

“Doctor Can’t Do Me No Good”: Social Concomitants of Health Care Attitudes and Practices among Elderly Blacks in Isolated Rural Populations

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Contemporary approaches to health care among the Black elderly often reflect the most rational and logical approaches of medical knowledge and its applicability. However, the further one moves from clinics and hospitals, the more the practitioner is likely to encounter settings in which social factors can attenuate and even negate the most effective health practices. This fact was dramatically illustrated while conducting the research on which this chapter (1) is based. In a rural community far from any modern conveniences, we encountered repeated instances of Black elders refusing to be treated or examined even when a health professional was readily available.

For the past ten years, we have been conducting a study of the life and culture of residents of the Sea Islands of South Carolina and Georgia, focusing our attention on some of the more remote island communities.(2) We have tried to interview as many Blacks over the age of 90 as possible. The eldest in our sample was 114, while some of the younger respondents were in their mid-50s. In addition, we have lived in some of the communities as participant observers.(3)

The attitudes and practices reported in this paper were found to be generally typical of all the communities studied. We came to our initial insights, however, in one island community where there were no modern conveniences and the only health care available required a long trip in a small boat, followed by ground transportation. Usually, the trip meant two or three hours of travel in each direction, plus some waiting time for examination and prescriptions. Thus, a visit to the doctor was an all-day affair if the weather permitted travel over water.

Black Folk Medicine

To provide better service, however, a doctor and medical staff made regular visits to the island and held clinic in a local community center. It was on the day of one of these visits that we encountered the attitude “The doctor can’t do me no good,” which also meant that some people did not go for examinations or treatments.

In one case, a woman in her late 80s, who had worked as a midwife for over thirty years, was sitting on her porch when we arrived. She was making a “rubbing” from camphor and mothballs for a pain in her hip. The “rubbing” was produced by dissolving camphor and mothballs in alcohol. When asked why she did not go to see the doctor who was in the community holding clinic, she pointed out that she had been to the doctor a number of times but the pain persisted. Her story was punctuated with the comment “Doctor can’t do me no good.”

Later that same day, we were talking with a man who was stretched out on a sofa with stomach pains. When urged to see the doctor, he told a similar story of long trips to the health center, followed by thorough examinations and X rays but no relief from the pain. He had concluded that the doctor could not help him because his pains were from another source (nonphysical) and he had to do “something else.” Before the doctor left, however, his pains

became so severe that he had to be taken to the hospital; he was too weak to resist his family's demands that he be treated.

We reviewed our data to gain some insights into this negative attitude that we found among many of the elderly residents of the Sea Islands. We found that while people respected the medical practitioners and sought them out, in most cases there were still strong residues of negativism; so much so, that even when examined and treatments were prescribed, the elderly patient often ignored or ended the regimen as soon as the pains or symptoms had subsided.

Life-style in Rural Villages

To understand this attitude, one must be reminded that, in rural populations, the people-- particularly the elderly-- are often involved with the natural elements and participate in nature in ways that are little understood in urban communities. To them, there are many natural processes that they understand very well and that guide their lives in meaningful ways. We see their attitudes toward health and health care as an extension of these common attitudes toward the elements. Natural processes that the elderly consider normal and comprehensible simply are not understood in more urban and "modern: situations. The professional approach to health care is to alter or in some way interrupt what we might consider to be "natural processes." By contrast, the elderly Sea Islanders in our research were people who had participated in the natural processes to such an extraordinary extent that their beliefs in them far exceeded all beliefs. A few examples will illustrate the importance of their participation in nature, the people's understanding of natural phenomena, and the sources of their beliefs in such phenomena.

The Sea Islanders live in an area where much of their income and food are derived from the waters around the islands. The people have become sensitive to weather and tides in ways that are taken for granted among the residents but appear incredible to the outsider. Many of them have the ability to predict weather for twenty-four to thirty-six hours before it occurs and to be correct most of the time. They can tell whether it will rain, when it will rain, and during rainstorms, they can predict the storm's length and severity. Much of this ability is based on a combination of long years of experience and an understanding of winds and cloud formations. One resident gave us a detailed description of how he learned skills from his mother, who continually stressed the importance of understanding winds, their direction, and force. This knowledge of weather was linked with the understanding of tidal flow. The people knew when the tides would be high or low, whether tides would be strong, and combined with wind knowledge, they knew when to expect rough waters. This knowledge was for survival. It meant being intimately acquainted with processes of nature and participation in those processes. For many years, the people used this knowledge for fishing, determining when to venture on the waters in small boats.

