the meaning of the phenomenon from its essence, so that the discovery of the essence provides knowledge of the fundamental nature (Moustakas, 1994). The primary aim of phenomenology is to understand what it means to be a human being or to understand the lived experience of a human being. As such the emergent material of the experience shows the way to understand the meaning (van Manen, 1990; Munhall, 2012). According to van Manen (1984), researchers should be aware of several key observations about phenomenological studies. These include: a) phenomenological research is the study of the lived experience. It is the study of the world as it is currently and immediately experienced in the moment, not as it is conceptualized, or theorized; b) Phenomenological research is the study of essences. Phenomenology offers one the plausibility of a credible insight, which can help to bring one into more direct contact with the world in which one lives; c) Phenomenological research is the attentive practice of thoughtfulness. That is, the research pays mindful attention to what it means to live life. The phenomenological researcher is interested in people from all walks of life. d) Phenomenological research seeks to understand the human being from the core of his or her essence. Phenomenology offers a
framework for developing a fuller understanding of what it means to be alive in this world, taking into account one’s societal, and historical traditions.

**Research Method**

The methodology of phenomenology does not assume a set approach to the study. According to van Manen (1990), this methodology tries to avoid any tendency to construct a predetermined procedure that would influence the project. However, it suggests a framework for reflecting on the data to make sense of it. “Hermeneutic phenomenological research may be seen as a dynamic interplay among six research activities” (van Manen, 1990, p. 30). The first research activity is to examine a phenomenon that seriously interests us and commits us to the world. In this study, the research activity that is of serious interest is folklore as a health patterning modality. It is believed that people throughout the world use folklore ‘to pattern’ their health; however, there is a gap in the healthcare literature regarding this belief. Max van Manen (1997) suggests that in phenomenological research, the problem is not that too little is known about the phenomenon but that too much is known; by this he means that assumptions prejudice the researcher to draw conclusions on the nature of the phenomenon before adequately understanding the significance of the phenomenological question. To commit to this topic seriously and avoid assumptions based on the researcher’s experiences from interfering with the interpretations and data collection of the study, the researcher will use bracketing, to put aside assumptions and biases. One way to accomplish this is to purposely hold assumptions at bay by keeping a journal, and documenting observations of the process.

The second activity is investigating experience as we live it, rather than as we conceptualize it. According to van Manen (1997), the researcher required to “stand in the …midst of the world of living relations and shared situations” (p. 32) on the one hand, and on
the other hand, “the researcher actively explores the category of lived experience in all its modalities and aspects” (p. 32). In the context of this study, the experiential accounts or the lived experiences descriptions of folklore will be reported without editorial comments or explanations. The descriptions can then be used to help open questions of pedagogical meanings.

The third activity, reflecting on the essential themes that characterize the phenomenon, involves reflectively grasping or embracing the essence of the particular, significant experience. In this study, the researcher will be reflectively bringing into closer view that which is obscure or avoided in everyday life experiences with regard to folklore as a health patterning modality (van Manen, 1997). In other words, this activity involves identifying and grouping abstractions to create themes and sub-themes in such a way that a deeper and richer understanding of folklore as a health patterning modality evolves (Ajjawa, & Higgs, 2007).

The fourth activity is describing the phenomenon through the art of writing and rewriting; “writing fixes thought on paper. It externalizes what in some sense is internal or intersubjective; it distances us from our immediate lived involvement with the things of our world” (van Manen, 1985, p. 5). Writing is a means of affixing thought on paper, thereby creating an externalized sense of one’s innermost thoughts. In this study, the writing and rewriting process will help to make explicit that which is concealed about folklore as a health patterning modality. In this activity, the researcher is involved in the process of synthesis and theme development. That is, sub-themes are grouped into themes, and there may be further development and elaboration of other themes (Ajjawa, & Higgs, 2007). As van Manen (2006) states, writing brings to the surface that which easily eludes our grasp.
The fifth activity is maintaining a strong and oriented pedagogically-oriented relation to the phenomenon. The researcher maintains a thoughtful and intuitive attitude to the nature of the relational dimension of the study and remains clear and committed to the fundamental question. That is, the researcher probes the literature for connections to themes and sub-themes identified from the narratives. The researcher also looks for connections between themes that may support theories or theoretical frameworks (Ajjawa, & Higgs, 2007).

In the sixth and final activity, balancing the research context by considering parts and the whole is a process that includes a critical analysis of the themes, and a continued review of the literature for key concepts that could increase understanding of the phenomenon (Ajjawa, & Higgs, 2007). This process requires mindfulness and balancing of the part-whole continuum (Burhans & Alligood, 2010). That is, in this study the researcher must understand and interpret the narratives or data to move between the part or data and the whole, or the emerging understanding of folklore as a health patterning modality (Ajjawa, & Higgs, 2007). As such, both the part and the whole give meaning and understanding to each other (Ajjawa, & Higgs, 2007). The aim of this method is to facilitate discovery as the researcher endeavors to discover what a phenomenon means and how it is experienced. The researcher is a careful observer of minute details of everyday life.
Summary

The goal of this study is to uncover the meaning of using folklore as a health patterning modality. A hermeneutics-phenomenological qualitative research method was selected for the study, as it would permit me to access the core essence of participants’ experiences. I used the methodological approach developed by van Manen to analyze the data and write the research findings from a phenomenological perspective. The rationale for selecting the hermeneutic-phenomenological method is my belief that it is the best method for examining the lived experience of folklore as a health patterning modality.

This chapter also discusses Edmund Husserl’s work in phenomenology and his influence on Martin Heidegger. Straying from Husserl’s ideas, Heidegger declared that it is important for one to understand the essence of a phenomenon. He also believed that phenomenology should be interpretive, that is, it should offer insights into what is hidden about a phenomenon rather than demonstrating what is already obvious (Heidegger, 1962).

The French philosopher Merleau-Ponty was also discussed in this chapter. He was influenced by the work of both Husserl and Heidegger (Merleau-Ponty, 1945/2012). He believed that phenomenology is the study of essence, and saw the physical body as the conscious subject of experience.

In Chapter IV, my methodology will be discussed; the van Manen method will be explored in more depth. An exploration of each research activity will be necessary to arrive at a clear understanding of this method and its practical approach.
CHAPTER IV: METHODOLOGY APPLIED

Phenomenological Research Approach

The hermeneutics phenomenological research approach introduces a human sciences methodology to nursing. This methodology begins with everyday experiences as they are lived and give shape to the world (van Manen, 1990, 1997). Phenomenology research is about meeting people where they are in their uniqueness and diversity. According to van Manen (1990), in phenomenological research, the researcher focuses on the individual story to facilitate an understanding of experiences that are most common and often taken for granted: they are our ordinary and direct concerns (van Manen, 1990). Hence, this methodology is best suited for investigating the experience of folklore as a health patterning modality, and unique meanings in the life-health paradigm. Reflecting upon folklore as a health patterning modality as used by the Afro-Caribbean community will lead to an understanding of their everyday lived experiences (van Manen, 1990) and add to nursing knowledge.

Max van Manen

Max van Manen’s (1990) method, which was selected as the methodology for this study, is designed specifically for hermeneutics phenomenological human science (van Manen, 1990). The aim of human science is to make explicit the meaning of a phenomenon. The aim of this methodology is to discover what a certain phenomenon means and how it is experienced (van Manen, 1990). According to van Manen (1990), this methodology is a necessary guide for collecting and analyzing data, and writing the results of the study. Van Manen (1990) states that phenomenology and hermeneutics have no method: “that methodology is the theory behind the method” (van Manen, 1997, p. 27-28). In other words, the methodology is the study of the path to discovery; to discover or make clear what folklore as a health patterning modality
means and how it is experienced. The approach set forth by van Manen (1997) aims at having no predetermined or fixed pattern of procedure, but rather an approach of discovery, and includes six activities intended to stimulate insight and creativity in the process (van Manen, 1990).

**Research Approach**

The elements of van Manen’s research method approach are the six activities that were mentioned in Chapter Three:

1. Turning to a phenomenon that seriously interests us and commits us to the world.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes that characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and pedagogically-oriented relationship to the phenomenon.

These approaches will guide the research towards becoming clear, authentic, and complete descriptions of the phenomena of interest. The first activity in the approach begins with a commitment of the researcher to make sense of a certain aspect of human existence, and to reveal the scope and nature of the lived experience. This is done by posing a thought-provoking question to obtain the meaning of the particular phenomenon (van Manen, 1997). For example, a question that may be asked is, "Tell me what it’s like for you when you use folklore practices for your health?" I am committed to sharing the knowledge of this phenomenon with the nursing and health care professionals; it is my desire that others understand the experience and meaning of folklore practices used for health.
In the second activity, I turned to the phenomenon of the lived experience and became full of the experience; I am therefore able to share a full description of the personal experience of the phenomenon and explore all of its aspects (van Manen, 1997). Conducting in-depth interviews with participants who use folklore practices for health allowed me to hear their experiences and to understand that each participant’s description revealed the essence of his or her use of folklore practices. These experiences were recorded and later transcribed; when I subsequently reflected on the transcriptions, the themes for this study emerged.

In the third activity, I thoughtfully reflected upon the written transcripts of the interviews for the themes and meaning of the lived experience, in order to understand the essence of the experience (van Manen, 1997) of folklore practices. According to van Manen (1997), reflection of the experience brings it closer and renders it significant. I had the in-depth interviews transcribed by ANP Transcriptions, an independent transcription company. While listening to the audio recordings, I read and reflected on the transcripts and field notes. Themes emerged of the experience of folklore practices. The essence of the folklore practice phenomenon became apparent from the emerged themes.

The fourth activity, writing and rewriting, allowed the researcher to thoughtfully write a clear or reasoned description of the phenomenon. This process allowed a well-thought out and discerning interpretation of the interviews. As van Manen (1990, 1997) states, “phenomenology is the application of language and thoughtfulness to a phenomenon or an aspect of the lived experiences; or...to let that which shows itself be seen from itself in the very way in which it shows itself from itself” (p. 33). In chapters five and six, I wrote a clear description of participants’ experiences. The interpretations of the interviews can be read and
reflected upon by others to gain understanding of the experiences of folklore practices; other scholars may also expand upon this research.

The fifth activity focuses on pedagogy and the importance of educating others on the lived experience of the phenomenon. I recognize the relatively sensitive nature of the relational dimension of the study and remains clear to the fundamental question. It was important not to get sidetracked or settle for superficial understandings. Van Manen (1997) states, “to be oriented to an object means that we are animated by the object in a full human sense. To be strong in our orientation means…not to settle for superficialities and falsities” (p. 33). While conducting the interviews and reflecting upon them, I maintained a conscious awareness of the research question. I referred to the question when listening to the audio-tapes, reviewing the transcripts, and reflecting on the themes in order to ensure that the conclusions and discussions to be shared with the nursing community clearly described folklore practice as a health patterning modality.

The sixth activity required balancing the research context by considering the parts and whole. It was important for me to focus on revealing the essence of the phenomenon and avoid becoming preoccupied with searching for the answer to the questions. Max van Manen (1997) cautions the researcher regarding this issue. He states, “…one needs to constantly measure the overall design of the study/text against significance that the parts must play in the total textural structure” (p. 33). Hence, the researcher should be careful not to follow a rigid pattern in interpreting the interviews and thereby miss the depth and richness of the description of the experience (van Manen, 1997). I made a conscious effort to set aside experiences that could cloud the revelation of the essence of the phenomenon. I was conscientiously aware of the
possibility of my own biases and assumptions and wanted the reflections and interpretations of
the interviews to fully describe folklore practices as a health patterning modality.

Protection of Human Subjects

The study ensured the protection of each participant’s privacy, confidentiality, and
rights. Approval was obtained prior to the start of the study from the City University of New
York (CUNY) Hunter College Intuitional Review Board (IRB). There were no current or
foreseeable conflicts of interest for this study. A written informed consent was obtained from
all participants. It was emphasized to the participants that participation was voluntary and that
they might choose to stop the interview or withdraw from the study at any time without fear or
penalty. There were no foreseeable risks for the participants. Moreover, although there were
no direct benefits to participants; they were informed that their participation in the study might
contribute to new knowledge regarding folklore as a health patterning modality.

To protect participants’ confidentiality no identifiers were assigned. Minimum
demographic data were collected and remained confidential at all times including during the
analysis period; at no time were participants’ names used, however, participants were given an
opportunity to choose a pseudonym. The researcher audio-tape recorded the interviews with
participants’ permission and the audiotapes were transcribed by an independent transcription
firm. Only the researcher and her sponsor listened to the audiotapes. The participants’ names
did not appear on the transcripts. The audiotapes were destroyed after the interviews were
transcribed. There are no personal identifiers to link participants to the interviews and all
materials will be kept by the researcher on a password protected computer in her office for a
minimum of three years. After that, all materials will be destroyed. During the interviews,
participants were referred to by pseudonyms. The transcribed interviews and their
interpretations will be shared with the sponsor, committee members, and participants for credibility and good practice (Baxter & Eyles, 1997; Bradshaw & Stratford, 2010; Guba, 1981; Lincoln, 1986).

Sample Selection

The sample was selected from the Afro-Caribbean American community in the United States. The criterion for selection was that participants use some aspect of folklore practices for health and well-being on an ongoing basis. The sample size consists of fourteen male and female participants (Mason, 2010). Table 1 in Appendix A displays the demographic characteristics of the participants.

Data Collection Procedures

Data collection in this study used the non-probability snowball sampling method to recruit participants. This sampling method uses participants to refer the researcher to other participants and has proven to be useful in conducting qualitative research (Cohen & Arieli, 2011). Advantages of this method are that it is efficient helping the researcher to locate appropriate populations with minimum time and effort, it is cost-effective, and it builds on trust within the sample population. Persons who trusted me referred me to others and thus I was able to access more of the sample population as someone who they could be trust. Past ties and communications known to the interviewer can also facilitate involvement and cooperation of a specific population, especially if there is potential difficulty in locating a representative sample of the research population. Often people who use folklore practices (secret rituals and remedies, passed on through oral traditions, and known only to a few) do not readily discuss their practices with others perceived as outsiders, because of distrust (Wing, 1998). Therefore, the snowball sampling method was appropriate for my population. Since these individuals
were not randomly chosen, the results of this study may only be generalized to the participating group. It is hoped that patterns will emerge that may be used for future research studies.

It was hoped that participants would be open about their folklore practices and although it was anticipated that they would discuss ways in which they used these practices there were concerns that some participants would be secretive about their practices and not be forthcoming in sharing their experiences. This concern stems from my personal knowledge as an Afro-Caribbean person and knowing that trust is something that must be earned and cannot be taken lightly. Nonetheless, it was hoped that because the participants agreed to participate they would share honestly.

This research study was structured according to van Manen’s approach. Participants who meet the above criterion were invited for an initial interview in a setting selected by the participant, so that participants were at ease and comfortable (Butcher, 1996). I recorded the interviews using a digital tape recorder, with the participants’ permission, and they were transcribed by a professional transcriber. I read the transcribed interviews at least twice while listening to the tapes for accuracy. Confidentiality was maintained throughout the study, and the interviews were held at a place where interruptions were unlikely. Appendix B contains the participant eligibility screening script, as well as the informed consent form the participants were provided. Participants were informed that their names were not being used in order to maintain confidentiality and respect for their privacy; at that time they were asked to choose a pseudonym.

The digital tape recorder was visible during the entire interview but placed where it wouldn’t be a distraction. After the interview, participants were asked to review the transcribed
recorded interview to assure that their experiences were accurately conveyed and recorded. Unstructured interviews were used to collect the data for this study with the intention of listening to the stories as participants describe their experiences.

The initial, broad opening questions were, “Please tell me what it is like for you when you use folklore practices for your health? Please tell me about your experiences using folklore practices for your health and well-being?” “Describe to me any feelings you may have had while practicing folklore techniques for your health and well-being?” I was mindful that to reveal the essences and meanings of the study, it is important to assess for personal biases and perceptions throughout the interviews in order to remain neutral or bracket thoughts and feelings (Lopez and Willis, 2004). Additionally, I kept a journal of the research experience which included objective descriptions of my observations. These included information that were recorded immediately after the interview such as where the interview took place, the environment, what, if any, activities took place, and any significant nonverbal expressions (Butcher, 1998). In the journal, I reflected on my thoughts, and examined my values, beliefs, and views separately from those of the participants (Butcher, 1998).

Data Analysis

The recorded interviews were transcribed into text by an independent transcription firm, reflected upon, and separated into meaning units of folklore as a health patterning modality. An analysis of the interviews and notes taken during the interview were evaluated for essential themes and patterns to enable the researcher to develop a description of the meaning and experience of folklore as a health patterning modality. I read and re-read the notes and interviews in order to know when saturation was achieved. Data saturation was achieved at nine participants; however, interviews continued to fourteen as appointments were already
made with these participants. I then wrote and revised the text regarding the experiences of the phenomenon, including thoughtful reflections on the themes and overall interview process. Reflecting on the thematic aspect of the text with information from the literature assisted me in enhancing the phenomenological description of the interpretive themes. In addition, writing and re-writing also helped me to capture any spiritual meaning that might have been hidden in the text. Overall this process helped me to explicate meaning and significance that were deeply buried in the text (van Manen, 1997).
Summary

In this chapter, van Manen’s (1997) method of data collection and analysis was discussed. This method is designed for hermeneutics phenomenology and specifically human sciences. According to van Manen (1997) the intention is to provide a methodology for writing human science research. This approach is appropriate for nursing science researchers seeking to understand the meanings of human science phenomenon. This methodology is suited for my study as it seeks to find the meaning of folklore as a health patterning modality in the discipline of nursing and nursing practice. The protection of human subjects’ confidentiality and privacy were also discussed in addition to the risks and benefits of study participation. Sample selection, data collection, and data analysis were also discussed.

In chapter five, the findings of the study will be reported according to van Manen’s methodology; that is, a description of the experiential themes, a description of the essences of experience, and description of relationships among essences (Munhall & Chenail, 2008).
CHAPTER V: FINDINGS OF THE STUDY

The purpose of this research study was to uncover the meaning and experiences of folklore practices as a health patterning modality. Fourteen participants were interviewed. Their interviews were audio recorded, transcribed, and coded using van Manen’s methodology for hermeneutic phenomenology. The participants were asked to, “Tell me what it is like for you when you use folk medicine or traditional practices.” The participants’ stories unfolded during the interviews and were interpreted by reflecting upon their words and meanings.

According to van Manen (1997), life stories are told in the form of anecdotes, stories and experiences that serve as a means for gathering and examining experiential narratives; van Manen (1997), further states that, “stories evoke the quality of vividness in detailing unique and particular aspects of a life that could be my own life or your life” (van Manen, 1997, p70). As such “stories transcend the particularity of their plots…which makes them subject to thematic analysis…” (van Manen, 1997, p70).

The interviews were transcribed and reflected upon several times to extract the meaning of the experience for each individual. In order to fully grasp or interpret the context of the experience as it occurred, I wrote notes about the participants and how I experienced the interview immediately after each one. These practices were important because they allowed me to identify and acknowledge my biases, and hold them deliberately at bay so as to fully participate in and thoughtfully evaluate the interviews. After interpreting the experiences for each participant, I organized the experiences by themes for further reflection; these provided essential themes of the study. The themes were then transformed into one interpretive statement of the lived experience of participants who use folklore as a health patterning modality. The first level for reflection was a comprehensive reading of the transcripts that
focused on the totality of the participants’ life stories. In reviewing the experiences, attention was given to individual pointed phrases, or phrases that expressed the main significance of the text and captured the core meaning of folklore as a health patterning modality. In addition, the transcripts were read while listening to the taped interviews. I reflected on the meaning of the transcripts and identified specific statements for future consideration. For the second level of reflection, I concentrated on reviewing the whole transcript for thematic statements, saturation of core foundational meanings, and emerging themes. The result was to identify phrases and sentences that were common to all participants and were revealing about folklore as a health patterning modality. The third level of reflection involved a careful focus on statements about folklore practice that seemed to be common to all participants. As I reflected on the initial themes in the experiences, the essential themes of folklore as a health patterning modality began to emerge. All themes that were not a true reflection of folklore as a health patterning modality were removed. A final interpretive thematic statement was then developed that describes the lived experience of folklore as a health patterning modality.

Research Setting

The research settings ranged from participants’ homes to their offices in New York, Connecticut, and Pennsylvania. Each participant selected a convenient time and place. All locations were quiet and private so others could not hear the conversation; all participants were given a pseudonym to protect their identity. Every effort was made to avoid including details that could potentially compromise participants’ identity. The interviews lasted approximately one hour. There were a total of 14 participants in the study.
Study Sample

The 14 study participants were all of Afro-Caribbean decent. There were four males and ten females and all of them have been living in the United States for more than ten years. They ranged in age from 30 to 73, and have at minimum a high school education. Six participants had college degrees and three of these had Master of Arts degrees. All participants were employed in various positions and used some aspect of folklore practice on a daily basis. They all spoke English as their primary language; however, most speak with a Caribbean accent and in some cases speak a form of patwah. Patois (patwah) is an English-based Creole language with West African influences (British Library, 2015).

Participants’ Experiences

Godfree.

It makes me sleep better, work better, my sex life is much better; it makes me exercise better, and it gives me more energy. I could tell you for a fact because I use it on a regular basis. ... And when I am sick if I have any sickness I use it and it works. ...”

The interview with Godfree took place in a private office in an auto mechanics’ garage. When I arrived he was playing dominoes with two other men but seemed distracted as he was awaiting my arrival. When he saw me he gave a big smile and said, “Boys I’ll be back later, I have to talk to Mary right now.” He greeted me warmly and ushered me to a vacant office nearby. Godfree spoke enthusiastically and passionately as he described his folk health practice. His descriptions about specific folk remedies, potions/concoctions revealed his uses for specific health concerns as well as folk remedies he had been told worked for other health concerns. Godfree spoke without hesitation about working 25 years and never calling in sick.
He has not taken Tylenol or aspirin for twenty years. He further stated that everything he uses is 100% natural, meaning that it is naturally grown.