Many elderly people reported that they would use wild porpoises to herd fish: two men would go into the water in a boat, one with a cast net, and the other rowing. Then they would beat on the boat with a certain rhythm; if porpoises were in the area they would swim toward the rhythmic beat. While the rower controlled the boat, the other man would cast his net into the school of fish that were fleeing the porpoises; by throwing some of the netted fish to the porpoises, the men were able to keep the porpoises circling, thereby keeping the fish tightly bunched for the cast net. Even today, some men use a modified version of this practice while standing on the docks.

The participation in nature also extends into planting practices. The Sea Islanders plant many sweet potatoes, which are regularly eaten throughout the year, particularly in the winter months. In the spring, they plant root-potatoes. As the vines mature in late summer, cuttings from the vines are planted to give a fall harvest. We noted that in planting, the vines are always laid toward a particular side of the row. When we inquired about this practice, we were informed that this was done so that the vines would catch the first rays of the rising sun; they were laid toward the east. Only then did we note that almost all the gardens were planted north and south so that the crops would always get the first and last rays of the rising and setting sun. In those cases where

rows were not planted on a north-south axis, it was generally due to some peculiarity of the land, usually a problem in drainage.

Death in the Sea Islands

In a setting like the Sea Islands, issues of health and health care are approached through a frame of reference that assumes that nature has its own processes and that the actor must understand them and become a part of them, not alter or master them. In this context, the medical practitioner may be seen as a “meddler” rather than as a healer, particularly when the practitioner gives advice that is contrary to strongly held traditional beliefs. When discussing birth practices, the elderly frequently complain about doctors who do not understand what “nature” intended; thus, women are up and about too soon after childbirth and babies are taken across the water before they reach an appropriate age. In spite of the fact that this is an area where the infant mortality rate is still high, the death of even one or two newborn infants is used as confirmation that the doctors do not know what they are talking about. The elderly, under these circumstances, have come to have little confidence in any doctor’s advice.

Given these strong traditional beliefs, hospitals are often seen as places of death rather than places where persons recover from illness. The long years of lack of modern healthcare facilities in the Sea Islands have meant that people had to nurse their ailments as best they could and resort to professional care only when they were no longer able to continue on their own. If they were hospitalized, they were usually too ill to recover. This meant that people generally died when they went to the hospital. As a consequence, elderly Sea Islanders avoided any attempts at hospitalization and resisted trips to the doctor for fear that they might be sent to the hospital. These are attitudes that have some foundation in experience and, in approaching the elderly in rural situations, their attitudes must be understood in the context of these experiences.

These negative attitudes toward modern medicine are partly explained by the framework or world view of the Sea Islanders, in which death is viewed as inexorable, coming at its appropriate time. We are not saying here that people are necessarily resigned to the fact of death, but, having had little access to health care (and thus relief from the constant presence of death), they have adjusted to the fact of its presence. For many years people regularly lost loved ones to the waters around the island, and this fact affected their views profoundly.

Death Watch

As a very elderly Sea Islander gets sick and weaker, other islanders begin a period of psychological preparation for his/her departure, spending regular periods of conversation reflecting on that person, all the good he/she had done, and how the lives of the other islanders have been affected by the elder’s presence. This kind of experience or activity is like a “pre-wake,” often coming months before the actual death. Members of the immediate family talk about how “God has His ways, and His ways don’t ever change”; they remark how they have to get used to being alone, and the like. This sort of pre-wake activity helps family members to prepare themselves, psychologically, for the death of the loved one. A similar process takes place when a younger person is stricken with serious illness. Medical intervention, if available, is sought and welcomed; however, there is a distinct lack of confidence in that intervention as people go through their mental preparation for death.

In a place where infant mortality rates, until recently, have been among the highest in the nation, people have also had to relate to the death of infants when there was no explanation that seemed reasonable. This was the most difficult situation for people to discuss. Even today, one hears this discussed only in the most intimate circumstances. However, attitudes persist that often see death as better than life. There can be no doubt that these are rationalizations, but they constitute an overall approach to the fact and phenomena of death.