Godfree spoke frankly about growing up poor and that his parents “didn’t know much about going to the doctor” — they only knew about using what they had from the land. This involved picking and boiling leaves from various ‘bushes’ and drinking the tea for a particular health concern. He learned from his parents that certain herbs and spices (which he called, ‘bushes’) were good for certain health concerns, but that they must be used cautiously. Godfree also spoke passionately about how essential it is to eat natural, unprocessed food. He stated, “When … I use something natural it makes my body feel good…I know I feel the results… I am 51 years old this year and I don’t take medication and I have no headaches, no pains no aches.”

Godfree spoke further about visiting his medical doctor yearly but that doing a regular cleanse was important based on how he treats his system because “you gotta be your first doctor, so I have a method of when I would drink …” this or that. “I science it myself…I based it on, I know my body, you gotta know your body.” Godfree was reflective during the interview and seemed to have chosen his words carefully. He admitted that although what he does works for him, the difficulty is finding the correct portion amount. He stated, “whatever I do, it works… the hardest thing about herbal medicine is the portioning: how often to take and to have the right amount -- but I know my body … the main thing is that a person must know their body.” Taking things “and not knowing what they are doing, they could poison themselves, they could make matters worse not better. The portioning is very significant.” He further stated that portioning was like a science. “It is not something that you could just come
up with today and say that’s what I’m having. If you are not sure, let somebody who knows about it, do it for you.”

PJ.

*I use the stuff every day. I can't do without it. See like right now it is good for the immune system. And like right now winter is coming along so it has to build up the immune system. You can't wait until you get a cold. It got to be in your system every day. Yeah, so you gotta do that.*

The interview with PJ took place in his office at his auto mechanic garage; where other men congregate to play dominoes and talk about life. When I arrived he was standing near the entranceway, looking out. As I approached, he waved me onto the premises. Other men were playing dominoes in an open area. He greeted me warmly and ushered me into his office. PJ described his folklore practice as a generational thing that he is trying to pass onto his children. PJ described that his knowledge of folklore practices began with his grandmother. “You start somewhere. And then, you know you see—along with some other people, you see doing it and you want to do the same thing for people to live longer and healthy...you got to pass it on. You live for yourself, you live in vain. You live for others, you live again. I believe that.” While PJ thought going to the doctor was important, he also thought that people should try to help themselves first: "You got--you should go to the doctor, but still--heartburn or something like that...there is herbal you can take, you can take apple cider vinegar and that is good for acid, you know, and all them stuff." He felt strongly that these remedies should be shared. PJ stated, "It means a lot when I can help people, and also yourself. Yeah. It means a lot when people come back to you and say ah, boy that thing worked. You know. Do you have any more? It gives me encouragement to do some more."
PJ described specific concoctions and herbal remedies that he uses for himself and others, all of which are natural and unprocessed. Although this is not his primary business, he is sought out by many in his church and nearby towns for his knowledge and expertise in using and achieving desired results with folklore practice. "Problems come when you get away from nature, go back to Genesis it will tell you that, yeah, so we can't get away from that. It is nature. ...Somebody brought this guy to me, and say his wife is gonna' leave him because he can't perform in the bedroom. So I say man, I'm no doctor. Why don't you go take Viagra and Cialis and all them stuff? Why come to me? He said, them stuff don't work. And somebody say you have something can work." The man was given a high protein concoction and told not to touch his wife for a month because his body needed to be built-up. After a month the man returned exclaiming, "That thing work, my thing good."

Throughout the interview, PJ reflected on person after person that he had helped with high blood pressure, sperm count, erectile dysfunction, and low energy ("run down body"). He does not take money for helping others because he believes in "each one, teach one," and he wants people to be aware that everything we need for health and well being exists in nature.

Shack.

We older folks use these things and I grew up on some of them and some of them today I still use because I realize it’s the best, you know. There’s no side effects I get from it and when you can take something that’s good for you and it eases any kind of sickness that you have and it don’t give you a side effect is one of the best thing that you can even do. Because most medicine that they give you up here, they give a side effect and you want something to help you; not to cause other problems.
The interview with Shack took place in a vacant office at the auto mechanic garage where I met with PJ, another study participant who referred Shack to me. I was at the garage when Shack arrived, and he was apologetic that he had kept me waiting a long time; however, I assured him that there was no problem since I was kept occupied with other interviews. He was relieved but wanted to start the interview immediately. He talked about specific herbs, spices, fruits and vegetables that were healing to the body and questioned why scientists did not introduce these to the world. One such herb is called bissy, a fruit of the cola nut tree. Bissy is an antidote for food poisoning and allergies as well as being a stimulant and an antioxidant. Shack tells the story of a woman who ate ackee, (the national fruit of Jamaica, the unripe fruit of which is toxic) before it was ready to be eaten and became poisoned: “A lady get food poison by eating hockey (ackee) and nobody rush her to the hospital…This person just boil up a big pot of that and give it the poisoned person and then she was cured.” He also spoke of the difficulty in finding some of these remedies that are unique to the Caribbean in the U.S., but he and others are able to maintain their supply by having a traveler bring the remedies in when they return to the U.S. from the Caribbean. He voiced concern that in the U.S., foods labeled as natural may not be all natural, as most are mass-produced with the use of chemicals. He said, “When you see ginger come from Jamaica it is very small…when peanuts come through they’re very small, so you know that it takes time for them to process good, the right way; because there’s no fertilizer, no chemical inside these things. You see, so we know we are getting the right stuff; here, I mean, we can’t fault the U.S. for this because …they haven’t got a lot of time to plant stuff …there is a lot of chemical and stuff that they put in it. Thing grow too fast, too much chemical or stuffs, I do not know what is inside …”
Shack reflected on people he knew and respected from the Caribbean. He said, “Their weight and health in general remain the same” he thought it was because they ate 100% natural foods and “that natural food did not cause other problems.” Shack went on to say that, “It is very, very important that we look into ourselves. Become responsible for what we are doing to ourselves.” He further stated that a person must “study self and look at what is good…be very conscious of what I’m doing and eating.” He spoke about his friend who was taking about six different medications for diabetes and high blood pressure. The person wanted to cut back on medication and asked for his help in doing so. Shack instructed his friend to stop the medication while he took his garlic juice and continue with his regular doctor’s appointments. The doctor eventually lowered the dosages of the man’s medications but at that point, the man was not taking the medications: he was using only freshly made garlic and other herbal juices. Shack emphasized, “You gotta’ love yourself and the only way to love yourself is to do right by yourself. …since I started these things I have more staying power. …I have more strength which I did not have when I was eating the way I was eating.”

Shack spoke at length about learning folk remedies and natural eating from his parents while he was growing up. He said, “the whole idea is you grow up poor…when you grow up poor, we have a bit of land … we learn to plant things … we plant and grow a vegetable garden… and fruits.” In spite of his humble beginnings, he now says that folklore practices “helps us to sustain our body. That’s how important these things are…I cannot work for enough money…you know, I have to have it even if I have to walk and pick up bottles and cans…I have to have a lifestyle that I try to get to keep on eating these natural remedies…”
Sonia.

I use something like Noni, it is a drink I make from the noni fruit, it is very good for sugar, pressure, and most likely everything. ... I have diabetes, first of all, so when I use that my sugar goes way down. So I keep using it all the time and it makes me feel very well.

The interview with Sonia took place in her home. When I arrived, one of her daughters and a granddaughter were present. She very quickly introduced me to her family and took me to a back room with windows facing the street. She started the interview by talking about her health challenge, diabetes, and how she keeps it under control. She spoke at length about Noni, Dandelions, and Sour-sop; although she says that Noni is very, very good and that it is good for everything. Sonia described that the Sour-sop bush is ‘the boss.’ The sour-sop fruit tree is grown in the Caribbean. She talked about how it is good for every sickness one could think of, including cancer. She further described that the dandelion bush was also very good, that it was not bitter, and because it is not bitter it can be used with conventional medications; “dandelion ...is not bitter, if you’re using any medication you can tint it with dandelion because it’s not bitter so it don’t interact with your medication.” Furthermore, “all these bush I am telling you about are very good to use. They don’t interact with the medication that doctor have to give you.” She continued to state that she used more local remedies “cause the local remedy is better than those medications that are taken. Cause sometimes the medication damage your heart…and you could lower your dose of anything that the doctor give you” with the local remedy. “Sometimes I stop taking the medication, I check the sugar and the sugar is way down…I stop taking it for a little; when I stop taking it I just use my local.”

Sonia further reflected on how she helps men with prostate issues with her local remedies: “Well, I make a batch of the bush for the people that have prostate. I put ginger, …
garlic… dandelion bush, the sour-sop, the noni bush and I make a good portion and … give it to different people and when I give out to them, they say, what you do? … Because when I drink it I feel well. I put them together and they work for a lot of people I know.” She reflected on how she helped her brother who was diagnosed with a prostate issue, and to whom she gave her concoction to drink; he got a positive report from his doctor on his return visit. She said, “I have a brother with prostate, I gave him the bush to drink, when he go to the doctor, the doctor ask him, ‘what you use?’… He was afraid to tell the doctor because he feel the doctor gonna tell him ‘don’t use it.’ Sonia says she does not charge for any of local remedies because God showed her what to do in a vision and it is important for her to “live the dream.”

Sonia concluded by talking about spiritual cleansing and how it contributes to health and well-being. She described that sometimes one never knows what happens out there, so it is important that you clean up yourself and your children. She spoke about squeezing lime in her bath water before bathing and praying while she bathes. She also squeezes lime juice around her home to rid it of negative energy. Lastly, Sonia talked about learning these various techniques from her mother and improving upon them as she grew up. Her improvements include incorporating what she learns from other people and the imagery from her dreams and visions. She stressed the importance of giving thanks to God and that God helps those who help themselves.

April.

Growing up in the Caribbean … it’s just what I know. It’s our culture, it’s been handed down over many generations and it actually works. It’s -- I think the reason it’s [folklore practices] used is because of economics. Wherein health care’s not easily accessible to people
who are... poor or poverty stricken...also people tend to have huge mistrust of doctors. For me in my life, I, my mom, my dad did it, you know, my family members. I see where it actually works.

The interview with April took place at her job, where she takes care of children. We were the only two people present at the time of the interview. She was excited and looking forward to the interview: she called me about 30 minutes before the interview and met me part of the way to make sure I came to the correct address. When we met, she jumped up and down and said, “Oh Mary! I am glad you are here.” She spoke with enthusiasm and longing about her folk medicine practice. April stated that the practice was handed down over many generations and although she is not sure of the science behind it she knows that it works. She said, “I’ve seen it work for many people; you would never see a Jamaican taking headache medicine, we have what we called…sour-sop…take some of the leaves and place on top of the head …with a wrap, take a nap, wake up…it is gone.” April proudly declared that she has not been to the doctor for nine years, since the birth of her daughter. She says, “I am not sick…I’ve been good.” She further states, “You could tell there is a bit of science behind it but growing up I had no idea why it worked.”

April conveyed strong and intense feelings that “people should try the natural way before they attempt… a doctor and get a pill… Before all this technology and all this processed food and pasteurized food and homogenized food…people were eating nuts and grains and getting their remedies from natural things. I mean they lived longer, they were healthier. For me, it’s for me to connect but also even it makes me feel closer to God. In that I believe that’s how He designed our bodies…”
April’s first approach to health care is the natural way, before she will introduce chemicals into her body. She says, “I feel empowered…like I can do something to help myself as opposed to leaving my health in the hands of someone else…So many people they feel like they’re not a part of their health care. They feel like …seeing my doctor is a little bit intimidating.” She thinks that it is important that a person know his or her body, because a medical doctor does not know everything about a person. April said, “I know many people who they’ve gone to doctors for, like every year, and a friend of mine had cancer, when they found out…it was stage four. I mean, she died. I think you are the only one who knows your body and I just don’t trust doctors…the medical field is no longer patient driven…worldwide…it is a business.”

April admitted that she would go to the doctor if she had broken bones or had some kind of injury in which she lost a lot of blood. She also acknowledged that the issue of going to the doctor is a delicate balance mainly because of her children, and she wants to be a responsible person. She then conceded that she gives herself three days to work on the health issue; if she does not achieve the desired result she will go to the doctor. April also spoke about being flexible and being able to recognize when the health concern is outside of what one can handle.

Another issue April addressed was the notion of other traditional wisdom and tales from the past, including superstitious beliefs that include stories about the spirits of the dead. She gave an example of a relative who, in the middle of the night, thought she was being followed by something. The relative was given raw garlic to chew and felt immediate relief. April stated, “It is a little bit bizarre if they’re saying that it’s the garlic …you know—would ward evil spirit off; but watching her that night in that total state of panic, it’s almost like a psychotic
break. So I know something exists.” However, she also states that now that she is not living in Jamaica, the notion of spirits of the dead are moot for her, but in the back of her mind she knows these things exist.

Elizabeth.

*My practices are basically from things I grew up with, my mom, my grandparents. A lot of mine, I guess came from my mom…growing up with her. When we were sick, we would use different… teas or leaves or herbs or things like that in order to heal the body… My great-great grandmother, they use to call her a bush doctor. She used just the things that were in her environment to help heal people in her community… my dad tells me stories about her.*

The interview with Elizabeth took place in her private home office. There was no desk or computer but a large television that was not plugged in; there were also three lounge chairs and an ottoman. She held her crochet project in her hand but she did not crochet during the interview. Elizabeth started her initial response by talking about her parents, who were from Antigua in the Caribbean. She was born and raised in St Thomas in the U.S. Virgin Islands, and noted that although the folk practices there are similar to those in Antigua, her practice is influenced by her mother, who was Antiguan. She spoke of the various remedies used for respiratory and other ailments. On the top of her list was sour-sop, which she stated, “has many purposes, also aloes, goldenseal, mint, and sage.” Elizabeth further spoke about her move to the U.S., where her immediate family consulted a naturopath and an herbalist because she had forgotten some of the things that she had learned from her mother while growing up. (Her mother is now deceased.) She stated that according to the naturopath, “wherever you live in the world, God created the things around you in the environment that you need to live, and for healing of your body wherever… you live.”
Elizabeth was elated as she reflected on the notion of eating the fruits and vegetables around her to heal her body. She said, “The land, the environment that you live in; stuff like that, that’s always been a part of our heritage, to use the things around us… the fruits, the vegetables in order to heal, you know… to eat okra … to flush your system out… whoever thought about that, you know, you just eat because that’s what you have for food. You just go outside in the yard and you get…all your different things that are out there and use them.”

Elizabeth praised her mother’s wisdom and she recalled the naturopath telling her that the things that her mother used to keep her well and to heal her as a child were the “right stuff.” Included in the “right stuff” is burning sage and other leaves used as incense to “scare away bad spirits and to rid the environment of negative energy. “Sometimes having… those things to fall back on, the incense - the burning of incense, the burning of sage, essential oils and stuff like that, helps us…to have a sense of balance.” She said, “When you grow up like that, that’s what you are accustomed to, you tend to stay in that realm of the way you grow.”

Elizabeth also spoke about the importance of teaching her daughter, who is learning disabled, about the uses of these natural healing strategies. There are “lots of things that we grew up with, my husband and I, we teach our daughter… those are the things that help her. My daughter at age 12 suffered what looked like a seizure; we thought it was a simple blackout. We took her to the emergency room, to the pediatrician, and neurologist. They gave her various blood tests and scans, but everyone was inconclusive. In the meantime, my daughter became non-communicative and the doctors could not tell us what was wrong with her.” She spoke further of how her friends who frequented a naturopath, gave up their appointments so she could take her daughter to be evaluated. At the end of the evaluation her daughter was communicating verbally and interacting appropriately. The naturopath told her that her
daughter had an unusual amount of parasites around her brain and was able to give her herbal supplements to clear her system of the parasites. Elizabeth also stated that her daughter gained a lot of weight from being on the seizure medicine but with the herbal supplements she was able to lose most of the extra weight. Since working with the naturopath to heal her daughter, she continues to work with her to maintain the health of herself, her husband, and her daughter. She believes this is the way she was meant to live.

Jean.

In our country we don’t go as often as other people would run to the doctor here. We just don’t run to the doctor for every little thing. We would have, like the children might come up with... a boil. We would take a little bit of... soap called sterlina... we take some soft grease, a ... little sugar, we mix it... put it on a square piece of cloth... wherever the boil is we just put it like a poultice over it and sometime within ...two to three hours...this thing come right up to the top and you just shake it a little... out fly this big thing that we just call the mother... We don’t have to go to no doctor to do that.

I met Jean at a church and went to the church library to do the interview. The only two people in the library, we sat across from each other at a large table. She started by saying she was not sure she had a folk practice but that in her country people did not go to the doctor often. Jean explained that there was only one hospital and it was far away; she did not mention if there were any doctors in the villages and parishes. She talked about how it is costly to get a taxi to take her to the emergency room, where she would have to wait a long time; the trip there, plus the cost of the emergency room visit and the taxi back home was more money than she had. Jean said that most of the health issues she dealt with had to do with childhood illnesses and accidents, as she had eight children of her own plus the neighbors. Jean gave an
example of a remedy for ‘bad chest cold:’ mix castor oil, salt, butter, casrip (an herb in her
country), egg white, and orange or lemon juice together. She said, “Oh God, the thing...tastes
bad. Everyone come up one by one and it thrown down their throat, you know, no spittin’ out
cause I got a belt. If you would see sometimes when these children mess, you naturally would
see some of this cold come right out in their stool. The crackling from the stomach that you
would hear then, you know that a couple of days after you wouldn’t hear these children with
crackling in their stomach. Understand me? It is just gone.” Jean further stated, “And this all
we do to them. We ain’t carrying them to no doctor for this cold...we just do these little
things.” When asked about her current practice, she talked about bringing back various bushes
and leaves to New York when she goes home to Guyana. Jean described that it takes about
nine days of drinking three or four different leaves each morning to get a good system wash-
out. Her body then feels light and easy. She also talked about using different combinations of
bushes to bring down her blood pressure and her diabetes. Jean spoke about accidentally
cutting herself while cutting her toenails. Since she is a diabetic, everyone was concerned
about her. She asked her son to find a piece of cobweb from a spider, which she mixed with a
handful of salt, packed it into the wound, and bandaged it. Even though she was urged to go to
the hospital, she did not. Jean’s son instead gave her an ultimatum that if the bleeding did not
subside in one hour he would take to her the hospital; but the bleeding subsided in fifteen
minutes and she did not go to the hospital. Her toe healed uneventfully. Jean prefers to use her
natural local remedies before going to the doctor. She gave another example from years ago,
when she was told by a doctor that she needed a tonsillectomy. However, after using warm salt
water with black pepper to gargle three times a day, she felt well enough to eat on the second
day. She boasted that at 73 years old, she still has her tonsils.
As Jean reflected on her life she stated, “I got through my life very good without a lot of hospitals. I didn’t live near a hospital and I ain’t got a lot of money, I would have to take a cab … I console myself that not everything you got to run to the doctor for.” She also spoke about figuring out dosages; she said, “that goes … to me like when I cooking… I don’t measure things when I cook. I …see my mother do it, she did not measure… I follow the same method. I share them with other people who are interested.”

Denise.

I have incorporated things I learned growing up as a girl in Guyana into the way that I care for myself and my son in terms of dealing with …illnesses and things of that nature. Recently, I’ve tried to understand the scientific implications of the things that I grew-up with. I believe that … rooted in a lot of these simple remedies are sometimes…a lot of complex things that…people are …putting together … chemist or pharmacist are putting together that we take in pill form or another format. But I think sometimes, we are going back to having that natural cure.

The interview with Denise took place in her church library, a large room with bookshelves on three walls, and a large window on the fourth. The center of the room had a large square table with several chairs around it; other chairs were neatly stacked in a corner. Denise and I faced each other. She conveyed confidence as she sat straight backed in her chair with shoulders slightly tilted forward. She started by saying that she has incorporated things she had learned as a girl growing up in Guyana into the way she cares for herself in terms of minor illnesses. As she became more comfortable in the interview, she stated, “I think not only the remedies I learned while growing up helps me to care for myself, and sometimes reduce the cost of having to …go to the doctor even though I have good health insurance, I think also it
helps me to be a more well-rounded person. It heals me not only physically, but …in an emotional sense. …it allows me to look at life differently.” She continued that she felt balanced, stating, “I think my spiritual life fits into this because …spirituality…has to do with believing and having faith in something…with folk medicine …I have to believe in this for it to work. It’s an issue of trust, faith and belief …I believe in God and Jesus, it helps me knowing that it also was created by God.” She further stated that she believed that as God created people, He also created everything that they need to heal and make them well. She stated, “What I perceive as folk medicine, in terms of using natural things around you to heal, it’s like just going back to basically what the scripture says, which is that He’s already made us with all that we need so if I just went to the garden and got some lavender so I can sleep instead of taking a pill isn’t that faith.” Denise also spoke of her confidence and comfort that she feels because when she uses these natural or home remedies she will get relief. She states “I know, I believe that I will get relief when I use these practices. There’s a sense of comfort in knowing that I have alternatives to try.

After Denise reflected on the idea of cleansing, she said that looking at science and at natural remedies practices side-by side offers her a better understanding of what modern science is trying to accomplish. That is, “if people were naturally cleansing themselves on a routine basis …at least a lot of the diseases and stuff that we’re seeing and dealing with has a lot to do with the fact that we’re not allowing our bodies to naturally process what God created them to process.” She further notes that she grew up with natural remedies as a part of her everyday existence, and that she had to learn when it was appropriate to seek medical attention. Denise noted that people relied on each other, especially on women who had six or more children. On the other hand, she stated, “one should not sit at home and use folk remedies and
not be open to other medicine.” As an example, when she had a sinus infection, she went to the
doctor, and took the antibiotics as prescribed, without obtaining relief. Someone told her to try
inhaling steam from hot water with thyme, while keeping a towel over her head to make a tent
for the steam. She received immediate relief. Although she has gotten clear and unambiguous
results from using natural home remedies, Denise stated, “It’s a constant …trying to compare
the science and figuring things out. I’m never really sure 100 percent when to use what.” For
her, the issue is that there are no exact measurements. People talk in such terms as, “a little bit
of this and a spoonful of that” because in times past, people did not have measuring tools.
Then she stated, “When it comes to regular medicine we do have prescribed doses and we have
to follow …but … we’re never really sure exactly what amount will work for each person
because we are these unique beings.” Prescriptions often have to be adjusted to meet the
individual’s needs.

Nellie.

*If someone you know feel, oh my, I don’t feel anything is going right; everything I do
...I’m failing at everything, maybe I need a bath. I can call one of my friends, one of my
neighbors from Dominica or I can call my mother and tell her what is going on, she will tell me
what to do...I would say it keeps me balanced...you feel more balanced. You use the natural
stuff than the other medication, you might get side effects from one medication. From the
natural stuff I think you very rarely get a side effect.*

The interview with Nellie took place at her kitchen table. She greeted me at the door
with some handwritten pages in her hand, having made notes so that she wouldn’t forget the
things she wanted to share. She wanted to start the interview immediately. The consent was
explained to her, she was asked to read it and sign if she agreed, and after she signed, the
interview commenced. In the initial part of the interview, Nellie seemed very guarded, as if she was choosing her words very carefully, to avoid saying the wrong thing. She talked about her mother, who is still living at 99 years old: “My mother …she say don’t take medication, go pick some bush make some tea, that will help you…my mom knows all kinds of leaves, she knows what this is good for and what that is good for…”

Nellie spoke with a smile, saying, “She would make me get spice and she would make a spice tea and say that will help you.” She said, “I grew up with my mother doing and telling me what to do and not to do in this regard.” Nellie admitted that she did not know the names of a lot of leaves that her mother used. She would tell her how she felt, and her mother would give her what she needed or send it to her here in the U.S. Since Nellie has been living in the U.S., she goes to the doctor for her regular checkups. “Sometimes here in the U.S. it is not easy to get the natural stuff and this is not my culture, when I go home I bring back some of the leaves, if I don’t have what I need I go to the doctor…” She further stated that she is aware that she has a choice, but when she does go to the doctor she takes whatever medication she is given for her cholesterol and high blood pressure. However, when she goes to her home in Dominica, she takes nothing. Nellie stated, “I go to the doctor she gives medication for my pressure; I will take it. It’s funny, if I go to my country I will take nothing, I take no medication…but I get back here and I start, I have to take medication.” Nellie also collects the various leaves that are used for tea and bath. She stated, “That’s one of the main things I do.” From time to time her friends and family ask what she has, she invites them to come and check, as she does not remember all of the names of the leaves.

Another important part of Nellie’s practice is taking a bush bath or a sea bath. One of the things she does when she goes to Dominica is to have a bush bath prepared by her mother
or to take a sea bath where the sea and the river meet. She stated, “Since my mother is up in years, she has not been taking the bush bath because she is not sure what leaves to use, but she will go to the sea with friends.” Her special place is where the sea and the river meet. Although the area may be rocky, she stated, “It is tradition. People say that’s a good place to go and bathe; you go right in this spot…rough and stony, there is no sand, you just dip …and soak yourself.” Nellie believes strongly that after the bath, bush or sea/river, one feels like a load has been lifted, “you just feel good, you feel a difference, it’s like a load comes off of me.”

Lynn.

Well, I use different kind of remedies to help me. I take medication; I'm a diabetic; I use other local things to help me, I feel better and they do help me feel better. ... Take for instance about 10-15 years ago I was diagnosed with diabetes, the doctor told me that I must see a nutritionist. I came out of his office and I said I am not going to comply.

The interview with Lynn took place in her living room. We sat in two chairs facing each other. She spoke about growing up in her grandmother’s home, and about the time her family was told that she could become blind from a condition she was born with. At that time, her grandmother began giving her Seven Seas cod liver oil daily for the eye condition, out of concern that she could become blind. Lynn did not become blind; she said that she did not even wear glasses until the last couple of years when she was diagnosed with diabetes and prescribed reading glasses. When Lynn was diagnosed with diabetes and told she must see a nutritionist, she reflected on her situation and who she was. Lynn decided it would be useless seeing the nutritionist because she knew she would not follow the instructions. Instead she designed her own plan to control her diabetes. “Okay I’m going to do my own thing. I cut out bread …I drank dandelion root tea, and I ate the leaves…I use washerwoman or cerasee tea,
and goldenseal tea as well.” Lynn also spoke about changing her diet eating a lot less and adding more exercise. When she returned to her doctor she was told there were marked improvements in her blood sugar levels, but she was interested in her A1C level as it reflects the average of a person’s blood glucose level over the past three months. The doctor told her that her A1C was fine; by now Lynn had stopped her medication. On the next visit she informed the doctor that he should discontinue the medication prescriptions because she was not taking it anyway.

Lynn had also been diagnosed with high blood pressure months after the diabetes diagnosis; she takes her medication but also uses herbs with the medication. Lynn talked about using dandelion, cerasee, garlic, noni, and cinnamon stick to supplement her blood pressure medications. Lynn described that while doing research, she learned how diabetes could affect her kidneys, and so she uses cranberry juice and cranberry tea bags to help her kidneys. Lynn said she uses sour-sop leaves tea, which helps her with everything, including sleeping; she also stated that there is new research that shows that sour-sop is also good for cancer. Lynn described how sour-sop is good for cleansing and the importance of cleansing in her regimen. She proudly noted that she has more energy: “you get a more upbeat feeling, more energy I do believe they help in the maintaining of the sugar level, cause life here in New York can be very stressful.”

Charlie.

You gotta get fresh vegetables, that’s the key to maintain’ your regular visit to the bathroom and watch stuff like that. You also need bush tea, there are several types of bush tea. If you drink your bush tea on a regular basis, these are natural. You have different bushes for different situations.
The interview with Charlie took place in a private study room at the local public library. The room had a square table and four chairs; there were no distractions from nearby rooms or students studying. Charlie started by stating that he was raised by his grandmother and that he tries to maintain some of the practices that he learned from her. One of those practices is the drinking of bush tea. He drinks bush tea at least four days per week, as a means of prevention against colds and minor aches and ailments. Charlie discussed relieving asthma with the bush 666, and tying various warm leaves on his joints to relieve pain after playing sports. Now, because he can only get the dry leaves, Charlie usually drinks teas. He talked about soaking in salt water to relax his muscles and relieve aches and pain. Charlie further noted the importance of eating natural food and remedies that one can pick from one’s backyard garden. “You stick with the stuff that you grew up with, your roots and it’s just natural, not chemically induced. Like for instance, right now I have a shoulder that’s bothering me; they keep telling me, why don’t you go to the doctor? I said no, I don’t think it’s at that state that I need to go the doctor. I can work on it. I soak in salt water, you don’t just jump up and go to the doctor, you know. You do just about anything… if you see worst is coming then you go, so the doctor is something like the last resort. I always try to use stuff that you have in your home.”

Charlie also described the importance of his church family, for it represents living in harmony. He stated, “It like a second family” where he can talk with the people there about whatever is troubling him. For him, that is healing. When describing his spirituality and healing practices, Charlie stated, “It is something that is in you, they say train up a child in the way he should go, so when he is older he would not depart from it. So it is embedded in you. You are continuing something that your grandparents did, you are continuing it.” He reflected further and stated, “It makes me feel powerful because you have something at your disposal
that you can use just like that. Something…in your back pocket you can use, you know.”

Charlie noted that this was his heritage and he felt empowered that he was carrying on a legacy.

**Erin.**

*Well I remember growing up in the Caribbean, my mother never took us to the doctor. Whenever we were sick my mother would find different herbs for us to drink. If we had any childhood illness, she would know what to do. So as an adult, I practice these things as I go along in years.*

The interview with Erin took place in her home at her dining room table; with no one else present. The dining room was spacious, and contained a sturdy wood table and four chairs. She welcomed me into her home and greeted me warmly. When I entered the room, Erin was holding her electronic tablet in her hand but promptly put it away. As I sat down, she was ready to start talking even before she read and signed the consent. I thanked her for being ready and explained the process to her. After the consent had been signed, and the tape recorder turned on, Erin started talking. She grew up in the Caribbean. Her mother did not take her or her siblings to the doctor, but instead used natural remedies for their health issues. “I remember that I did not go to the doctor until I was over 18 years old, and it was not because I was sick but some other issue which I do not remember specifically. As an adult, I still practice these things as I go along.” Erin discussed using senna for cleaning out her system, sour-sop leaves for sleeping, fever grass for a fever, eucalyptus for a cold, and Christmas bush to add a sweet flavor to food and drinks.

Erin shared her experience of being diagnosed with breast cancer. She said, “When I was diagnosed with breast cancer … I went to a nutritionist, I used different herbs from him which helped me tremendously. I drank tree of life tea, which they say it is good for cancer, I
drank sour-sop bush and I drank fever grass.” Erin described that even though she took chemotherapy and radiation treatment, she went to work every day and did not feel ill one day. Erin noted that her neighbors did not know she had breast cancer. After she recovered and shared her experience with them they did not believe her, because she had never appeared ill. She believes that in addition to going to the nutritionist, herbs like the sour-sop leaves, along with ginger and turmeric, largely contributed to her healing from cancer. Erin believes that the herbal or natural remedies help more than medication, because they are natural and do not have chemicals. “It does not go to a factory and do this and that with nothing in it. No chemicals. No kind of side effect. I believe in my natural remedies.” Erin described what happens when she goes to the doctor. She has high blood pressure and she keeps whatever appointment she is given. However, when she tries to talk to her doctor about her practice or what she would like him to check, she is asked, “‘who is the doctor and who the patient is?’ He does not like that I am telling him what I think is wrong with me.” Erin stated definitively, “I know my body and I try to put the right things in it.”

In addition to drinking bush teas when she was growing up in the Caribbean, Erin stated that she would also take herbal or bush baths to keep away negative energies or evil spirits. “I don’t do it up here because I don’t have access to those trees.” Erin continues to use her herbal natural remedies because she believes it gives her energy, helped her recovery from cancer, and helps to keep her blood pressure at normal values.

**Zorm.**

*My parents migrated to Antigua from Dominica, and I think I was raised in an environment of folk practice; whether it be healing approaches or mental approaches to just rituals. I think…both my parents were of the same mind-set that you only go to the doctors*
when it was extremely important. My mom was advised by doctors that she had to have a pacemaker …said she would rather make the decision to move on. She had her eight children at home, never went to the hospital.

The interview with Zorm took place at her home in the dining room. We sat at her wooden dining room table, which was covered with a white cotton embroidered tablecloth. We were the only two in the room. Zorm spoke frankly and thoughtfully regarding her experiences using folk practices to maintain her health and well-being. She described how she was raised in an environment of folk practices and that her parents believed that you only went the doctor as a last resort. She said, “The environment that I was brought up, or I saw while growing up …encouraged me to seek God’s medicine.” Zorm explained that God’s medicine means “…from plants …herbs …rituals or a practice that was handed down by the ancestors.” She further explained that this belief system has touched many areas of her life. Zorm told me that her personal introduction to herbs came when her mother asked her to look into what herbs she could introduce to her father who “was at that point showing signs of Alzheimer’s”. Six to eight months later, Zorm’s mother told her that there were improvements in her father’s mental state.

Another experience Zorm described occurred after she did research and decided to begin to use herbs that were considered natural estrogen to ward off the negative effects of menopause. She had success with this treatment when she was told that she needed surgery to remove fibroids that were causing her discomfort, including heavy bleeding. After doing more research, she decided to use a combination of herbs, called womb cleanser, which she drank as a tea. Her fibroids shrunk and she never had the surgery. She said that since then she has consistently incorporated herbs into her diet, Zorm noted that she is a lot healthier, more
vibrant, and energetic. She visits her doctors once a year, and gravitates to medical professionals who are understanding of her beliefs.

Zorm reflected further on the topic of folklore as a belief system. She described how it relates to health and how she has been close to the spirit world since childhood. Although she does not see spirits, she is able to communicate with them. If she experiences a presence that she refers to as a spirit, Zorm is able to identify who it is by the repeating of an experience that occurred around the time the person passed on. During this interview, her doorbell rang and when she went to answer it there was no one there, I thought it was odd because she came back to the interview smiling. Zorm later explained that it was her son, who died the year before, visiting her. She stated that these experiences gave her a sense of inner peace that her family and associates who have passed on are protecting her. Zorm also stated, “I think folklore is extremely necessary, or the understanding is extremely necessary because …we are swayed to label something as superstition because other people are not understanding of it or are not tolerant of it …we are afraid or we are ashamed, because of the attributes of belief. It has—it is a plus in my life …I walk with confidence; …I do my rituals, feeding, praying, I light my candles and all of that gives me the assurance of connection.

Deneen.

I do both modern practice and…a holistic—is how I view my health practice, or spiritual practice. If it is something I see that can be remedied without having to go to a doctor’s office. Most of my practices comes from practices my mother grew up with. A lot of times, those remedies are sometimes better than what the doctor would have prescribed.

The interview with Deneen took place at her work location, in the second floor conference room. Initially, she wanted to be interviewed at her desk, but then changed her
mind when she realized the significance of the interview. She commented that she did not want us to be disturbed and that was likely to happen at her desk. Deneen started the interview by saying that she was raised by her Haitian mother and grandmother. As she contemplated the aspects of her practice that she embraces, she stated, “A lot of what my mother has instilled in me as far as health practices is about using herbal teas.” Deneen was intrigued that some of the teas were grown in her backyard and seemed so simple but yet were so powerful. She identified economics and affordability as a fundamental reason that the practice existed for her family and their community. Deneen gave an example, “…it goes back to what you were able to afford, and if you couldn’t afford it, what can you use at home to make yourself and your family feel better.” However, she then described how she prefers natural medicines and would try natural remedies before going to a conventional doctor. Deneen stated, “I wanna be able to – to have an alternative without having to feel like that’s what I need to do because I don’t know all the repercussions or side effects that are gonna come if I use that type of medicine, but I do know that this is natural and it won’t harm or I won’t have those side effects that will come later. I wanna be able to know that I have that option.” She theorized “that the rise of all these mental disorders, diseases, and issues that have become so prevalent—in the last several years …” is connected to all the new conventional medicine that is out there, “because creating things …dabbling things …mixing things…then when you listen to a commercial, you listen—you hear the list of all the side effects… I’d rather take the natural process.” Deneen gave various examples of how she has taken care to feed her child only natural and unprocessed foods. She described how it was important for her to blend fruits and vegetables when her child first started to take solid foods, to not microwave nutrients, and to use only homemade chocolate sticks. Deneen stated, “It is about keeping it in lineage, passing it down.” She further stated
that “I feel as if I am making the conscious decision, like I have the ability to have the options …if I can remedy this myself, then it is less of a stressor.”

Deneen shared further concerns about taking conventional medications. “I find myself that I, when I do take medication I’m not myself … I mean conventional medication. I don’t like the feeling. Some of them leave you feeling loopy. I don’t…and because my system is so pure, it instantly takes it. I’d rather know that my system remained to its true form I think that’s my biggest worry, having my internal self to stay in its truest form.” She described how her grandmother gave her watercress broth and tea, after an auto accident in which she experienced a collapsed lung. Deneen stated, “The most modern medicine I took was in the hospital. Everything I took after that was a home remedy. One of the things that helped keep my lungs strong or rehabilitate it is watercress.”

Some of Deneen’s other folk practices involved her spirituality practice. She talked about not going into the New Year with her old self “…we bless the house, we say prayers, …burn three kings incense, its frankincense, myrrh, and sandalwood; we move whatever old negativity from this year, bring prosperity and peace for the New Year. We do a spiritual cleansing, it’s like you take a little bit of lavender oil or sage, bien être body splash, and splash yourself after a bath. You wanna come into the New Year bright, shinning so this way you have a bright and prosperous year. You also go to bed in all white bedding and clothing so you can have that spiritual connection.”

Deneen spoke further about laying a basket of fruit out New Year’s Eve into the New Year for her ancestors; this basket is present on the table. In addition, she spoke of honoring her grandmother who recently passed away. She said, “My grandmother passed away…and we do have her ashes, my mother…lights a candle for her and she lays fresh water and coffee
almost like an offering—it is presented to her …more like a remembrance.” Deneen also spoke about keeping lines of communication open with her patron saint by wearing that saint’s color on the designated day.

**Thematic Analysis**

After receiving the written transcripts of the interviews, I reviewed each transcript while listening to the audiotapes for accuracy. After an initial review of the transcripts, I contacted the participants to schedule a second interview whose purpose was to let participants review their transcript for accuracy and make corrections or additions. Each of the participants validated their transcripts and affirmed that the content was accurate and it was what they intended to convey.

Subsequently I read the transcripts a second time with a holistic approach and looked for the fundamental meaning of the text (van Manen, 1997), making notations in the margins to identify the basic meanings and assign them a specific color. Through this process six fundamental meanings were identified.

Table 1 lists the fundamental meanings and initial themes derived from the participants’ statements.

Table 1

**Grouped Fundamental Meaning and Initial Themes**

<table>
<thead>
<tr>
<th>Fundamental meaning</th>
<th>Initial themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing with nature</td>
<td>Wholeness is achieved and maintained through connection with nature</td>
</tr>
<tr>
<td>Using natural remedies</td>
<td>Sustaining life with nature affirms one’s belief in God and relationship to the environment</td>
</tr>
</tbody>
</table>
Fundamental meaning | Initial themes
--- | ---
Purity of natural remedies | Maintain traditional practices knowing nature’s purity
Discovering nature’s power and energy | Collective wisdom and personal insight uncovers the potency of nature’s remedies.
Passing on healing practices | Healing practices are passed from one generation to another within families and communities.
Relational trust | Collaboration and confidence in self and others, brings trust and comfort

These themes were shared with participants so that they could validate this summary of their experiences with folklore practices. The participants agreed with the interpretations and confirmed that their experiences were reflected in the themes. None of the participants desired to comment on the themes.

**ESSENTIAL THEMES**

**Determining Essential Themes**

The essential themes were determined by reflectively appropriating, clarifying, and making explicit the structure of the meaning of the lived experiences (van Manen, 1997). That is, the transcripts were read in entirety in order to get an overall understanding. They were read more slowly a second time so as to separate meaningful segments or fundamental meanings by their similar content. I and an expert researcher then reflected on these fundamental meanings.
using a free imaginative process to arrive at initial themes. Max van Manen (1997) suggests that the process of recovering themes is manifested by evolving meanings and imagery. He further suggested that understanding a lived experience through an interpretation of its meaning requires a process of insightful invention, discovery, or disclosure; grasping and formulating of themes is a free act of ‘seeing’ meanings. The fundamental meanings and initial themes are shown in Table 1.

I further reflected on the initial themes with an expert researcher to arrive at the interpreted themes. These interpreted themes were reflected upon more deeply, with an expert researcher, and re-written to broaden their meaning and derive six essential themes that are presented in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Interpreted themes</th>
<th>Essential themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholeness is revealed in rituals and beliefs that are</td>
<td>Believing in nature’s bountiful resources</td>
</tr>
<tr>
<td>connected to nature</td>
<td>reveals wholeness in healing</td>
</tr>
<tr>
<td>Sustaining life is unity and harmony with God and nature</td>
<td>Sustaining life means balancing the daily complexities of living with the unity of God and nature.</td>
</tr>
<tr>
<td>revealed through nature’s natural remedies</td>
<td></td>
</tr>
<tr>
<td>Traditional healing practices consist of intuitively</td>
<td>Purity of traditional healing practices</td>
</tr>
<tr>
<td>knowing the purity of nature’s remedies</td>
<td>emerges from heritage and a legacy of intuitive knowing.</td>
</tr>
</tbody>
</table>

74
Interpreted themes | Essential themes
--- | ---
Unified wisdom and self-awareness gives mastery to using nature’s remedies | Unified wisdom of self and others reveals the power of nature’s healing
Generational healing practices are passed from familial and community living | Healing practices are living legacies
Mutual collaboration and confidence reveals faith and trust for health and healing | Mutual relational trust affirms personal confidence for health and healing, strength, and sustainability

According to van Manen (1997), to do research is to be involved in careful thought or deliberation of the text. Therefore, it was important for me to see a person’s life as a unified whole and aim to show the strongest, edifying explication of a phenomenon by capturing the life experience in stories that show that which is unique and irreplaceable. In this context, the depth is the means by which the phenomenon remains distinct. Thus, for each essential theme, examples of the phenomenon as experienced and expressed by each participant as well as the meaning of the experience are listed.

**Essential theme 1: Belief in nature’s bountiful resources reveals wholeness in healing.**

This essential theme emerged from the fundamental meaning, “healing with nature.” All of the participants indicated that this theme exemplified their experience. They identified this theme to mean healing that is not associated with chemicals, but rather, using natural remedies to prevent the harmful effects of chemotherapy and other conventional treatments, as naturally
grown remedies will only benefit not harm, and that God provides the natural remedies we need to be healed.

Godfree said, “I use 100% natural, it makes me feel better, I sleep better and if I find any sickness I use it and it works.” PJ said that for him, “natural remedies does the job of cleaning the system, problems comes when people get away from nature; remember we are from the Garden of Eden.” Shack stated that he believes that “natural foods and remedies do not cause other problems and I will do whatever I have to do to make sure I can buy only all natural stuff.” Sonia described her experiences by stating, “I have diabetes and sour-sop bush is the boss, I stop taking the medicine sometimes and use my local and my sugar stays normal.”

April described her experience by stating, “I have not been to the doctor for nine years since my last child was born, and I use natural local food and remedies to maintain my health.”

Elizabeth stated that, “Natural remedies are just part of my life; I never hesitate to use it.” Jean said, “I have diabetes and when I go home I bring back a lot of bush, they have a bush I use for my diabetes.” Denise described her experiences as, “I have incorporated the natural foods and remedies that I learned growing up as a girl into the way I care for myself today.”

Nellie stated, “I would rather use natural remedies, local teas and other natural remedies to help me caring for myself.” Lynn described her experiences by stating, “I am a diabetic who takes medication but I use local natural remedies to help me; because diabetes can affect nearly all your organs, I use natural remedies for prevention.”

Charlie said, “Natural remedies make me feel vibrant and because it is all natural it is gonna benefit me.” Erin stated of her experiences, “When I had breast cancer, even though I took the chemotherapy and radiation, I used my natural remedies like turmeric, ginger and black pepper, and I was able to go to work every day and function normally.” Zorm stated, “For years I suffered from fibroids, when I took the
herbal combination womb cleanser my fibroids shrunk significantly that I did not need to have surgery; kudos to my belief.” Deneen stated, “For me home remedies are sometimes better than the medicine that the doctor gives you, it is natural.”

In reflecting on these experiences, the participants conveyed a common meaning: believing that nature’s bountiful resources reveal wholeness in healing. Participants also used the following expressions to describe their practices, such as, “local food and remedies,” “natural foods and remedies,” and “home remedies.” In reflecting upon the data, these statements were reduced to have the same meaning as healing with natural remedies.

**Essential theme 2: Sustaining life is balancing the daily complexities of living with the unity of God and nature.**

This essential theme was a re-interpretation of the interpreted theme, “sustaining life is unity and harmony with God and nature revealed in nature’s natural remedies.” The participants described using natural remedies to sustain their health and well-being and that this practice affirms their belief in God and relationship with the environment. This was interpreted to mean that to sustain life is to be in unity and harmony with God and nature: Godfree stated, “I use natural remedies for everything, it makes me sleep better …it gives me more energy. I use bush tea and spices to clean my body and I give it to my children when they are with me.” PJ said, “Every couple of weeks our body breaks down and we have to build it up, it is a process. We have to eat the right stuff, but we don’t eat right; so we have to clean our system periodically, and garlic does the job. You have to go back to Genesis; it is right there and the bible can’t lie.” Shack said that, “conscious living is essential; the garlic go into your blood stream and helps clean your system.” Sonia believes that it is important to, “put God first, He is the one who shows the way, I use local remedies for my diabetes ‘cause local remedy is
better than those medication.” April conveyed intensely that, “eating nuts and grains and getting remedies from natural things is healthier and a way for me to connect, but also it makes me feel closer to God.” Elizabeth believes that, “wherever you live in the world, God created the things around you in the environment that you need to live and for healing of your body. The environment that you live in, the fruits, vegetables, is there to heal, to flush your system out.” Jean stated, “You don’t just run to the doctor for every little thing, you have your bushes and you boil three or four together and drink it for nine days for a good wash-out. My body feels light and easy after that.” According to Denise, “natural remedies heal me not only physically but in emotional sense, it allows me to look at life differently. My spiritual life fits into this because God created people He also created everything that they need to heal and make them well. When we perceive folk medicine in terms of using the natural things around you to heal, it’s like just going back to basically what the scripture says which is that He’s already made us with all that we need so if I just went to the garden and got some lavender so I can sleep instead of taking a pill. Isn’t that-faith in that fact?” Nellie stated that it is important to her “to take a spiritual bush bath or to bathe where the river and sea meets when I go home to Dominica. When I do that, I feel like a load has been lifted. Using natural remedies help me to feel balanced and connected.” Lynn said that it is important to use her local bush to make tea to help balance her blood sugar. She stated, “I drank dandelion root tea and I eat the leaves, I use washwoman or cerasee and golden seal. These help to stabilize my sugar level. I also go to worship service regularly, cause when I don’t go I feel lethargic and I have difficulty functioning.” Charlie stated, “Sometimes you feeling real down and you get a cup of bush tea and it gives you new energy, just the aroma it wakes you up. I feel a sense of balance and connection to God.” Erin said, “When I had breast cancer, I did not really feel sick, I used the
things the nutritionist told me to use, and I gave thanks to God that He help me to feel good every day.” Zorm stated, “Many areas of my life has been touch by folklore. I am encouraged to seek God’s medicine. Herbs have become a part of me, it strengthens my resistance to colds and flu and I am able to use less sugar in my diet.” Deneen stated, “I was told I had something on my cervix that look like cancer and I didn’t worry; I drank cure-for-all bush every day until my next doctor’s appointment and when I went back I was told nothing was there. I don’t sleep with black covering on my head because I don’t want to block my spiritual connection. I also honor my patron saint by wearing his favorite color, taking a similar name, and things like that.”

Although the participants used different words to convey their experiences, they talked about their relationship with God, a spirit or patron saint, and their folk practice in connection with sustaining life in unity and harmony with God and nature, as revealed through natural remedies. Appendix C contains a list of herbs and spices and the conditions the participants stated that they are used to remedy. Moreover, the participants talked about going back to Genesis, putting God first, using natural things made them feel healthier and closer to God, and using natural remedies that helped them to heal holistically. Together these phrases were used to capture the essence of theme 2.

**Essential theme 3: Purity of traditional healing practices emerges from heritage and a legacy of intuitive knowing.**

This theme was re-created from the interpreted theme, “traditional healing practices consist of intuitively knowing the purity of nature’s remedies.” The participants described the importance of using natural, unprocessed, and non-GMO foods, herbs and spices, while at the same time knowing the proper amount and frequency to use:Godfree spoke passionately that,
“it is important to eat natural, unprocessed food and that when he does, his body feels good, no aches or pain.” He continued, “I know my body, and based on that, I science the portion for myself.” PJ said for him it is important to use natural remedies because “we are supposed to live off the land, figuring the amount to use is automatic, like cooking I have done for so long that I just know how much to use.” Shack shared that “when you see ginger from Jamaica it very small, it takes time for them to process good, the right way; there is no fertilizer, no chemicals inside these things. You know you are getting the right stuff. Because most of medicine that they give you up here, they give a side effect and you want something to help you not cause other problems. There is too much chemical or stuff, I don’t know what is inside the stuff they sell us.” Sonia’s point of view is that “natural remedies, various bushes can be taken at any time even with medication, it does not interfere; there are no side effects.” April said, “My first way is the natural way; people should try another way before introducing chemicals into their bodies; I feel like I am doing something to help my body and there are no side effects.” Elizabeth expressed her ideas by saying, “the environment that you live in, stuff like that - that’s always been a part of our heritage, to use the things around us the fruits, the vegetables in order to heal; you just go outside in the yard and get all your different things that are out there and use them.” Jean stated, “I got through my life very good without a lot of hospital and doctor medicine, knowing these techniques save me time, I have no trouble with the portioning, and it is almost like cooking.” Denise stated that, “if people were naturally cleansing themselves on a routine basis, a lot of the diseases and stuff that we’re seeing and dealing with has a lot to do with the fact that we’re not allowing our bodies to naturally process what God created it to process. I grew up with natural remedies a part of my every day existence.” She further stated, “people talk in terms of a little bit of this and a spoonful of that;
it boils down to you have to know your body and how the remedy makes you feel after you take it.” Nellie said, “You don’t want to always use those medication; I try to avoid using too much medication. Growing up, we were encouraged to not use too much medication but to drink spice tea or some other tea depending on what is going on.” Lynn shared that as a diabetic, “with my own diet and local remedies I was able to stop my medication; I feel better when I use them.” Charlie stated, “The natural remedies are my roots, because it is all natural I know it is not chemically induced.” Erin preferred the natural remedies because, “the herbal stuff is good, it is better than medication; there is no kind of side effect.” According to Zorm, “the environment I was brought up in encouraged me to seek God’s medicine; since I have consistently incorporated herbs into my diet I think I am a lot healthier, more vibrant, and energetic.” Deneen talked about her preference for natural medicine by stating, “I prefer natural medicines and I would try natural remedies before going to a conventional doctor. I want to know that I have alternatives without having to feel like that’s what I need to do because I don’t know all the repercussions or side effects that are gonna come if I use medications, but I do know that this is natural and it won’t harm or I won’t have those side effects that will come later.”

Purity of traditional healing practices emerges from heritage; a legacy of intuitive knowing is a fundamental theme in folk health practice. Participants firmly believed that natural remedies are pure and therefore can do no harm, whereas medication made of chemicals can complicate health and may cause serious problems because of the side effects. The participants also believed that pure natural healing remedies came from their ancestors who were experienced with centuries of healing: it is tried and true, and hence it is best.
Essential theme 4: Unified wisdom of self and others reveals the power of nature’s healing.

The fundamental meaning, “discovering nature’s power and energy” was reinterpreted to create this essential theme. Many of the participants said that, despite not having specific recipes or conventional measurements, they paid attention to how their bodies felt when they used teas and concoctions. The following are the specific experiences of participants: Godfree stated, “Whatever I do, it works, but the hardest thing about herbal medicine is the portioning; how often to have it, but I know my body. The main thing is that a person must know their body. It is not something that you could just come with today and say that’s what I’m having; if you are not sure, let somebody who knows about it do it for you.” PJ said, “We learn as you go, you learn from folks and then you put it together; for instance, I learned from this guy and then I improve on it.” Shack stated, “So you gotta consciously do what you know is the right thing; so I go to my friend and [he] makes the stuff for me, he does it just right.” Sonia stated, “Some people need help, so I make the prostate medicine for my brother, it just came to me in my dream like a vision.” April believes that our bodies were made to survive on natural medicine, “without any kind of medical degrees or medical background, people just knew this; I just think that must be another way in which God communicates with human beings because, I mean like, great, great, great, great, grandmother knew all this.” Elizabeth said she forgot most of what she learned as a child, as it was put in food and teas. She said, “We use a lot of herbs in our food; you don’t think about it when you’re growing up, you just go outside in the yard, you get your French thyme, you get all the different things that’s out there and use them in your food. But I had forgotten a lot of that information so I went to see a naturopath who told me all the things my mother used to do.” Jean stated, “I follow the same method I see the
older folk doing and I share it with others who are interested.” Denise said, “It is a constant trying to figure things out, I’m not always sure, I mean sometimes people actually say, well try a tablespoon of this, but most of the time it's like well try some of this and some of that, there is no exact measurement, but there are times when people will say it’s a little bit more specific. I go by how I feel, how much I have on hand, and how my body feels after I use it.” Nellie stated, “Because I grew up in Dominica, my mother would say, don’t take medication, go pick some bush, make some tea.” Lynn stated, “When I was diagnosed with diabetes, I was told that I must see a nutritionist but I decided it was useless and designed my own plan to control my diabetes.” Charlie said, “…remember when my little brother used to get an asthma attack they use to lay him down on the bed on his back and warm the bush, 666 and put it on his stomach and that would calm him right down, he would be good again.” Erin talked about when she had cancer that she had a special combination of herbs regularly; “I used my turmeric with my ginger and I put a dash of black pepper because when you use the black pepper the turmeric stay in your bloodstream longer.” Zorm talked about the environment in which she grew up and said, “I have to constantly go back to the old way because when I was growing up, it was the herbs in the garden; you go out and pick some bushes, you could take it for a cold or whatever the problem was.” Deneen said, “When I was growing up, there was a homemade cold syrup that we were given, I still make that today, it remove phlegm from my chest in an instant. Something as simple as putting onion and sugar together work so powerfully.”

Overall the participants described how they intuitively discovered nature’s power to heal through learning portioning or from observing someone wiser and more experienced than they were at figuring out portions. Many talked about watching someone and then doing what
that person did. These experiences were interpreted to mean unified wisdom of self and others revealed the power of nature’s healing.

**Essential theme 5: Healing practices are living legacies.**

This theme was further derived from the interpreted theme of “generational healing practices are passed from familial and community living.” The participants described learning the practices from, or being influenced by a family member or an elder in their immediate community: Godfree stated, “When I grew up, if we were sick, my mom would say or my dad would say, hey boil this bush, drink this bush, black sage is good for cleansing. This is good for that, and I keep going home and every time I go home on vacation I keep using the same thing and it works great.” PJ stated, “My grandmother started it, then you take it, just like a relay, it run from here to there and then somebody’s got to come and take it from here to there. I try to let my son and kids help me; you know, each one teach one.” Shack talked about learning to plant and grow things from his parents: “It’s standard performance, I mean every six weeks you get a wash-out by your parents; back in those days it was herb tea, and then the older I got me and my brother would have to grow and prepare the bush tea, like cerasee, which is like a blood cleaner. We had to do that.” Sonia said that she learned from her mother but she also stated, “God has shown me visions of what I need to do, so I’m just going to live the dreams.” April talked about learning from her mother and grandmother and others in her community. She said, “It’s been handed down over many generations and it actually works; but for me, in my life my mom did it, my dad did it and my family members too and I see where it actually works.” Elizabeth stated, “My practices are basically from things I grew up with my mom, my grandparents. A lot of mine I guess came from my mom when we were sick we would use different teas, leaves, or herbs or things like that in order to heal the body. Jean
said, “I see my mother do it, she would pick up some this and she would boil it and she’d give to us to drink and I follow the same method.” Denise said, “I grew up with it being so much a part of who we were, I grew up in a place where we didn’t have but one emergency room so people basically went over to the neighbor, they went to the oldest person in the neighborhood and they talked to them and they’ll tell them something to do.” Nellie talked about her mother knowing all of the leaves: “My mom knows all kinds of leaves and she knows what this is good for and what that is good for.” Lynn stated, “I learned from my grandmother; she would say go to the garden pick some leaves, make your tea. She would say this is good for that that is good for this, and so on.” Charlie stated, “I was raised by my grandmother. When you’re feeling sick you don’t just jump up and go to the doctor, you use the stuff at home first, and that is how I am today.” Erin stated, “Whenever we were sick my mother will find herbs for us to drink; she knew exactly what to do. So as an adult I practice these things as I go along in years.” Zorm stated, “I think I was raised in an environment of folk practice, whether it be healing approaches or mental approaches of just rituals. I think both of my parents were of the same mind-set that you only go to the doctors when it is extremely important.” Deneen stated, “Most of my practices comes from the practices my mother grew up with. When I was growing up, if she saw that we were sick she would cook up a batch of something for us and it always worked.”

Many of these participants spoke with a sense of pride and enthusiasm that they learnt something significant from a previous generation and that they have continued to use this knowledge. While some were consciously trying to pass their knowledge on to their children and others in their immediate community, others said they hoped their children carry it on
without pressuring them. PJ also said, “You got to pass it on, you live for yourself, you live in vain; you live for others you live again, I believe that.”

**Essential theme 6: Mutual relational trust affirms personal confidence for health and healing, strength, and sustainability.**

This theme was derived from the interpreted theme of ‘mutual collaboration and confidence reveals faith and trust for health and healing,’ which emerged from the fundamental meaning relational trust. Many participants spoke about preparing potions and concoctions for friends, family members, and folks in their immediate community for healing of specific health issues: Godfree stated, “My kids were born in America and when they are sick I pull out my bag with my herbs and I put everything together and I boil it for them; the next day they are able to go to school. So it works. It not only works for me it works for my kids as well.” PJ stated, “A lot of people come to me and say, okay, it is working. For instance, I have a guy at the church and he tired of taking the pill so he say, if he can use some of my juice and the pill, I say how do you know which one is working? He say he had to go back to the doctor in three weeks; so he took the garlic juice for three weeks. When he went to the doctor, the doctor say his pressure is normalized so he keep taking that, he went back to the doctor, the doctor say he don’t have no more problem. So from that he get away from the pill and just taking the garlic juice. It means a lot when people come back and say, ah boy, that thing work; do you have more? They trust me with that. Sometimes I try to give them the ingredients and they say no, nobody makes it like you.” Shack spoke of a 77 year old man who wanted to decrease his diabetes and blood pressure medication: “He was on about six different pills, high blood pressure pill, pill for sugar, all different kind of stuff and we make garlic juice for him. I told him, say, if you gonna drink this stop taking the pills. After sipping on the juice for some time
the man came back and say the pressure and sugar is fine but he was also having regular
erections, which he had not experienced for many years. Now he is recommending a lot of
people for help.” Sonia stated, “I make a batch of the bush for people that have prostate. One
of my friends he has cancer. The doctor give him up. They tell him he not gonna live more
than six months and right now he’s gone over four years, going to five years. When I give him
that bush, the doctor say, can you tell me what you’re using? Because he can’t believe up to
now that he’s still alive and still going good.” April stated, “A cousin of mine, years ago was
kind of crazy. It was the middle of the night and she kept saying something was following her.
Her mom gave her a bunch of garlic to chew. She did and calm right down. We are not sure
what happen to her but the garlic worked and she trusted her mother to help her.” Elizabeth
said, “As a kid certain different types of bush teas that my mom used and I never question any
of it. Even here in the United States, my husband, my daughter, and I we go to an herbalist or
naturopath because a lot of the things my husband and I grew up with we forgot. The
naturopath has given us back our daughter from her non-communicative state. We trust her.”
Jean talked about accidentally cutting herself when she was clipping her toe nails: “Because I
am a diabetic, everyone was concern about me and saying, oh Lord, you got to go to the
hospital, but I told my son to find a piece of cobweb from the spider and mixed it with a
handful of salt and packed the wound and bandaged it, in 15 minutes it stop bleeding; and look
here, I still got all my toes no problem.” Denise said, “There are times when I guess trying to
be sophisticated or Americanized I will go the route of conventional medicine first, and then I
go back and say, oh well, let me remember what my mom said and do it. I think because I
grew up in a place where a doctor was not around the corner, it allows me to think a little more
critical and look at things that not only my ancestors have done, but also what others have done
and really respect it. I can appreciate things that other people do even when I don’t understand it, because I know that it works. Nellie stated, “When I go to the doctor and he gives me medication I will take it, but when I go home to Dominica, I stop everything. I take no medication when home; I just drink the different bush teas that my mother gives me.”

Lynn said, “My grandmother lived with us, she knew the names of all the leaves and the different remedies. She had a ritual, at the end of the summer vacation, she would have all the children line up, then she would give us a mixture with castor oil made from the natural seeds to drink; that was her way of cleaning us out so we could go back to school fresh and ready to learn.” Charlie said, “We never used to run to the doctor for everything, half the time we didn’t, you had to really, really be sick. There was always someone in the village or a neighbor you could go to who knew what to do to help.”

Erin said, “When I had breast cancer, I consulted with a nutritionist who dealt mainly with natural remedies. He had a technique that helped him to figure out which supplement or food would work best for me and my healing in addition to my own home remedies. I believed in him and his technique.” Zorm reflected on her mother’s practice and stated, “There is a combination of herbs that my mom used for a cleansing. She had a ritual that every female who after your first child, you had to have a bath in this combination. I have witnessed my mom in the backyard because she used to set it in the sun about midday and then as the sun started going down she would give my sister-in-law that bath. I have taken that on—I have taken that through like when I had my first child I had my bath, and when my daughter had her first she had one, and I’m going to try to pass on that ritual.” Deneen said, “I had a car accident and my left lung was collapsed, my grandmother said she remembered people using watercress for lung issues when she was younger, so they discharge me from the hospital and my
grandmother feed me watercress water, and broth so as to rebuild myself. The most modern medicine I took was in the hospital.”

The participants talked about offering help to someone who needed it or receiving help they needed at a vulnerable time in their lives. Whether they were offering or receiving help, it was not a fee for service relationship. In cases where a family member was not the helper, the relationship might continue if needed, but there was no commitment for it to continue. These were relationships to establish or maintain health and wellbeing.

**Establishing Rigor**

In qualitative research, one way of demonstrating legitimacy and integrity is called rigor or trustworthiness (Goldberg & Allen, 2015). This includes a transparent description of the coding process and the thematic analysis (Stanley & Nayar, 2014). The thematic analysis shows layers of abstraction and interpretation so that the themes are lifted to a conceptual level without losing the richness of the data (Stanley & Nayar, 2014). In this research study, a total of fourteen participants were interviewed. The data saturation threshold was achieved after nine participants were interviewed. However, I continued the interviews to fourteen as these appointments were already made. The participants and I read the transcripts for accuracy and validation of each participant’s personal account. In analyzing the data, I read the transcripts many times and at four different levels; afterwards I coded and reflected upon the data to attain the essential themes from the nonessential themes.

According to van Manen (1997), in order for human science research to have power and convincing validity, the texts need to be oriented, strong, rich, and deep. For the text to be oriented there must be an awareness of one’s perspective on research and writing that includes an understanding of the relationship between content and form, speaking and acting, text and
textuality so that the researcher is oriented to the world in a pedagogic manner. In order to show the text as strong, it is important that the researcher see a person’s life as a unified whole and presents a clear understanding of the phenomenon. To show the text as rich is to capture life experiences in stories. Lastly, to show depth is to portray the meaning of the phenomenon as shared by participants. That is, descriptions are deep and explore meanings beyond what is immediately experienced (van Manen, 1997). In this research study, to orient to the participants’ text, each participant was listened to and tape recorded in their environment of choice. I read the transcripts again while listening to the recorded interviews; the interviews were read for data saturation and for overlapping experiences among the participants. This process served as validation of the accuracy and richness of the dialogue. The derived themes were reviewed with an expert nursing researcher and subsequently with the participants for validation that the experience of using folklore practices for health patterning had been captured. Appendix D displays each participant’s statements and the shared meanings and thematic interpretations I derived from them through the application of this reflective process.

**Interpretive Thematic Statement**

The lived experience of folklore as a health patterning modality stems from a belief in mutual relational trust that affirms personal confidence, nature’s bountiful resources, and the healing powers of nature and the environment, while balancing life’s complexities with the known traditions of familial and folk heritage that are a powerful legacy of healing, and which are passed down through practices over generations.
Figure 1: Thematic Model of the Lived Experience of Folklore as a Health Patterning Modality

Initial Themes:
- Wholeness is achieved and maintained through connection with nature
- Sustaining life with nature affirms one’s belief in God and relationship to the environment
- Maintain traditional practices knowing nature’s purity
- Collective wisdom and personal insight uncovers the potency of nature’s remedies
- Healing practices are passed from one generation to another within families and communities
- Collaboration and confidence in self and others, brings trust and comfort

Essential Themes:
- Believing in nature’s bountiful resources reveals wholeness in healing
- Sustaining life means balancing the daily complexities of living with the unity of God and nature
- Purity of traditional healing practices emerges from heritage and a legacy of intuitive knowing
- Unified wisdom of self and others reveals the power of nature’s healing
- Healing practices are living legacies
- Mutual relational trust affirms personal confidence for health and healing

Fundamental Meanings:
- Healing with nature
- Using natural remedies
- Purity of natural remedies
- Discovering nature’s power and energy
- Passing on healing practices
- Relational trust

Interpreted themes:
- Wholeness is revealed in rituals and belief that are connected to nature
- Sustaining life is unity and harmony with God and nature revealed through nature’s natural remedies
- Traditional healing practices consist intuitively knowing the pruity of nature’s remedies
- Unified wisdom and self-awareness gives mastery to using nature’s remedies
- Generational healing practices are passed from familial and community living
- Mutual collaboration and confidence reveals faith and trust for health and healing
Summary

This chapter discussed the findings of the lived experience of folklore practices as a health patterning modality using van Manen’s phenomenological methodology. The research sample and settings were described to provide context for the participants’ experiences. The experiences of each participant were captured in the form of a story that each told to the researcher. Each story was audio taped and transcribed into written text and reflected upon for significant phrases and fundamental meanings.

The significant phrases and the fundamental meanings of folklore practices were further reflected upon to derive meanings and themes that emerged from the experiences. Each participant’s transcript was again reflected upon for saturation and overlap. The overlap was then reflected upon and six initial themes emerged. Further reflection upon the initial themes lead to six interpreted themes that were recreated into essential themes. An interpretive statement of the phenomenon of folklore as health patterning modality was then created.
CHAPTER VI: REFLECTIONS ON FINDINGS

Historically, folk health and healing practices started in Afro-Caribbean countries out of necessity. In the Caribbean, traditional folk healing practices developed as a response to the brutal, inhumane, and life-threatening conditions of slavery and the colonization that followed (Moodley, 2008). Afro-Caribbean folk medicine was created by healers and individual families. Laguerre (1987) argues that since slaves could not bring their medical materials with them, they needed to rely on their memories and the memory of others in their community to reconstruct their folk medicine practices. However, since the slave community was often made up of individuals from different African tribes, it was initially difficult for them to communicate; hence, what was remembered could not be shared until the slave community learned a common language. The remedies they did develop were extremely useful to slaves, free blacks, and maroons in the early period of Caribbean slavery (Laguerre, 1987).

Additionally, the slaves found it necessary to conceal their medical practices from their white owners to avoid ill-treatment (Laguerre, 1987). The slaves’ medical practice was forbidden because the slaves were the property of their masters who decided when they could be sick and who should treat them; the person assigned to heal them was not a healer or physician (Laguerre, 1987; Voeks, 1993; Handler, 2000; Modley, Sutherland, & Oulanova 2008). The African slaves who were overworked and underfed became prey to exotic viruses and tropical illnesses (Payne-Jackson, 2014). The European doctors of that time -- which were few and often self-taught, responded to the needs of the Europeans since the Africans were the property of the slave owners. The less valuable slaves were neglected because of the cost of treatment and medications. Consequently, the Africans secretly cared for their own health problems (Voeks, 1993). Plantation medicine was primarily geared toward preserving the work force, so
that working slaves and children with the potential for growing into productive laborers were more likely to receive some care from the Euro-plantation medical system than the disabled, elderly, and the otherwise incapacitated (Handler, 2000). However, the African traditional healing approaches focused on restoring balance and harmony within the individual and their environment. Moreover, these approaches engaged families and communities into the healing process (Moodley, et al., 2008).

Today, Caribbean folk healing practices are a complex and mixed system that include elements of Arawak, Caribe (Amerindian), medical traditions from different African tribes, as well as European, East Indian, and Chinese practices (Laguerre, 1987; Clement, 2011; McKenzie, Tuck, & Noh, 2011). When people emigrate they bring their beliefs and values that, over time, become transformed, so that a new set of health beliefs are created, which may combine their traditional beliefs with those of the host population (McKenzie, et al., 2011). Although there is considerable diversity among people of Afro-Caribbean heritage, it is reasonable to assert that generally, a unitary view of health is held (McKenzie, et al., 2011). The unitary view of health engages the whole person’s mind, body, spirit, family, and community (Moodley et al., 2008). In this form of traditional healing, there is no separation of a person into physical, emotional/mental or spiritual; rather the person is an indivisible being inseparable from the environment (McKenzie, et al, 2011; Moodley, et al., 2008).

The Caribbean health system as a whole is categorized by a plurality of beliefs and practices, even though the laws governing medical practice in the Caribbean recognize only Western, scientific medicine (Waldron, 2010). However, factors that limit the use of Western medicine in the Caribbean include: the rising cost of health care and the various procedures that are associated with it; lack of access to health care professionals located in or near the city; the
shortage of health professionals; poverty; and people’s personal and spiritual beliefs (Waldron, 2010). Furthermore, because some Afro-Caribbean people are suspicious about the effectiveness of Western scientific medicine, there is a tendency to embrace the idea that health problems can be resolved through spirituality/religion, and self-help methods (Waldron, 2010).

It is my view that Afro-Caribbean folk healing practices in the US are a mixed system that includes features from surrounding communities that individuals and families encounter. Participants in this research study talked about choosing to use these practices because they believe that these practices are best for them and their health concerns. This study illuminates six essential themes of folklore practices and includes an interpretive statement to describe the experiences that make it a distinct and separate health patterning modality.

**Essential Themes**

The interpretive statement of the lived experience of folklore as a health patterning modality is: A belief in mutual relational trust that affirms personal confidence, nature’s bountiful resources, and the healing powers of nature and the environment, while balancing life’s complexities with the known traditions of familial and folk heritage that are a powerful legacy of healing, which are passed down through practices over generations. This statement reveals the interconnectedness of the six themes that emerged from this study. The participants described experiences that included each theme as a component of folklore as a health patterning modality.

**Synthesis of Data and Literature**

*A belief in nature’s bountiful resources reveals wholeness in healing.*

Each of the participants described some aspect of “believing in nature’s bountiful resources reveals wholeness in healing.” They each identified healing with nature to achieve
and maintain wholeness as essential in their wellness regimen. They spoke passionately about their folk practice and expressed that they believed that health problems came when they did not use all natural remedies and foods. Most of the participants voiced concerns about side effects that could potentially occur when pharmaceutical medicines were used. The older participants reflected back to when they were children and recalled that there were not many health care alternatives in those days, because there were no medical doctors in their region, hence, older people in the villages or parishes took on the health care responsibility for the health of the community. One participant stated, “You don’t have run to the doctor for everything, you can ask a neighbor who has six or more children, she knows what to do.” In this study, however, participants said “even though I have good health insurance, I think it [folk remedies] also helps me to be a better-rounded person, I feel it heals me not only physically but also in an emotional sense, and my spirituality is also a part of it too; it allows me to look at life differently.” Another participant said she “feels more balanced.” Participants are choosing to use these remedies because of they perceived that wholeness is part of their well-being.

Aarons (1999), suggests that West Africans brought their knowledge of herbs and potions to the Caribbean, which they used to maintain a sense of balance and wholeness. Higginbottom and Mathers (2006) found that their Afro-Caribbean study participants used folk remedies because of their frustration with pharmaceutical medication. They believe that since medications cause side effects, they are better off taking natural remedies, which, they believe, will not cause any side effects. They conveyed that it was pointless taking medicine that would cause other problems and would lead to taking more medication. One participant of this study stated, “I never hesitate to use natural remedies, it is just a part of my life.” Moreover, in their
study about the healing experience, Verhoef and Mulkins (2012) found that a central theme of healing was that it was a process of moving toward or returning to a state of wholeness.

Sustaining life means balancing the daily complexities of living with the unity of God and nature.

Participants described using natural remedies to sustain their health and well-being and believed that this practice affirms their belief in God and the benefits of the natural environment. Many participants hold a profound belief that they were created by God, and that God created the environment as well as all they need to live and contend with life’s complexities. One participant said, “God created the things around you in the environment that you need to live and for healing of your body.” She further stated that, “the environment that you live in, the fruits, vegetables is there to heal, to flush your system out.” Another participant stated, “Natural remedies heal me not only physically but in an emotional sense, it allows me to look at life differently; my spiritual life fits into this because God created people, He also created everything that they need to heal and make them well.” April stated that, “eating nuts and grains and getting my remedies from natural things is a way to connect and feel closer to God”. She said, “I think that must be another way in which God communicates with human beings because, I mean great, great, great, great-grandmother knew all of this knowledge.” Overall, participants’ earnest and unconditional belief in God as the creator and sustainer of life has facilitated their life’s journey.

Afro-Caribbean traditional healing includes aspects of such religions as Christianity, Voodoo, Spiritual Baptist, Santeria (Moodley & Bertrand, 2014). Remedies to sustain health and wellness emerged out of a people’s resistance to oppression from slavery and their understanding of what it means to be healthy. Since they could not openly worship their
African gods, the Africans combined Christianity (Catholicism) with their African gods and developed a spiritual and healing system that meant they would simultaneously worship the Christian saints while emotionally eulogizing the spirits of their African gods (Moodley & Bertrand, 2014). Furthermore, according to Laguerre (1987) the herbal remedies were said to have been dictated through dreams, possession, or by a direct revelation by God, a saint, or a spirit. In this study one participant, Sonia, stated that her knowledge of how to use the herbs came from the Lord. She said, “Well, like sometime I’m sleeping and just like that the Lord just tell me well, Sonia, put these natural bushes together and make some medicine. I just use all of these things together for healing.”

Jener (2007), in her discussion of edible and inedible nature, considers nature as the source of human preservation and maintenance. Pieroni and Price (2006) suggest that plants can be used as food and medicines, and that in traditional societies, plant resources, particularly wild greens, are regularly used in different contexts as food and medicine. They further suggest that it is difficult at times to draw the line between what is food and what is medicine. The cultivation, preparation, and consumption of these wild green plants is rooted in the societal perception of the natural environment and the available resources. Pieroni (2000) also found, during her research in Northwestern Tuscany, that medicinal plants play a role as food. She stated, “About 60% of the recorded medicinal plants …also play a role as food medicine. A role as food medicine was observed for homemade medicinal digestive spirits. Here the role as food plant is strongly surpassed by a medicinal function” (p. 269). Participants in Pieroni’s study perceived a very bitter taste as a healthy one. According to Boulognea, et al. (2011), medicinal plants are used in all Caribbean countries since pre-colonial times, when the first occupants learned from their environment by using what was available to them. These findings
are supported in this current study, in which participants repeatedly spoke of past and current use of plants as both medicine and food. They identified the specific plants that they use for overall health balancing. They also identified the bitter taste as good and healthy.

Similarly, in their study, Quinlan and Quinlan (2005) found that in the Commonwealth of Dominica, West Indies (Caribbean), participants believed that health disruption occurs when their diet is unbalanced. Participants reported that how often they eat, drink, and eliminate waste were also important factors of having a balanced body. Many of the participants in this current study discussed the importance of having regular bowel elimination and eating natural unprocessed foods; they felt that having regular “wash outs” were important to feeling balanced and healthy.

**The purity of traditional healing practices emerges from a heritage and legacy of intuitive knowing.**

The participants talked about knowing their bodies and the importance of not consciously putting impurities in it. One participant said, “when I eat all natural, unprocessed food, my body feels good, no aches, or pain; I know my body, and based on that I science the portions for myself.” Another participant said that her first approach to health and wellness is the natural way; people should use natural before choosing to introduce chemicals into their bodies. In addition, McKenzie, et al. (2011), in talking about Caribbean immigrants living in Canada, stated that, “traditional Caribbean medicine is often used as an early pathway to care before people visit their general practitioner” (p. 66). Some of the participants in the current study also stated that they used their bush/herbs before going to see a doctor. McKenzie, et al. (2011) further suggested that using traditional Caribbean healing practices alongside other treatments has proven successful and could be considered for patients who would like this kind
of treatment. In general, they all conveyed that it was their heritage and legacy to use the things (fruits and vegetables, herbs and spices) in the environment around them to heal and maintain themselves.

Environmental beliefs shape and define how people express health-ways and the medical help that they seek; the health beliefs of Caribbean people are generally shaped by a combination of traditional folk remedies and the prevailing health system. Health-seeking behaviors are expressed based on the nature of the problem and how it is defined. A considerable portion of the Afro-Caribbean population continues to depend on folk-healing treatments. Many of those who migrate to the U.S. and other countries retain the values and practices of their homeland (Wheeler & Mahoney, 2008) and the help they seek may be based on what they believe to be the root of their health concern (O’Connor & Hufford, 2001). These findings support the current study, in which participants said that even though they visit a physician, they would not take the prescribed medicine; rather, they would take their own concoction. For example, Sonia said, “I have diabetes, so when I use the bush tea (combination of noni, fever grass, sage, and sour-sop) sugar goes way down; so I keep using it all the time and it makes me feel well. When I check the sugar it is very good. Sometimes I stop taking the medication and I check my sugar and it is way down just from drinking the bush tea.” Denise shared “there are times when I guess trying to be sophisticated or Americanized I will go the medication route first then go back and say, let me remember what my mom said.” April stated that she had not been to the doctor in nine years; she has not had a reason to go. “Also people tend to have huge mistrust for doctors; my first way is to try the natural way. It means a lot to me. I feel more people should try to figure out another way before they introduce chemicals into their body.” April spoke further about taking medication and not knowing what it will do
to her body, because although it fixes one problem it may create another. She stated, “If you want to take care of your body, in my case it means to use my traditions because the older you get and the more technologically advanced we get, you get smarter…you realize you lose touch with part of ourselves and that part of nature.” Whitley, Kirmayer and Groleau (2006) also suggested that their participants had negative attitudes towards pharmaceutical medication.

According to these authors, the participants conveyed that they wanted to discuss their health condition with their physician and the potential treatments; however, the physicians simply wrote prescriptions and ordered them to take the medicine without any discussion. In the current study, participants voiced similar concerns about not feeling free to have a discussion with their physicians. Similarly, Connell, McKeivitt, and Wolfe (2005), in their study with black Caribbean patients reported that, “one participant said he had lost faith in his doctor, alleging that the doctor had not informed him about the side effects of the medication” (p. 359). Of the nineteen people who participated in their study, nine stated that they used bush remedies and that they were hesitant to disclose their use of traditional remedies to health professionals because of concerns about their disapproval. Connell, McKeivitt, and Wolfe (2005), further reported that participants viewed bush as good for purifying blood that has been polluted by pharmaceuticals. Furthermore, the participants reported that bush was more trustworthy than pharmaceuticals and it was part of ‘traditional’ healing practice. The participants stated, “We grow up with it, in our days, younger coming up we never have doctor to run to. Your parents boil herbal things and give you” (p. 359).

A unified wisdom of self and others reveals the power of nature’s healing.

Many participants talked about paying attention to how their bodies felt when they used various folk remedies because they did not have a set technique for measuring; therefore, their
overall self-awareness is essential to the correct use of folk remedies. Self-awareness in this context is a dynamic process in which the person’s relationship with self, others, and the environment is deeply affected (Ozawa-De Silva & Ozawa-De Silva, 2011). That is, there is a unique, yet interdependent relationship with the whole. Awareness may include understanding, interpretation, or appraisal of beliefs or attitudes (Mehling, Wrubel, Daubenmier, Price, Kerr, Silow, Gopisetty & Stewart, 2011). From the perspective of folklore practice, awareness is inseparable from the interaction with self, others and the environment (Mehling, et al., 2011).

In fact, O’Connor and Hufford (2001) state, “the folk medical system encompasses…complex bodies of knowledge production,” (p. 16) which includes intuition and introspection. Many of the participants in the current study spoke about knowing their bodies or having an intuitive sense about the workings of their bodies and what they needed to do to have a balanced well-being.

In his discussion of folk wisdom and traditional healing practices, Dalal (2007), states that “traditional practices are deeply entrenched in folk wisdom and provide practical solutions to personal, familial, and social problems” (p. 2). He further suggests that folk wisdom is a collective and assembled knowledge base of a society rooted in experience and practical consideration (Dalal, 2007). Additionally, Morgan (2014) discusses the African heritage of black people, where many practices are aligned with nature and an intuitive spirit. He further suggests that the Afro-centric belief system encompasses the use of natural herbal medicines that “represent a perspective that has broadened into mainstream practice of today.” (Morgan, 2014 p 164). Although Dalal (2007) and Morgan (2014) do not specifically discuss dosages and measurements, they suggest that folk wisdom encompasses a deep intuitive knowing that allows those who practice these techniques to replicate their formulas in a useful manner.
Furthermore, Crawford-Daniel and Alexis (2014) suggested that from the earliest inhabitants to present day Afro-Caribbean peoples, the folk or indigenous health system includes a mixture of practices that are immeasurable in terms of doses and frequency but nonetheless are powerful in the way they are experienced.

**Healing practices are living legacies.**

Folklore practices are living legacies for Afro-Caribbean peoples that were passed down from the earliest ancestors who creatively and from necessity designed a healing system that was gentle and caring and honored their humanity. According to Payne-Jackson (2014), Moodley and Bertrand (2011), and Voeks (1993), the traditional folk system that evolved in the Caribbean during the colonial period continues through today. Many of these practices constitute a mixture of religious, spiritual, and social traditions of the Amerindian, African, Indian, and Europeans. In various degrees they have incorporated aspects of Christianity, especially the Roman Catholic rites and rituals (Sutherland & Moodley, 2014). Furthermore, according to Sutherland and Moodley (2014), while the framework used to identify life-health concerns, and the methods and uses of symbols for healing may differ, the differences are more in the details of content rather than process. Additionally, Moodley and Bertrand (2011) contend that folk healing practices and religion were used to resolve life-health imbalances, which can be categorized as natural and unnatural. Natural imbalances are those that originated from God or the natural elements, and include heat, cold, wind, water, or the consumption of impurities in food or water (Payne-Jackson, 2014; Pierre, Minn, Sterlin, Annoual, Jaimes, Raphaël, Raikhel, Whitley, Rousseau, & Kirmayer, 2010; Snow, 1974). Unnatural imbalances may be caused by supernatural origins and may involve spiritual or occult forces (Payne-Jackson, 2014; Pierre, et al., 2010; Snow, 1974).
In this study, the above literature was supported. All of the participants embraced some aspect of Christianity. The folk healing practices that were handed down orally or by example were used regularly, and included drinking teas, taking baths, and performing other rituals. One participant, Zorm, spoke of her relationship with the spirits of family members and friends who have passed on. She spoke of how they visit her from time to time and the ways in which she is able to identify them. She further spoke of having an altar in her home that honors her ancestors. She stated, “I walk with confidence; I know I’m surrounded and you know, I do my rituals, feeding, praying, I light my candles, and all that gives me assurance of the connection… I have an altar; I have pictures of my ancestors on it.” Zorm also spoke of going to the ocean for cleansing, which she finds “extremely soothing.” She further stated, “When I go to the ocean and commune with the spirits of the ocean, it also keeps me focused that they’re all around us.” Zorm also talked about the ritual bath that every female in her family must have after the birth of their first child. She said her mother did it with her, her sisters, and sister-in-law and she also continued it with her daughter. In fact, Boulognea, Germosén-Robineaua, Ozier-Lafontaine, Fleuryc, and Loranger-Merciris, (2011) in their study in the French West Indies (Caribbean), found that the person who was usually interviewed was the mother, because she was more knowledgeable about the family’s health and what plant medicine worked best for the particular health concerns. This finding supports the current study, where many participants stated that they learned their practice from their mothers. One participant said, “I grew up with my mother doing and telling me what to do and not to do in this regard.” She admitted that she did not know the names of a lot of leaves that her mother used. She would tell her mother how she felt, and her mother would give her what she needed or send it to her here in the U.S.
Some participants viewed their involvement in church worship as supporting their health. Charlie talked about not being able to miss a church service, saying: “I can’t let myself miss a Sunday from church; if I am not at my regular church I am somewhere. It really brings it -- makes you feel alive. You are worshipping, you are fellowshipping, and it is a nice thing.” Additionally, having his bush tea, which he makes on Sunday to last three days, is important to him. He stated, “It just makes you feel good that you can continue something that is - your grandparents them did.” Similarly, April stated, “growing up in the Caribbean it is just what I know. It is our heritage, it has been handed down over many generations and it actually works. For me in my life – my mom did it, my dad it, and my family members… I see where it actually works.” Others spoke of burning incense and using essential oils to ward off negativity and negative energies. One participant, Sonia, stated that she uses lime in her bath and washes her home with it to keep evil from her home. Another participant, Deneen, spoke of her relationship with her patron saint. She honors him by taking a name similar to his, and wears his designated color on his designated day of the week, “so this way you can get whatever open lines of communication you can with your saint…” She also spoke of praying Novena prayer when she really wanted spiritual help.

Today’s current folk practice includes a wide variety of remedies such as herbs and spices, poultices, baths, ointments, and oils. The unitary approach of traditional healing practices addresses and enhances the importance of herbal, spiritual and community support in healing the whole person (Payne-Jackson, 2014). PJ talked about teaching his children to read labels, observing for the shelf life of products and artificial ingredients. He stated that teaching children to notice and observe is important because he believes that “each one teaches one” and
if “you live for yourself you live in vain, you live for others you live again. If you want to live again you got to pass it on”

Mutual relational trust affirms personal confidence for health and healing, strength, and sustainability.

This essential theme is concerned with the ways in which several participants prepared potions and concoctions for their family, friends, and people in their community, in addition to how they advised others about approaches to healing. Traditional folk medicine is an integral part of the society in which it is practiced, and its beliefs are embedded in its social customs (Wilkinson, 1984). The healing domain generally incorporates the elements of trust and faith on which one depends in a caring relationship (Wilkinson, 1984). Ancient healing practices, like contemporary healing practices, include these elements. Among communities that use folklore health practices, there is a complete acceptance of the practitioner’s wisdom and ability to heal, and a shared belief about the origin of the life-health concern (Wing, 1999). In this research study, participant PJ talked about helping his cousin who had been married for two years and was unable to get his wife pregnant; since the wife already had children they believed the problem was with his cousin. “It can’t be the girl because the girl had a kid already, so I started him on some juice and everything; after a while he called and tell me well, you know the girl is pregnant. I say hallelujah.” PJ also talked about helping his community circle with blood pressure issues: “Just last week I made up, like two gallon of garlic juice and it is gone; because where I come from everybody have pressure, and they do not want to take the pill. So I give them the juice but I tell them you have to get your pressure checked by keeping their clinic or doctor’s appointment.” Higginbottom and Mathers (2006) studied individuals of African-Caribbean origin in the United Kingdom (UK) who had high blood pressure, and found
that both first and second-generation immigrants used traditional herbal remedies for health and well-being; some used them specifically for blood pressure.

Although Western medicine is recognized as the official, modern, scientific approach to healing, traditional practitioners are consulted for treatment of all forms of illnesses, including diabetes, hypertension, HIV/AIDS and cancer (Payne-Jackson, 2014). The appropriate traditional practitioner is sought depending on the perceived cause of the illness; that is, if the illness is believed to be of natural causes, it may be self-treated, or an herbalist or bush doctor may be consulted. If the illness is believed to have a spiritual or occult cause, it may be treated by a spiritual healer or an obeah practitioner, so as to determine who sent the illness and which medicine will reverse it (Payne-Jackson, 2014). It is not uncommon that a medical practitioner is consulted concurrently with a traditional healer; furthermore, failure on the part of the medical practitioner to successfully treat the patient is confirmation that a traditional healer should be consulted (Payne-Jackson, 2014).

In this study, participants spoke of consulting their friends, family members, and neighbors whom they knew to be knowledgeable in the art of folk healing to achieve the health and wellness they desired. One participant, Sonia talked about making a batch of her bush tea which contains vervine, and is good for everything, “that bush that I’m telling you about that I make, is also good for everything, it is good for cancer, it is good for prostate and it is good for sugar, pressure, and pancreas if your pancreas is weak.” Similarly, Shack talked about having difficulty walking one city block without resting, and was concerned about it when he spoke to his friend who started him on a regimen of fresh garlic juice, which he says, helped him tremendously. He said, “The other day I was feeling pain when I walk, I didn’t have any of my juice for a while; I came down to visit my friend Jerry, and he defrosted one of the garlic juice
for me, I drink it. That is why I can talk to you today. This is not a myth, this garlic juice helped me.” Elizabeth also shared experiences about her daughter who suddenly became non-communicative and epileptic. Elizabeth was skeptical, she thought, if the medical doctor couldn’t tell her anything what was a naturopath going to tell her; but she kept an open mind. She said, “I went and you know, she did not ask me anything beyond the initial greeting, then she asked for her regular medical history, I explained to her about the blackout and the neurologist cannot tell us anything conclusive.” The naturopath explained to her that she was not a medical doctor but that she believed in God and He helps her to heal people. Elizabeth’s response was, “that is fine but can you heal this one.” She relayed that before doing anything the naturopath prayed, then she did some tests and said that Elizabeth’s daughter had many parasites around her brain. The naturopath then performed a series of treatments including burning sage and before they left her office Elizabeth’s daughter was talking to her. These stories demonstrate the importance of mutual relational trust in health and healing.

Higginbottom and Mathers (2006) suggest that although the folk healing domain is a non-professional and non-specialist sector of healthcare, it embraces religious and secular healers alike; people turn to these healers because of their belief systems and their frustration with medical and pharmaceutical healthcare systems. The health seeker and the health provider are an integral part of the healing process, each must demonstrate respect for the other’s knowledge regarding the impact of the health condition on the seeker, and the resources that can be brought to bear to resolve the condition; that is to say, the natural, spiritual, and communal resources. To the extent that this respectful relationship is strong it will provide sustainability in the mutual folklore health care process.
Figure 2: A Model for Folklore as a Health Patterning Modality Phenomenon

Folklore as a Health Patterning Modality

- Mutual relational trust affirms personal confidence for health and healing, strength, and sustainability
- Healing practices are living legacies
- Believing in nature's bountiful resources reveals wholeness in healing
- Sustaining life means balancing the daily complexities of living with the unity of god and nature
- Purity of traditional healing practices emerges from heritage and a legacy of intuitive knowing
- Unified wisdom of self and others reveals the power of nature's healing

Believing in nature's bountiful resources reveals wholeness in healing
Thematic Statements Reflection Using Nursing Theory

The aim of this study is to understand the meaning of folklore as a health patterning modality and to uncover its unique characteristics in the life-health process. The study found six themes that were interpreted into the statement: The lived experience of folklore as a health patterning modality stems from a belief in mutual relational trust that affirms personal confidence, nature’s bountiful resources, and the healing powers of nature and the environment, while balancing life’s complexities with the known traditions of familial and folk heritage that are a powerful legacy of healing, and which are passed down through practices over generations.

This interpretation suggests folklore practice may be used as a means of achieving and maintaining balance and well-being. For this reason, it seems reasonable to reflect on folklore practice from the theoretical framework of Elizabeth Barrett (1988), who developed the theory of power as ‘knowing participation in change.’ This theory has four inseparable dimensions: awareness, choice, freedom to act intentionally, and involvement in creating change. The theory proposes that a person is aware of what he or she chooses to do, feels free to do it and does it intentionally. According to Barrett (2010), even though people are always participating in change, the participation is not always done knowingly; it is only when the participation is done knowingly that it can be called power. Moreover, the inseparable relationship of the four power dimensions is known as a person or group power profile. A personal or group power profile is not constant, and it is not linear. Variations are based on the changing inherent features of the human and environmental field patterning. The “changes indicate the nature of the awareness of experiences, type of choices that are being made; degree to which freedom to act intentionally is operating; and the manner of involvement in creating specific changes”
Barrett (2010, p. 49). Barrett (2009) states that it is the inherent nature “of the power manifestation of awareness, choices, freedom, and involvement that constitutes power” (p.1), adding:

Power is freedom to make aware choices regarding involvement in life situations, including health-promoting changes. Depending on the nature of that awareness and the strength of the choices one makes, and how free one feels to act on their intentions, the range of situations in which one is involved in creating change, as well as the manner in which one knowingly participates vary. People can knowingly participate in creating their reality by actualizing some of their potentials rather than others. They knowingly participate in creating what manifests as their experience by being aware, making choices, feeling free to act on their intentions and involving themselves in creating changes. (p. 1).

The foundation of the theory of power as knowing participation in change is Martha Rogers’ science of unitary human beings (SUHB). The postulates of SUHB are energy fields, pattern, pandimensional, and openness and its principles are helicy, resonancy, and integrality. According to Rogers (1992), “energy fields [are] the fundamental unit of the living and non-living; pattern [is] the distinguishing characteristic of an energy field perceived as a single wave; pandimensional [is] the non-linear domain without spatial or temporal attributes; and openness [which describes] the energy field as [a continuously] open system…” (p. 30). In addition, Rogers (1992) detailed the meaning of the SUHB principles are as follows:

Helicy, is “continuous, innovative, unpredictable increasing diversity of human and environmental field patterns; resonancy is continuous change from lower frequency
wave patterns in human and environmental field;…. [and] integrality is continuous mutual field and environmental field process.” (p. 31).

Health patterning as a unitary practice (Barrett, 1998, 2009, 2010) that emerged from the theory of power as knowing participation in change and is the process of facilitating unitary well-being (Barrett, 2009). The health patterning practice is a twofold creative process consisting of ‘pattern manifestation knowing-appreciation’ and ‘voluntary mutual patterning’ (Barrett, 2010). As a practice methodology derived from the power as knowing participation in change, health patterning must also be consistent with the postulates and principles of SUHB (Barrett, 2010).

Folklore practices share some commonalities with Barrett’s ‘power as knowing participation in change,’ and the postulates and principles of SUHB. In this study participants indicated knowledge and awareness of the practices and freely decided to participate in them; thereby illustrating folklore’s alignment with power as knowing participation in change. Moreover, traditional Chinese medicine exemplifies the alignment of folklore practices with SUHB’s energy field, pattern, pandimentionality, and integrality constructs. According to O’Connor (2000), in traditional Chinese medicine (TCM):

The human body is conceptualized as a microcosm linked with, reflecting and manifesting the same processes as those acting in the physical and social environment and in the cosmos. The cosmos is understood as a web of interrelated things and events within this web of relationships and change, any entity can be defined only by its function, and has significance only as part of the whole pattern. (p. 45).

When the body is functioning at its peak, it is considered to be in a state of equilibrium, or one of fluid and dynamic balance. O’Connor (2000) states, “Health in this system is defined as
harmony and balance among the various features and elements of the body, seen with its environmental and cosmological context” (p. 45). O’Connor continues by suggesting that imbalance or disease as an entity does not exist in folk healing systems, but rather, is a manifestation of patterns of disharmony that result from a combination of contributing factors. O’Connor (2000) further states that a central organizing principle for diagnostics and therapeutics is polarity and within polarity is the idea of “rhythmic activity in the body which is derived from the same source as the rhythm of the natural world and demonstrates the intimate relationship of human beings to nature and the cosmos. In times of disharmony the person is evaluated qualitatively and multi-dimensionally while supporting the body’s capacities to heal itself” (pp. 49-50).

The SUHB principle of integrality is another core attribute present in folk healing systems because they emphasize the intricate interconnectedness of body, mind, and spirit (O’Connor & Hufford, 2001; O’Connor, 2000; Wing, 1999, 1998). In addition, the folk healing system idea that true health must incorporate all these aspects of a person, in addition to their interconnectedness with each other and the broader environment (O’Connor & Hufford, 2001; O’Connor, 2000) is in alignment with SUHB postulates and principles. Furthermore, Engebretson & Headley (2009), O’Connor (2000), and O’Connor & Hufford (2001) suggest that health disturbances in a folk healing system result from a disturbance in the person’s relationship or balance with nature/environment or any aspect of the interconnectedness with the community.

Health as harmony and balance is an important core attribute of folk healing systems in that, at minimum, it refers to the balance and harmony of the internal aspects of the individual. However, harmony and balance often also refer to the relationships between the individual and
external factors like environmental and cosmological elements (Wing, 1999; 1998; Holliday, 2008; O’Connor & Hufford, 2001; O’Connor, 2000). In this context, there is no separation between physical healing of the body and spiritual healing. Thus, harmony of body, mind, and spirit is essential, as a disturbance in any one area affects the whole person; in addition, living in harmony with nature is significant, as it is considered the basis for health (Wing, 1999).

Another core attribute is vitalism, which is synonymous with the SUHB postulate of energy, and in the folk healing system is understood to mean that the human body is inhabited, animated, and sustained by a special type of force, or essence, the presence and appropriate activity of which is essential to life and health. This energy force may in turn be connected with a universal or cosmic source or reservoir (Holliday, 2008; O’Connor & Hufford, 2001; O’Connor, 2000; Wing, 1999). O’Connor and Hufford (2001), further state that “the nature, source and behavior of the life sustaining force can be understood in a range of spiritual and metaphysical ways including, in some systems, the connection of each individual’s vital force with universal or cosmological reservoirs” (p. 20). Any disruption, obstruction, or depletion of vital force may lead to imbalance in health (O’Connor, 2000). O’Connor (2000) also suggests that because of vital energy, the body is inherently a self-regulating system, and as such, vital energy enables self-regulation and endows the body, mind, and spirit with the capacity to heal itself when imbalances occur.

In addition to vital force/energy, various forms of energy play an important role in the folk healing system. That is, folk medicine involves fields in and around human beings and may interact in various ways with the energy of other human beings and the surrounding environment. These energy fields may be positive or negative; positive energies enhance or stimulate healing, whereas negative energies may create imbalances that destroy the life-health
process (O’Connor & Hufford, 2001; O’Connor, 2000). These energies may be involved in both natural and supernatural health imbalances. For example, O’Connor and Hufford (2001) state, “Improper preparation or cooking of foods may destroy their energetic vitality (natural) or witchcraft/obeah may steal the energetic vitality (supernatural), both resulting in food that appears good but cannot nourish the person” (p. 22), consequently leading to health imbalance.

It is also important to keep positive energy flowing and balanced; this gives rise to mental alertness, balanced bodily rhythms, spiritual realization, and enthusiasm (Wing, 1998).

Another core attribute to folk healing is the health-protecting action or the presumption of one’s personal responsibility to behave in ways that promote health, and honor and protect the community and whole environment (O’Connor & Hufford, 2001). Along with the high value placed on harmony and balance, these moral elements highlights the importance of the interconnectedness of personal health with the community and the environment thereby, integrating the experience of health within a meaningful view of the world (O’Connor & Hufford, 2001; O’Connor, 2000). Furthermore, internal states of harmony between the person and the environment may affect health so that one may seek protection from the elements, suggesting a sense of receptivity where one takes action to reduce risk and maintain balance (O’Connor & Hufford, 2001).

These core attributes of folk healing show some similarities with the postulates and principles of SUHB, which underlies Barrett’s theory of power as knowing participation in change. The participants in this study specifically discussed their personal responsibility for their health and healing, the importance of having positive energy fields, feeling whole, and their connection to God as their vital force or essence. The concepts of the theory of power as knowing participation in change encompass the awareness and action of the study participants
to act intentionally and to create necessary change. According to the theory (Barrett, 2010) participating in change without knowing does not lead to power and therefore is not congruent with this theory. Hence, it is crucial that one identifies and actively participates in the desired change.

The themes revealed in this study that specifically relate to the theory of power as knowing participation in change and its practice methodology of health patterning are: belief in nature’s bountiful resources reveals wholeness in healing; sustaining life is balancing the daily complexities of living with unity of God and nature; purity of folk healing practices emerges from heritage and legacy of intuitive knowing; unified wisdom of self and others reveals the power of nature’s healing; healing practices are living legacies; mutual relational trust affirms personal confidence for health and healing, strength, and sustainability. These themes demonstrate that the participants are aware of their choice to use folk healing practices, that they feel free to use them, and are actively involved in creating changes for their health and well-being. In the practice of health patterning, Barrett, (2010) states, that the nurse “explores with people ways to make the changes they want to make” (p. 49). This component of the theory provides a way to conceptualize folk healing practices and how the nurse or healthcare-provider may guide the client in making the changes they want for health and well-being.

**Limitation of the Study**

In qualitative research, human beings are used as the instrument for collecting information, although they are intelligent and sensitive they are also imperfect tools and as such are capable of making mistakes. According to Polit and Beck (2004), although subjectivity can enrich the analytical insights of skillful researchers, it can also yield trivial findings among less experienced researchers. There are also difficulties with generalizing the findings beyond the
participants, as the sample size is usually small. In addition, it is questionable whether any two qualitative researchers studying the same phenomenon would reach the same conclusion because of the subjective nature of the inquiry (Polit & Beck, 2004). Because this study is a qualitative study it contains all of these limitations.

The findings of this study are limited to the lived experience of the fourteen participants. They are based on the reflective descriptions provided by human subjects and the reduction of these experiences into sententious phrases that represent the emerging themes. Although I worked conscientiously to hold my personal biases and experiences at bay while interviewing and interpreting the data, nonetheless my interpretation of the findings and themes have been influenced by my biases and experiences. Moreover, although I made every effort to include participants from each of the islands in the Afro-Caribbean diaspora, that effort was not realized. This fact limits any generalization across all the islands of the Afro-Caribbean diaspora.

Implications

Nursing Science.

Nursing science is an organized body of knowledge (Rogers, 1994), created through nursing research (Barrett, 2002). Barrett (2002) said that, “Nursing research is the formal process of seeking knowledge and understanding through the use of rigorous methodologies” (p. 51). In addition, Rogers (1992), noted that the science of nursing is rooted in a “pandimensional view of people and their world” (Rogers, 1992, p. 28). In this view, the phenomenon of nursing science is unitary, where human beings, their world, and the cosmos are irreducible.
A conceptual analysis of folklore healing practices could offer a perspective on human courage, perseverance, and tenacity for health and well-being. Personal belief, desire for less-invasive, less toxic, gentle, and natural healing (Koithan, 2009) may be related to the survival of these practices today. Koithan (2009) stated that, “there has been little research about the way people make decisions about using complementary and alternative therapies (CAM) and how health care treatment choices are made” (p. 214). (CAM practices and characteristics are similar to those of folk healing.) The findings of this study support Koithan’s (2009) discussion. Although nurses have done extensive research on CAM, the majority of the nursing research on folk healing was done in the context of cultural education. A better understanding of folklore as a health patterning modality is significant for the nursing discipline as nursing is evolving to include more natural healing therapies that are less-invasive, less toxic, and more gentle. These therapies address the human being as a unitary whole and not as the sum of its parts. Participants in this study talked about feeling healthier using their folk healing techniques. For example, Elizabeth stated, “you don’t realize that all the things that you ate growing up were actually the things that were good for you. It didn’t let you gain weight like we gain weight here. You are not sick as constantly as you are sick here because you don’t have those things and you don’t know what’s in the environment.” As such, understanding folklore as a health patterning modality could assist the profession in making the transition to implementing folklore practices and working with patients who perform power as knowing-participation in their healing processes.

A better understanding of the phenomenon of folklore as a health patterning modality could potentially have a significant impact on nursing. That is, nursing that exists for the good of society and cares for and honors human beings as knowledgeable persons who are whole and
living in an ever-changing all-encompassing environment (Barrett, 2002), and as such, society
calls upon the profession to engage in a crucial role for the betterment of its health (Nickitas,
Zibi and Joseph, 2014). To meet this charge, nurses must be prepared to offer care that is
nurturing to individuals, their families, and their communities (Nickitas, et al., 2014). An
example of the potential impact of folklore practices as a health patterning modality is that as
communities become more diverse (McKenzie, et al., 2011), there is a greater need to explore
and understand the specific health practices of diverse communities so that they can be
provided with the most appropriate support and assistance to implement their knowing
participation in health and well-being change.

**Nursing Education.**

As a result of the increasing population shifts in the U. S. and globalization, nursing
practice as well as health care priorities have changed. Recent natural disasters around the
world and economic and occupational mobility require nurses to broaden their understanding of
the use of folk and other complementary/alternative health healing modalities (Sealey &
Hathorn, 2014; McKenzie, et al., 2011). Therefore, nursing education needs to be ready to
prepare nurses to coordinate their practices to serve with diverse groups of people including
those who primarily rely on folklore medical practices (Sealey & Hathorn, 2014; Heller, Oros,
& Durney-Crowley, 2000). As Barrett (2002) states, most nursing education programs are built
on “the totality paradigm that views the human being as a bio-psycho-socio-cultural-spiritual
being who can be understood by studying the parts yet is more than the sum of parts” (p. 52).
However, programs should instead be designed from the perspective of the simultaneity
paradigm that views the human being as a unified whole with characteristics that are different
from the sum of its parts and cannot be understood by a knowledge of the parts (Barrett, 2002).
Furthermore, according to Barrett (2002), “human beings cannot be separated from the entirety of the universe, as both change continuously in innovative, unpredictable ways and together create health, a value defined by people for themselves” (p. 52). As such, current nursing education views the human being as the sum of its parts instead of as a unitary irreducible whole that prioritizes energy field motion flow, awareness, choice, freedom to act intentionally, and involvement in creating the change they desire in their health. Therefore what is required is a paradigm shift in nursing education in which nurses become aware of themselves and their connection to others and their environment in ways that transcend separateness and pluralism in care (Cowling, Smith, & Watson, 2008). With this shift, which Cowling et al. (2008) refers to as ‘caring consciousness’ there is a transcendence of time, space, and physicality, and nurses have the capacity to create health care environments that facilitate healing and a mutual respectful health care process where clients are able to discuss and participate in their health care practice without fear of shame or reprimand.

To establish a caring consciousness in the nursing profession it is essential that nurse educators teach from a unitary perspective. In this perspective there is emphasis on the mutuality of human-process because caring consciousness at its core potentiates the emergence of a human-environmental energy field pattern (Cowling, et al, 2008). According to Cowling, et al, 2008, the human-environment field pattern that is co-created with the nurse and the client transcends perceived limits of all reality and reveals an evolving, unitary universe. Moreover, exposing nursing students to SUHB’s postulates and principles will enable them to co-create with their clients the healing situation that the clients desire. Since this relationship is one of mutual process, the nurse and client can choose the degree to which folklore practices may be
integrated into the client’s care. The experiences of folklore practices described by this study’s participants reflects their beliefs and values about maintaining health and wellbeing.

In a caring consciousness instructional perspective nurses are encouraged to participate with their clients to co-create their health and well-being so that the clients’ needs, values and preferences are integrated in their care. In this mutual process the nurse creates a climate of openness, trust and freedom that facilitates the client’s free participation in the process of knowing participation in change (Butcher, 2006). Moreover, to the extent that nursing education incorporates these constructs it will better serve the current and predominantly diverse populations in the world.

**Nursing Practice.**

Nursing science is essential to nursing practice: nursing practice uses nursing knowledge to promote wellness and better health (Rogers, 1994, Butcher, 2006). Although folklore healing practices have not been identified in the nursing science literature, this research study elucidates folk practices as they relate to health, health patterning, and nursing practice. Folk practices are noninvasive and trusted more than conventional health care methods; therefore, they would be beneficial to incorporate in nursing practice. For example, in this study, Zorm shared how she was advised to have surgery for uterine fibroids but did not; she said, “I had a condition of fibroids which were very large and I bled a lot. I could not agree that I should have a hysterectomy; it was not a part of my orientation. There was a combination of herbs called womb cleanser that I took, I started having less bleeding, then my stomach, which was high because of the fibroids, started to go reduce.” The literature (Lazar & O’Connor, 1997) supports the idea that clients use folk and alternative therapies to avoid
toxicities, invasive procedures, or other conventional therapeutics. Lazar and O’Connor (1997) also stated that clients:

- need to control undesirable side effects of conventional therapies, other quality of life issues; philosophical reasons like preference of natural over synthetic medication;
- preference for high personal involvement in health related decision making;
- dissatisfaction with attitudes and practitioners of conventional medicine; failure of diagnosis and conventional therapies; and, a particular healing system that is usually a part of a client’s identity-group heritage. (p. 703).

Lazar and O’Connor (1997) further reported that a client’s health care decision-making is actually their thought processes used to resolve their health concerns. Koithan (2009) also reports the above reasons for using folk and alternative healing practices. In addition, she reports that the expense of conventional medicine and the belief that a combination of treatments will ensure better overall results as reasons for peoples’ use of these healing practices. These findings are supported by the current study and they imply the importance of the four inseparable dimensions of Barrett’s theory of power as knowing participation in change (2010). In the current study, Elizabeth said, “When you take the medicine now, it’s like an exchange for another bad thing; you go for your diabetes, you come out having to get stuff for blood pressure I mean you end up taking five, six different medicines.” April stated, “Well, you are the only one who knows your body, I just don’t trust doctors; I don’t trust the medical field, it is no longer patient-driven; it is a business. It is just my opinion but I think a lot of what goes on is not designed to figure what is wrong with you, in order to help you.” Shack said, “It is very, very important that we look into ourselves, become responsible for what we’re doing right…. There is no side effect I get when I can take something that is good and it ease
any kind of sickness, and don’t give you a side effect.” These participants’ statements illustrate Barrett’s four inseparable dimensions of awareness, choice, freedom to act intentionally and involvement in creating change. They sought doctors who understood, accepted and could incorporate their health practices. Therefore, these findings suggest that if nurses in practice are knowledgeable of the folklore practices of their clients they could better facilitate their clients’ knowing participation.

Ideally nursing practice should incorporate caring consciousness which at its core is a unitary human/environmental process. According to Malinski (1991), this process is determined by patterning that flows in lower to higher frequencies, which are continuously changing in creative ways. She further states that, “awareness of and knowing participation in these changes means envisioning new possibilities” (p. 41). Folklore practices promote the experience of flow and are a means of boosting knowing participation in the health patterning process. For nurses as healers, the focus of this field process is to participate with the client’s health patterning process, realizing the creative potential for healing (Malinski, 1991).

Furthermore, as shown in this study, clients stated their preference and desire to integrate these practices into their self-care rituals. Hence nurses have unique opportunities to explore ways in which their clients may desire to use folklore practices and facilitate clients’ finding the authority and clarity within themselves to use conventional or folklore practices by enhancing their awareness, intentions, and capacity for involvement in making health care changes.

**My Reflections on this Research Experience**

Qualitative methodology allowed me to hear participants’ personal stories regarding their use of folklore practice to facilitate life-health processes that would not have occurred otherwise. The opportunity to listen to the stories of each participant without revealing my
thoughts and feelings or contributing my own experiences was illuminating for me. I was additionally honored and awed that participants were welcoming, and in some cases elated to be included in the study. Some stated that this study was well needed to document what some people are doing to heal themselves, and that one did not have to run to the doctor for everything. Calling me by name, April stated at the end of the interview, “This study needs to be done, it will let others to know who we are as a people.” There was a sense of surprise by me to hear that statement as many people who practice folklore are hesitant to share their experiences with strangers. Other participants were guarded and seemed hesitant to talk about some aspects of their practice, particularly as it related to spirituality and/or the supernatural. Indeed, the literature states that there is some secrecy surrounding folk practice. For example, the “Yoruba traditions of divination, sacrifice, ceremonial spirits possession, and healing remain important in present day Santeria, and the religion is practiced in great secrecy” (Brandon, 1991, p. 56). Murrell (2014) discusses the practice of obeah as a secretive medical art that involves religious activities, and beliefs designed to help people in distress. I was also impressed and felt highly respected that some participants shared openly about their spirituality and viewed it as an essential part of their practice.

Although I expected some openness the degree of openness and trust that the participants displayed was unimaginable. They shared not only about the various teas but about the various baths to ward off negative energies and bad spirits, bathing where the river and the ocean meets for emotional stability, as well as burning incense, using essential oils, and taking bush baths to enhance feelings of well-being. I was awed and amazed by their openness, trust and willingness to share such information.
The openness of the participants validated my thoughts that this study is timely and that I should consider a follow-up study. Some of the participants spoke about going to see a physician to find out what was wrong with them, but afterwards went home and used their own folk/home remedy. They spoke about not trusting medical doctors, feeling that their best interests were not the doctor’s primary concern. Others spoke about seeking out doctors with whom they could discuss their belief system and consequently receive care that is aligned with their values. What is interesting to me is that these participants are seeking patient-centered care, which according to the Institute of Medicine’s (IOM, 2001), *Crossing the Quality Chasm*, is a healing dyadic relationship between the health care provider and the client. In such a relationship, patients receive care that is respectful of and responsive to the patient’s preferences, needs, and values and ensures that the clients values guide clinical decisions (Epstein, et al., 2010). The patient-centered care relationship necessitates that the individual and the provider are in a mutual process to engage in health patterning for health and well-being.

Using van Manen’s methodology was challenging but interesting, in that it allowed me the opportunity to reflect on the participants’ experiences and find meaning in their responses. The process of creating thematic statements and meanings from the stories required me to be fully immersed in each interview. Conducting this research allowed me to understand the immense diversity of folklore practices used for health purposes.

**Recommendations for Future Study**

The study was limited in its scope and potential for generalizability. One critical question is, are nurses adequately prepared to guide patients/clients in their knowing participation in change? Given the fact that current nursing curricula are based on the totality
paradigm, further research is needed to explore how an innovative pedagogy in the framework of the simultaneity paradigm could be incorporated in schools of nursing. Furthermore, with the increase in migration and globalization, the life-health process is now influenced in multiple and diverse ways; as such, new nurses need to be educated to participate with their clients in caring consciousness to knowingly achieve their clients’ highest potential.

This study focused on the experience of people using folk practice for health and well-being; it did not address what happens when these practices are used unknowingly. Further research is needed to explore these possibilities. Additionally, this study did not address the safety and efficacy of using folklore practices. However, it is reported in the literature (Marcus & Grollman, 2002) that the use of traditional Chinese medicine (TCM) is associated with hepatic failure and hypothyroidism. The World Health Organization (WHO, 2005) reported that long-term use of the TCM ephedra has caused at least 12 deaths, in addition to heart attacks and strokes. Lead is sometimes used in the preparation of some traditional medicine (TM) in some countries; Karri, Saper, and Kales (2008) have reported a total of 76 cases of lead encephalopathy associated with TM practices. In South Africa, the use of TM was associated with acute renal failure (Luyckx, Steenkamp, & Stewart, 2005). These instances, illustrate the need for nursing research that establishes standardized techniques and scientific methods for folk medicine.
Summary

This study described the lived experiences of Afro-Caribbean people using folklore practices as a health patterning modality. Folklore practices were studied as a phenomenon and the lived experiences were reflected upon to create meanings and essential themes. An interpretation revealed six essential themes: 1) Belief in nature’s bountiful resources reveals wholeness in healing; 2) Sustaining life means balancing the daily complexities of living with unity of God and nature; 3) Purity of traditional healing practices emerges from heritage and a legacy of intuitive knowing; 4) Unified wisdom of self and others reveals the power of nature’s healing; 5) Healing practices are living legacies; 6) Mutual relational trust affirms personal confidence for health and healing, strength, and sustainability. After reflecting on these themes, a summative interpretive statement was developed: “The lived experience of folklore as a health patterning modality stems from a belief in mutual relational trust that affirms personal confidence, nature’s bountiful resources, and the healing powers of nature and the environment, while balancing life’s complexities with the known traditions of familial and folk heritage that are a powerful legacy of healing, and which are passed down through practices over generations”. These themes and the summative interpretive statement were reflected upon and found to be in alignment with Barrett’s theory of power as knowing participation in change.

This study has implications for nursing science as it contributes to the body of knowledge that nurses may use in their practice. Future research on safety and efficacy was recommended to improve the understanding and potential of folklore practice as a health patterning modality. In addition, future research to explore how an innovative pedagogy using the simultaneity paradigm could be incorporated into schools of nursing to promote a student-
centered focus. It was demonstrated that the phenomenon of folklore practices has implications for nursing science, education and practice.
### Appendix A

**Table 1 Overall Demographics of Participants**

<table>
<thead>
<tr>
<th>Total # Participants</th>
<th>Gender Diversity</th>
<th>Age Range</th>
<th>Educational Level</th>
<th>Educated in U.S</th>
<th>Educated in country of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Female = 10</td>
<td>30-50</td>
<td>HS Diploma=7</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Male  = 4</td>
<td>50-73</td>
<td>Bachelors =3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Masters =4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

THE CITY UNIVERSITY OF NEW YORK
Graduate Center
Nursing

ELIGIBILITY SCREENING SCRIPT

Title of Research Study: Folklore as a Health Patterning Modality

Principal Investigator: Mary Joseph MSN
Doctoral Student

Thank you for talking to me about my research. This research study seeks to uncover the
meaning and experiences of human beings who use folklore practices as a health patterning
method.

I would like to ask you a few questions to determine whether you are eligible to participate in
this research. Would you like to continue with the screening?

Instruction: If yes, continue with the screening. If no, thank the person and hang-up or walk
away.

The screening will take about 5 to 10 minutes. I will ask you some questions about your heritage,
your use of folklore practices for your health, your age, and the date of high school completion.

You do not have to answer any questions you do not wish to answer or are uncomfortable
answering, and you may stop at any time. Your participation in the screening is voluntary.

I will make my best efforts to keep your answers confidential. No one except for the researcher
and my sponsor will have access to your answers.
If you are not qualified for the study any answers you give will be destroyed. However, if you are qualified for the research study, and you decide to participate and sign the research informed consent form, your answers will be kept with the research record.

Would you like to continue with the screening?

**Instruction:** If yes, continue with the screening. If no, thank the person and hang-up or walk away.

1. Are you of Afro-Caribbean Heritage?
2. What is your age?
3. Do you have a high school diploma?
4. Do you practice folklore for health purposes?

Thank you for answering the screening questions.

**Instruction:** Indicate whether the person is eligible; requires additional screening; or is not eligible and explain why.

Do you have any questions about the screening or the research? I am going to give you a couple of telephone numbers to call if you have any questions later. Do you have a pen? If you have questions about the research screening, you may reach the PI, at [Redacted].

If you have questions about your rights as a research participant, or if you wish to voice any problems or concerns to someone other than the researchers, please call CUNY Research Compliance Administrator at [Redacted].

Thank you again for your willingness to answer our questions.
You are being asked to participate in a research study because you are individuals who use folklore practices to keep yourself healthy.

**Purpose:**

The purpose of this research study is to understand the meaning of folklore practices as a health patterning method and to uncover its unique characteristics in the life-health process.

**Procedures:**

If you volunteer to participate in this research study, we will ask you to do the following:

- To participate in an interview;
- The interview will take about 45 to 60 minutes. At a private secure place where of your choosing where you feel comfortable or at a private office at the CUNY Graduate Center. The interview may begin at 10 or 11am or at a time that is convenient for you;
- The researcher wills digital tape record the interview with your permission. The purpose of the digital tape recording is that tape recording allows for an
accurate and complete recording of your descriptions of expressions, experiences, perceptions and observation and of folklore practices.

- The type of questions that will be asked are general and open ended. For example, please describe the feeling you have when you use folklore practices for healthcare purposes.
- After the interview is transcribed you will be asked to read it and confirm that what is written is what you intended to convey; this will take approximately 30 to 60 minutes of your time at your home or an office in CUNY Graduate Center.

**Time Commitment:**
Your participation in this research study is expected to last for a total of 1-2 months.

**Potential Risks or Discomforts:**

- There are no anticipated risks to participating in this study.

**Potential Benefits:**

- You will not benefit directly from your participation in this research study
- Participating in the study may increase the knowledge about folklore practices in the healthcare community.

**Payment for Participation:**
You will not receive any payment for participating in this research study.

**Confidentiality:**
I will make my best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. I will disclose this information only with your permission or as required by law.

I will protect your confidentiality by not recording your names or any personal identifying information that will connect you to the interviews. However, you are requested to choose a pseudonym for record keeping purposes. Only the researcher and her sponsor will listen to the tapes; the tapes will use your pseudonym as identifying codes. Your name will not appear on the transcribed interviews. The tapes will be destroyed after the interviews are transcribed. No personal identifiers can link you to the data. All material will be kept by the researcher on a password protected computer in her office. The data will be stored for a minimum of three
years. After that, all material will be destroyed. Only aggregate data will be reported in reports or dissertation derived from this research. All identifying information about you will be omitted or disguised.

The research team, authorized CUNY staff, the research sponsor, and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

Participants’ Rights:

- Your participation in this research study is entirely voluntary. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers: Mary Joseph at

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at Alternately, you can write to:

CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017

Signature of Participant:
If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.

_____________________________________________________
Printed Name of Participant

_____________________________________________________
Signature of Participant           Date

Signature of Individual Obtaining Consent

_____________________________________________________
Printed Name of Individual Obtaining Consent

_____________________________________________________
Signature of Individual Obtaining Consent           Date
## Appendix C

<table>
<thead>
<tr>
<th>Herbs/ Spices</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerasee/maiden-blush/washer-woman</td>
<td>Diabetes, high blood pressure</td>
</tr>
<tr>
<td>Sour sop</td>
<td>Sedative, cancer prevention, high blood pressure</td>
</tr>
<tr>
<td>Noni</td>
<td>Improve immune system, fights/prevents cancer</td>
</tr>
<tr>
<td>Fever grass/ lemon grass</td>
<td>Fever, coughing stops diarrhea</td>
</tr>
<tr>
<td>Dandelion leaves and root</td>
<td>Blood cleanser, helps diabetes, tumors</td>
</tr>
<tr>
<td>Pear seed/ Avocado seed</td>
<td>Blood cleanser</td>
</tr>
<tr>
<td>Garlic</td>
<td>Decrease cholesterol level, clean arteries, reduce blood pressure, diabetes</td>
</tr>
<tr>
<td>Spice/cilament/Cinnamon stick and powder</td>
<td>Blood cleanser and blood thinner</td>
</tr>
<tr>
<td>Nutmeg</td>
<td>Muscle and joint pain when mixed with coconut oil</td>
</tr>
<tr>
<td>Ginger</td>
<td>Anti-inflammatory</td>
</tr>
<tr>
<td>Turmeric</td>
<td>Anti-inflammatory, arthritis</td>
</tr>
<tr>
<td>Black sage</td>
<td>Natural Viagra</td>
</tr>
<tr>
<td>666</td>
<td>Asthma, respiratory ailments</td>
</tr>
<tr>
<td>Okra</td>
<td>Lubricant for joints and GI cleanser</td>
</tr>
<tr>
<td>Eucalyptus</td>
<td>Respiratory ailments, relaxing</td>
</tr>
<tr>
<td>Sage</td>
<td>Burn to scare off bad spirits</td>
</tr>
<tr>
<td>Goldenseal</td>
<td>Blood cleanser, respiratory ailments</td>
</tr>
<tr>
<td>Jelly water/ coconut water</td>
<td>Blood cleanser, liver and kidney cleanser, hydration</td>
</tr>
<tr>
<td>Olive leaves with yarrow</td>
<td>Natural flu vaccine</td>
</tr>
<tr>
<td>Wormwood</td>
<td>Worms/ parasites</td>
</tr>
<tr>
<td>Primrose oil</td>
<td>Normalize female hormones</td>
</tr>
<tr>
<td>Lavender</td>
<td>Soothing, sedative, calming (anxiety/spirit)</td>
</tr>
<tr>
<td>Tamarind</td>
<td>High Blood pressure</td>
</tr>
<tr>
<td>Christafine</td>
<td>High Blood pressure</td>
</tr>
<tr>
<td>Cayenne pepper</td>
<td>Cardiovascular ailments</td>
</tr>
<tr>
<td>Coriander</td>
<td>Upset stomach, inflammation</td>
</tr>
<tr>
<td>Korila</td>
<td>Diabetes, high blood pressure</td>
</tr>
<tr>
<td>Lime/lemon</td>
<td>Spiritual cleaning</td>
</tr>
<tr>
<td>Ackee</td>
<td>Ackee is the national fruit of Jamaica and is borne in clusters on an evergreen tree. Its name is derived from the West African Akye fufo.</td>
</tr>
<tr>
<td>Bissy</td>
<td>Food poisoning</td>
</tr>
<tr>
<td>Cassi/ cactus</td>
<td>Stomach ailments</td>
</tr>
</tbody>
</table>
Appendix D

Godfree

The first level of reflection of Godfree’s experience revealed-sententious phrases of folklore practice that revealed the fundamental meanings Discovering nature’s power and energy, Purity of natural remedies, Using natural remedies, healing with nature, and Passing on healing practices, and relational trust.

<table>
<thead>
<tr>
<th>Sententious Phrases of Godfree’s Story</th>
<th>Fundamental Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;It gives me more energy”</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>“Everything I use is 100% natural”</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>“I eat natural foods, it makes my body feel good”</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>“You got to be your first doctor”</td>
<td></td>
</tr>
<tr>
<td>“I science/portion things for myself”</td>
<td></td>
</tr>
<tr>
<td>“I go more for garlic it cleans me out”</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>“I know that my body have to get clean”</td>
<td></td>
</tr>
<tr>
<td>“A regular cleanse is very important based on how you treat your system”</td>
<td></td>
</tr>
<tr>
<td>“Growing up I see how my parents did it”</td>
<td>Passing on healing practices</td>
</tr>
<tr>
<td>“My kids were born in America and when they are Sick I pull out my bag of herbs and I put everything together and I boil it for them; the next day they are able to go to school. So it works. It not only works for me it works for my kids as well.”</td>
<td>Relational trust</td>
</tr>
</tbody>
</table>
The second level of reflection involved interpretation of Godfree’s story of the sententious phrases to reveal thematic statements, and saturation themes and meaning.

**Thematic Interpretations of Godfree’s story:**

| 1. Using folk medicine gives more energy | Discovering nature’s power and energy |
| 2. Using only 100% natural | Purity of natural remedies |
| 3. Regular cleanse with garlic and other | Healing with nature |
| 4. Sciencing/portioning for myself | Using natural remedies |
| 5. Learn from parents | Passing on healing practices |
| 6. My kids trust me to make the right Potion for them | Relational trust |

**PJ**

The first level of reflection of PJ’s experience revealed sententious phrases of folklore practice revealed the fundamental meanings: Using natural remedies, Passing on healing practices, Healing with nature, Discovering nature’s power and energy, Purity of natural remedies, relational trust

**Sententious phrases of PJ’s Story**

| “See like winter is coming, you got to build up you got to build up your immune system” | Using natural remedies |
| “You can’t just use the stuff once and thinks that’s it” | Passing on healing practices |
| “It started with my grandmother” | Healing with nature |
| “You want to do the same for others” | |
| “Also I learn from this guy and improve upon it” | |
| “Everybody should clean out their body, like two, three, three times a year.” | |
“So the aloe vera that does the trick”

“People should try to help themselves first; something like heartburn there is herbal you can take, and energy you can take apple cider vinegar and that is good for acid”

“It is important to use natural remedies because we are supposed to live off the land.”

“They don’t want take that blood pressure pill, and because I have been doing herbal medicine for so long, they prefer to trust me to make it.”

The second level of reflection involved interpretation of the sententious phrases to thematic statements and saturation themes and meaning of PJ’s story.

<table>
<thead>
<tr>
<th>Thematic Interpretations of PJ’s Story</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Build up immune system over time</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>2. It started with my ancestors</td>
<td>Passing on healing practices</td>
</tr>
<tr>
<td>3. Healing with holistic remedies</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>4. Natural remedies are powerful for healing</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>5. Nature’s medicine is best</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>6. They trust me to make the stuff</td>
<td>Relational Trust</td>
</tr>
</tbody>
</table>

Shack

The first level of reflection of Shack’s experience revealed sententious phrases of folklore practices that revealed the fundamental meanings: Cleansing, natural food/remedies, natural chemical free, know your body, trust, and legacy.

<table>
<thead>
<tr>
<th>Sententious Phrases of Shack’s Story</th>
<th>Fundamental Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It was standard performance, I mean every six weeks”</td>
<td>Healing with natural</td>
</tr>
</tbody>
</table>
to three months don’t pass and you don’t get wash out by remedies your parents”

“There is no side effect I get from natural food/remedy” Purity of natural remedies

“When you can take something that’s good for you and it ease any kind of sickness that you have and it don’t give you a side effect, it is one of the best thing that you can do”

“When de stuff comes from Jamaica, it looks small, Because there is no fertilizer, no chemicals inside these things So you know you are getting the right stuff.”

“I bought some big carrots today, when I cut de carrot, it is hallow inside; I cut another and I could drop a coin inside it from one end to de next, I was very disappointed”

“You must eat to live; each one must become responsible for what we are doing right; stay away from a lot of this white foods.” Using natural remedies

“you have to study yourself and look at what is good for you”

“just the other day my body was rejecting a lot of stuff, if you force yourself you are gonna to get sick.”

“I have a friend over at my church, he is in his seventies Relational trust and he was on six different pills, we make him garlic juice”

“Him say, Man I feel better, so strong I’m walking”

“The other day I was feeling pain when I walk down, when I came my friend Jerry defrosted a garlic juice for me; I drink it; that’s why I can talk to you today; it is not a myth, this garlic juice helped”

“A lady get food poison by eating hocky (ackee) and nobody Discovering nature’s rush her to the hospital. This person just boil up a big pot of power and energy bissy and give it the poison person and then she was cured.”
“I grew up poor, my parents did not have a lot of money, we planted food and vegetables, we did not know about candy and them kind of stuff. This way of life was instill in me, I learn it from my parents”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Shack’s story.

**Thematic Interpretations of Shack’s Story**

1. Regular cleansing
   - Healing with nature
2. Natural food and remedies are pure
   - Purity of natural remedies
3. Study yourself to know which natural Food/remedy works best for you
   - Using natural remedies
4. My friend gave me garlic juice to drink That is why I can talk to you today
   - Relational trust
5. Nature’s remedies are powerful antidotes
   - Discovering nature’s power and energy
6. My parents planted fruits and vegetables
   - Passing on healing practices
   - I learn from them the importance of eating Natural

**Sonia**

The first level of reflection of Sonia’s experience revealed sententious phrases of folklore practices that revealed the fundamental meanings: Healing with natural remedies, relational trust, Using natural remedies, Passing on healing practices, and Discovering nature’s power and energy, Purity of nature’s remedies.

**Sententious Phrases of Sonia’s Story**

“Every morning I drink a cup of bush tea; fever grass, sour sop and sage bush; I drink it in the morning and I feel good in the day”

“I use more local/natural remedies; I have diabetes so when I...”
use that my sugar go way down”

I make a batch of the bush for the people with prostate; I have a brother with prostate and when I give him that bush he go to the doctor, the ask him, what you use? Sometimes he is afraid to tell the doctor because he feel the doctor gonna tell him don’t use it.” “One of my friends has cancer, the doctor give him up. Tell him he not going to live more than six months, right now he’s gone over four years going to five years.” “I him give that bush, and the doctor say, can you tell me what you’re using?”

“One time in my sleep and just like that the Lord come before me and tell me ‘Sonia wake up’, I have something in store for you to do for people.” “God has shown me this vision so I’m just going to live the dream and I don’t need no pay to do the work” “it is not everything money can buy” “God is good all the time, God help those who help themselves” “I have to put God first.” “I squeeze lime in my bath water and talk to my Jesus, I just feel good again.”

“My mother has 16 of us and sometimes things happen and someone say do this, do that, so that way I get my little knowledge of things.” “but mostly my mom showed me and I continue to do it.”

“The local/natural remedy is better than those medication that we are taking, cause sometimes the medication damage your heart” “Sometimes these local/natural medicine work better”
“natural remedies, various bushes can be taken at any time even with medication, it does not interfere; there are no side effects.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Sonia’s story.

**Thematic Interpretations of Sonia’s Story**

1. Natural remedies is the best
2. My family and friends trust me to make bush medicine
3. Personal relationship with God
4. I learn from my mother and others
5. Natural/local medicine works better than regular medicine
6. Natural medicine do not interfere with medication, there is no side effects

**Meaning**

- Healing with natural remedies
- Relational trust
- Using natural remedies
- Passing healing Practices
- Discovering nature’s power and energy
- Purity of natural remedies

### April

The first level of reflection of April’s experience revealed sententious phrases of folklore practices that revealed the fundamental meanings: Passing on healing practices, Healing with nature, Using natural remedies, Purity of natural remedies, Discovering nature’s power and energy, and Relational trust.

**Sententious Phrases of April’s Story**

“It been handed down over many generations and it actually works”

“For me in my life my mom and dad did it and members of my family and I see where it works”

“People tend to have huge mistrust of doctors”

“I take my kids to doctor for a checkup every six months,”
but my first line of defense is my local remedies. I could tell you my kids are healthy.”

“I use eucalyptus oil for colds and sniffles”

“Another thing we do is a lot of juicing, like the cocktail With string beans carrot, beet root and arrowroot, they say that keep you strong and vibrant; we drink it once a month.”

“It is for me to connect, it makes me feel closer to God”

“I think that must be another way in which God communicates remedies with human beings”

“I believe I honor God when I use natural foods/remedies”

“I feel people should try to figure out another way before them introduce chemicals into their bodies”

“When you get into a lab and you fix something up, Clearly it’s gonna solve one problem, but who knows the flip side”

“So if you want to take care of your body, and in my case it mean use my natural remedies.”

“My first line of defense is to use natural remedies to help my body heal; it like you’re doing something to help your body; like when we boil marigold and drink it morning and night for three days to heal from a cold/flu.”

“A cousin of mine years ago was kind of crazy it was the middle of the night and she kept saying something was following her, her mom gave her a bunch of garlic to chew and she did and calm right down. We are not sure what happen to her but the garlic worked and she trusted her mother to help her.”
The second level of reflection of reflection of the sententious phrases revealed thematic statements and saturation themes and meaning of April’s story.

**Thematic Interpretation of April’s Story**

<table>
<thead>
<tr>
<th>Thematic Interpretation of April’s Story</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It been handed down over many generations</td>
<td>Passing on healing practices</td>
</tr>
<tr>
<td>2. Reliance on natural healing remedies</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>3. Natural remedies do not cause other problems</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>4. Feels closer to God</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>5. Natural remedies are the first line of defense</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>6. Trusting another for the right healing</td>
<td>Relational trust</td>
</tr>
</tbody>
</table>

Elizabeth

The first level of reflection of Elizabeth’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Passing on healing practices, using natural remedies, healing with nature, Purity of natural remedies, discovering nature’s power and energy, and relational trust.

**Sententious phrases of Elizabeth’s story**

“My practices are basically from things I grew up with, my mom and my grandparents. A lot of mine came from my” Passing on healing Practices

“Wherever you live in the world God created the things around you in the environment that you live in for the healing of your body.” “You didn’t realize when you were a child that all the things you ate were good for you; you didn’t gain weight, you’re not sick as constantly as you’re here.”

“They tell you drink Echinacea it is great for cold and keeping general health intact, those are the things we know and take for granted. We use Echinacea and Goldenseal, lemon balm and all different kind of teas we drink at home.”

“We take for granted coconut because we eat that every day or you are enjoying the coconut water every day and that’s good for you. Now, they tell...
you here, oh, coconut water is good for hydration, I say that’s normal stuff.” “The olive leaf and yarrow bush is a natural flu shot.”

“What they consider traditional pharmaceutical medicine don’t always work for you. Some of them come with serious side effects. Who wants that?”

“My mom-in-law believe in bad spirits/good spirits; so to dispel bad spirits and bring good spirits back in control she burns sage bush.”

“After the naturopath helped our daughter with some serious issues, my husband said let’s go for ourselves, we made appointments for both of us, she helped me with kidney stuff and my husband with his liver issue.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Elizabeth’s story.

**Thematic Interpretation of Elizabeth’s Story**

<table>
<thead>
<tr>
<th>1. I learned from my mother and grandparents</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The things in the natural environment is for healing</td>
<td>Passing on healing practices</td>
</tr>
<tr>
<td>3. Ordinary natural foods are healing</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4. Pharmaceuticals have serious side effects</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>5. Natural herbs and flowers can balance a person’s energies</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>6. The naturopath really know how to combine these natural medicine to achieve healing</td>
<td>Discovering nature’s power and energy</td>
</tr>
</tbody>
</table>

Jean
The first level of reflection of Jean’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Healing with nature, Purity of natural remedies, Using natural remedies, Discovering nature’s power and remedies, Passing on healing, and Relational trust.

<table>
<thead>
<tr>
<th>Sententious Phrases of Jean’s Story</th>
<th>Fundamental Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We boil chamomile flowers, linseed and Senna leaves when it cool we give it to children, a little while after they go to the toilet and sometimes you see little worms, you find tapeworms sometimes.”</td>
<td>Healing with nature</td>
</tr>
</tbody>
</table>

| “I got through my life very good without a lot of hospital and doctor medicine, knowing these techniques save me time, I have no trouble with the portioning, and it is almost like cooking.” | Purity of natural remedies |

| “We get the green papaya, grate it, we strain it and some and it Carries down that blood pressure, as good as ever” | Using natural remedies |

| “If they’ve got a cough or a cold, I get this daisy, I get this lemon grass with lime or lemon juice and It helps them good.” | Discovering nature’s power |

| I had tonsillitis remedies and the doctor telling me it is too green to cut or some nonsense like that; I come back home put Salt, with warm water and black pepper and gargle 3 time a day with that, by the next morning I start swallowing and eating bread, and everything back again.” | |

| “I follow the same method I see the older folks doing and I share it with others who are Interested.” | |
“I see my mother do it, she would pick up some this and she would boil it and she’d give to us to drink and I follow the same method.”

“I accidently cut myself when I was clipping my nails Because I am diabetic everyone was saying you have to go to the hospital. I told my son to find a piece of cobweb from the spider and mixed it with a handful of salt and packed the wound and bandaged it, in 15 minutes it stop bleeding; and look here I still got all me toes no problem.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Jean’s story.

Thematic Interpretation of Jean’s Story

<table>
<thead>
<tr>
<th>Thematic Interpretation of Jean’s Story</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healing is achieved with nature</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>2. Natures remedies are pure and healing</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3. Nature sustain and affirms life</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4. Collective wisdom and personal insight uncovers healing</td>
<td>Discovering nature’s power</td>
</tr>
<tr>
<td>5. Healing practices are passed on by</td>
<td>Passing on healing practices.</td>
</tr>
<tr>
<td>Observing previous generations’</td>
<td>Relational trust</td>
</tr>
<tr>
<td>6. I follow the same method I see my mother and other older folks doing</td>
<td></td>
</tr>
</tbody>
</table>

Denise

The first level of reflection of Denise’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Healing with nature, purity of natural remedies, using natural remedies, Discovering nature’s power and energy, Passing on practices, and relational trust.

Sententious Phrases of Denise’s Story

“I believe in things like lavender and Chamomile for like soothing and never

Fundamental Meaning

Healing with nature
Really have to take pills or anything like
That if I feel anxious or I couldn’t sleep.”
“I grew up where every week our parents
They give us a kind of clean out of our system and a bitter one
to purify our blood”

“Natural remedies heal me not only physically
but in emotional sense, it allows me to look at life differently.”
“I feel good about using natural /folk medicine it gives me an
opportunity to be a little bit more balanced in my approached
to health.”

“Recently I had a bad sinus infection and I’d taken antibiotics.
I did everything and I wasn’t getting any relief and I spoke to
someone in my church and she told me about boiling dry thyme
and submerging my head with a towel over it and inhaling the
vapors from the thyme, and how it was a natural antiviral for the
respiratory system.”

“I grew up with it being so much a part of who we were,
I grew up in a place where we didn’t have but one
emergency room so people basically went over to the neighbor,
they went to the oldest person in the neighborhood and they
talked to them and they’ll tell them something to do.”

“There are times when I guess trying to be sophisticated or
Americanized I will go the route of conventional medicine
first, and then I go back and say, oh well, let me remember
what my mom said and do it… think because I grew up in
a place where a doctor was not around the corner, it allows
me to think a little more critical and look at things that not only my ancestors have done, but what others have done and really respect it. I can appreciate things that other people do even when I don’t understand it because I know that it works.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Denise’s story.

### Thematic Interpretation of Denise’s Story

<table>
<thead>
<tr>
<th>Sententious Phrases</th>
<th>Fundamental Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Natural herbs are soothing and balancing</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>2. Regular cleansing purifies my body</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3. Natural remedies help me to feel totally balanced</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4. Natural remedies heal me when conventional did not.</td>
<td>Discovering nature’s remedies</td>
</tr>
<tr>
<td>5. Healing practices are passed on from asking Oldest person in the neighborhood</td>
<td>Passing on healing practices</td>
</tr>
<tr>
<td>6. I come back to folk/natural medicine; I appreciate the things that other people do even when I don’t understand because I know it works.</td>
<td>Relational trust</td>
</tr>
</tbody>
</table>

### Nellie

The first level of reflection of Nellie experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Healing with nature, Using natural remedies, Purity of natural remedies, Discovering nature’s power and energy, Passing on healing practices, and Relational trust.

### Sententious Phrases of Nellie’s story

- “I rather use natural remedies, local teas and other natural remedies to help me caring for myself.”

- “I take a spiritual bush bath or to bathe where the river and sea meets when I go home to Dominica. When I do that I feel like a load has been lifted.” “help me to feel balance and...
“You don’t want to always use those medication; I try to avoid using too much medication. Growing up we were encouraged to not use too much medication but to drink spice tea or some other tea depending on what is going on.”

“Because I grew up in Dominica, my mother would say don’t take medication, go pick some bush, make some tea.”

“My mom knows all kinds of leaves and she knows what this is good for and what that is good for.”

“When I go home to Dominica I stop everything I take no medication when home I just drink the different bush teas that my mother gives me.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Nellie’s story.

**Thematic Interpretation of Nellie’s story**

1. I prefer to use natural remedies
2. My folklore practice help me to feel balanced
3. I was encouraged to use natural remedies/local for healing
4. Herbs and spices are powerful for healing
5. Older generation knows what herbs and spices are good for what condition
6. I trust my mother to give me the tea that is best for me.

**Meaning**

- Healing with nature
- Using natural remedies
- Purity of natural remedies
- Discovering nature’s power and energy
- Passing on healing practices
- Relational trust

**Lynn**

The first level of reflection of Lynn’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Purity of natural remedies, using natural
remedies, healing with nature, discovering nature’s power and energy, Relational trust, and passing on healing practices.

<table>
<thead>
<tr>
<th>Sententious Phrases of Lynn’s Story</th>
<th>Fundamental Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I am diabetic, with my own diet and local remedies I was able to stop my medication; I feel better when I use them.”</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>“I drank dandelion root tea and I eat the leaves, I use washwoman or cerasee and golden seal these help to stabilize my sugar level. I also go to worship service regularly cause when I don’t go I feel lethargic and I have difficulty functioning.”</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>“I use local natural remedies to help me; because diabetes can affect nearly all your organs I use natural remedies for prevention.”</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>“The doctor told me that my blood pressure was too high for my weight and I started eating tamarind, garlic and christofine to help me and I’ve been good.”</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>“My grandmother lived with us, she knew the names of all the leaves and the different remedies, she had a ritual, at the end of the summer vacation she would have all the children line up, then she would give us a mixture with castor oil made from the natural seeds to drink; that was her way of cleaning us out so we could go back to school fresh and ready to learn.”</td>
<td>Relational trust</td>
</tr>
</tbody>
</table>
“I learned from my grandmother; she would say go to the garden pick some leaves, make your tea. She would say this is good for that that is good for this, and so on.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Lynn’s story.

**Thematic Interpretations of Lynn’s Story**

<table>
<thead>
<tr>
<th>1.</th>
<th>Pure natural medicine heals</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Folk practice is life sustaining</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3.</td>
<td>Local natural remedies helps to maintain my health</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4.</td>
<td>Using nature to sustain my health</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>5.</td>
<td>Trusting grandmother’s wisdom for health</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>6.</td>
<td>Grandmother’s wisdom and knowledge of health practices passed on</td>
<td>Relational trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing on healing practices</td>
</tr>
</tbody>
</table>

**Charlie**

The first level of reflection of Charlie’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Passing on healing practices, relational trust, discovering nature’s power and energy, healing with nature, and using natural remedies.

**Sententious Phrases of Charlie’s story**

“**I was raised by my grandmother. When you’re feeling sick you don’t just jump up and go to the doctor, you use the stuff at home first, and that is how I am today.**”

“The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Lynn’s story.

<table>
<thead>
<tr>
<th>1.</th>
<th>Pure natural medicine heals</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Folk practice is life sustaining</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3.</td>
<td>Local natural remedies helps to maintain my health</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4.</td>
<td>Using nature to sustain my health</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>5.</td>
<td>Trusting grandmother’s wisdom for health</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>6.</td>
<td>Grandmother’s wisdom and knowledge of health practices passed on</td>
<td>Relational trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing on healing practices</td>
</tr>
</tbody>
</table>

**Sententious Phrases of Charlie’s story**

“**We never used to run to the doctor for everything, half the time we didn’t, you had to really, really be sick. There was always someone in the village or a neighbor**”

<table>
<thead>
<tr>
<th>1.</th>
<th>Pure natural medicine heals</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Folk practice is life sustaining</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3.</td>
<td>Local natural remedies helps to maintain my health</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>4.</td>
<td>Using nature to sustain my health</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>5.</td>
<td>Trusting grandmother’s wisdom for health</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>6.</td>
<td>Grandmother’s wisdom and knowledge of health practices passed on</td>
<td>Relational trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passing on healing practices</td>
</tr>
</tbody>
</table>
you could go too who knew what to do to help.”

“I remember when my little brother used to get an asthma attack they use to lay him down on the bed on his back and warm the bush, 666 and put it on his stomach and that would calm him right down, he would be good again.”

“Natural remedies make me feel vibrant and because it is all natural it is gonna benefit me.”

“Sometimes you feeling real down and you get a cup of bush tea and it gives you new energy, just the aroma it wakes you up. I feel a sense of balance and connection to God.”

“The natural remedies are my roots, because it is all natural I know it is not chemically induced.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Charlie’s story.

**Thematic Interpretations of Charlie’s story**

<table>
<thead>
<tr>
<th>1. Grandmother’s knowledge and wisdom still being used</th>
<th>2. Trusting others with health matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Discovering nature’s power to heal power and energy</td>
<td>4. Natural remedies are healing</td>
</tr>
<tr>
<td>5. Bush teas are energizing and</td>
<td>6. Using natural remedies</td>
</tr>
</tbody>
</table>

**Meanings**

- Passing on healing practices
- Relational trust
- Discovering nature’s power and energy
- Healing with nature
- Using natural remedies

154
Invigorating

6. Natural remedies are without Chemical

Erin

The first level of reflection of Erin’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Purity of natural remedies, using natural remedies, healing with nature, discovering nature’s power and energy, passing on healing practices, and relational trust.

**Sententious Phrases of Erin’s story**

<table>
<thead>
<tr>
<th>Sententious Phrases</th>
<th>Fundamental Meanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The herbal stuff is good, it is better than medication, there is no kind of side effect.”</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>“When I had breast cancer I did not really feel sick, I use the natural things the nutritionist told me to use, and I gave thanks to God that He help me to feel good every day.”</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>“When I had breast cancer, even though I took the chemotherapy and radiation I used my natural remedies like turmeric, ginger and black pepper and I was able to go to work every day and function normal.”</td>
<td>Healing with nature</td>
</tr>
<tr>
<td>“I used my turmeric with my ginger and I put a dash of black pepper because when you use the black pepper the turmeric stay in your bloodstream longer. That is to keep me healthy from the cancer”</td>
<td>Discovering nature’s power and energy</td>
</tr>
<tr>
<td>“Whenever we were sick my mother will find herbs for us to drink; she knew exactly what to do. So as an adult</td>
<td>Passing on healing practices</td>
</tr>
</tbody>
</table>
I practice these things as I go along in years.”

“When I had breast cancer I consulted with a nutritionist who dealt mainly with natural remedies, he had a technique that helped him to figure out which supplement or food would work best for me and my healing in addition to my own home remedies that I used. I believed in him and his technique.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Erin’s story.

**Thematic Interpretations of Erin’s Story**

1. Herbal medicine is pure and healthy
2. Natural medicine is life sustaining
3. Natural remedies are healing and energizing
4. I keep myself healthy by trying combinations of natural medicine
5. I use herbal medicine because my mother used it with us when we were children
6. I believe in the nutritionist because he and his technique helped me

**Meanings**

Purity of natural remedies
Using natural remedies
Healing with nature
Discovering nature’s power and energy
Passing on healing practices
Relational trust

**Zorm**

The first level of reflection of Zorm’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Relational trust, passing on healing practices, discovering nature’s power and energy, healing with nature, using natural remedies, and purity of natural remedies.

**Sententious Phrases of Zorm’s story**

“There is a combination of herbs that my mom used for a cleansing. She had a ritual that every female who after your first child you had to have a...”
bath in this combination. I have taken that on—I have taken that through like when I had my first child I had my bath, and when my daughter had her first she had one.”

“I Think I was raised in an environment of folk practice; whether it be healing approaches or mental approaches or just rituals. I think both of my parents was of the same mind-set that you only go to the doctors when it is extremely important.”

“I have to constantly go back to the old way because when I was growing up, it was the herbs in the garden; you go out and pick some bushes, you could take it for a cold or whatever the problem was.”

“For years I suffered from fibroids, when I took the herbal combination womb cleanser my fibroids shrink significantly that I did not need to have surgery; kudos to my belief.”

“Many areas of my life has been touch by folklore, I am encouraged to seek God’s medicine. Herbs have become a part of me, it strengthens my resistance to colds and flu and I am able to use less sugar in my diet.”

“The environment I was brought up in encouraged me to seek God’s medicine; since I have consistently incorporated herbs into my diet I think I am a lot healthier, more vibrant, and energetic.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Erin’s story.
Thematic Interpretations of Zorm’s story

1. I trust my mother’s ritual for post childbirth cleansing
2. My parents raised me with the mindset to use natural/local approaches first
3. Rediscovering the old ways is healing Energizing
4. I used natural medicine to heal myself
5. God’s medicine, herbs have become an Important part of my life
6. Since I have incorporated herbs into my diet I am healthier, more vibrant and energetic

Deneen

The first level of reflection of Deneen’s experience revealed sententious phrases of folklore practice that revealed the fundamental meanings: Using natural remedies, purity of natural remedies, healing with nature, discovering nature’s power and energy, passing on healing practices, and relational trust.

Sententious Phrases of Deneen’s Story

“I was told I had something on my cervix that look like cancer and I didn’t worry; I drank cure-for-all bush every day until my next doctor’s appointment and when I went back I was told nothing was there;

“I prefer natural medicines and I would try natural remedies before going to a conventional doctor.
I want to know that I have alternatives without having to feel like that’s what I need to do because I don’t know all the repercussions or side effects that are gonna come if I use medications, but I do know that this is natural and it won’t harm or I won’t have those side effects that will come later.”

Meanings

Relational trust
Passing on healing practices
Discovering nature’s power and energy
Healing with nature
Using natural remedies
Purity of natural medicine
“For me home remedies are sometimes better than the medicine that the doctor gives you, it is natural.”

“When I was growing up there was a homemade cold syrup that we were given, I still make that today, it remove phlegm from my chest in an instant. Something as simple as putting onion and sugar together work so powerfully.”

“Most of my practices comes from the practices my mother grew up with. When I was growing up, if she saw that we were sick she would cook up a batch of something for us and it always worked.”

“I had a car accident and my left lung was collapsed, my grandmother said she remembered people using watercress for lung issues when she was younger, so they discharge me from the hospital and my grandmother feed me watercress water, and soup so as to rebuild myself. The most modern medicine I took was in the hospital.”

The second level of reflection involved interpretation of the sententious phrases to reveal thematic statements and saturation themes and meaning of Deneen’s story.

**Thematic Interpretations of Deneen’s story**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Using natural medicine to improve my health</td>
</tr>
<tr>
<td>2.</td>
<td>When I used natural medicine I don’t have to worry about side effects</td>
</tr>
<tr>
<td>3.</td>
<td>Home remedies are better than conventional medicines</td>
</tr>
</tbody>
</table>

**Meaning**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Using natural remedies</td>
</tr>
<tr>
<td>2.</td>
<td>Purity of natural remedies</td>
</tr>
<tr>
<td>3.</td>
<td>Healing with nature</td>
</tr>
</tbody>
</table>
4. Something as simple as putting onion and sugar together work very powerfully.

5. My practice is from my mother practices

6. My grandmother told me what to do to heal from a car accident, I trusted her.
References


Traditions: Implications for Health and Mental Health, (pp 18-40) New York, Routledge


Exploration of Wild and Domesticated Plants and Animals as food and Medicine, New York: Haworth


New York: Routledge


Nursing Science Quarterly, 12(3), 256-262.