In one instance, an elderly fisherman discussed all his children and their lives in great detail, but lapsed into an almost trance-like discussion about one son who lived less than twenty-four hours; he talked about the child's wisdom and insight into the harshness of life. To the father, the child had arrived, quickly perceived the difficult life ahead, and then decided that it was wiser to leave so that he could enjoy the next life sooner. Although this event had occurred many years before, the elder remembered every detail of the child's birth and death; he seemed almost happy in the thought of his own death, which would unite him with his son so that he could be the father that he had never become here.

Perspectives on Health in the Sea Islands

Sea Islanders do not look at health in terms of absence of disease; they feel that they are in good health as long as they can live independently and meet their needs. Even when no longer able to fish, if they can continue to plant their fields and to hunt, they consider themselves in good health. Although signs of decreasing mobility and quickness are acknowledged, we have met respondents in their 60s and 70s who plow and plant several acres of crops every year; even the most aged are proud of their fields. Others, in their 90s, regularly gather pecans for sale each year. They maintain their homes and fences in good order as long as they are able. All of these people, despite ailment and pain, are considered in good health. When one can no longer maintain such independence, one is seen as "failing".

In many instances, good health is defined in religious terms, as is its opposite. The person who lives the good and religious life will have good health and die "easy" (i.e., relatively free of illness and pain). In this context, illness is often seen as a situation resulting from divine wrath, where the sufferer must seek a religious rather than medical intervention.

It is not surprising that, under such circumstances, many people who are faced with an illness will turn first to the traditional methods of treatment and healing, since they are also a part of the involvement with natural elements. In our study, we visited elderly people who complained about some ailment and, when asked what they were doing about it, went into long descriptions of home remedies—including uses of roots and herbs, or other ingredients. In one instance, we tested one of the remedies and found it to be very effective. This was the procedure: While walking down the road with an informant, a member of our party complained of a headache. The informant stepped into the woods, and after a brief search, pulled up a plant and carefully cleaned off the root and instructed the person to chew on it. The headache disappeared almost instantly.

We found many instances where people would go to the clinic for examinations and then refuse to use prescribed medicine in favor of traditional remedies. One woman wrapped a sore limb in oil-leaves to "draw the pain"; another refused to use pills to control high blood pressure because she said that moss in the shoes was a better remedy. We attempted to persuade her to put the moss in her shoes and to take the pills, but our efforts were of no avail. She told us, "You don't know no more than that fool doctor."

In yet another instance, a midwife told us how she had been trained to time the contractions of a woman about to deliver. Although she gave a list of physical signs of impending delivery, she claimed that her infallible source was the tide. For example, in spite of the more accepted signs of birth, she asserted, with confidence based on more than thirty years of service, that babies are born only on the flood tide. Further, regardless of demands made by the pregnant woman, this midwife remarked that she would make no attempt to deliver a child if the tide was not in a flood stage. She also objected to the various instruments used by doctors to deliver children. In relation to her service, she stated, "Woman get her baby by nature, I let the baby come by nature." Part of that attention to nature utilized the tides as a timing device.

Conclusion

We believe that these examples have important implications for medical practice and intervention strategies when providing service to the rural elderly. Practitioners must become more

conscious of traditional beliefs and practices, and they must show a respect for them. They are not the machinations of charlatans designed to deceive the Black elderly; they are more often than not the rational response of people living in situations where nature plays a key role in the organization of their life experiences. The influence of nature, in health and in illness, is but a logical extension of their daily involvement in other parts of the natural elements. If viewed in this light, the belief in traditional home remedies is also logical and rational. One can readily understand why the elderly, in such situations, would view medical practitioners with respect but distrust them nevertheless.

Practitioners must also recognize that, frequently, there are major gaps between their expectations and the ability of the elderly to appropriately respond. We have found repeated instances of people being given prescriptions or other instructions when they were unable to read. Many of the people have not spent one day in school. Many were functionally illiterate, even if they had attended; as a consequence, the patients would often end up either following instructions improperly or not at all. In either case, medication often produced no improvement, and thus confirmed the belief: "The doctor can't do me no good."

As we attempt to extend the benefits of health care to the Black elderly, we must always bear in mind that rural residents born before 1910 came to their adulthood in a society very different from the one we now take for granted. To the extent that their lives still reflect the conditions and experiences of a much earlier generation, their beliefs and practices will also reflect those conditions. If we would truly do them any good, we must "listen eloquently" to their experiences and respond with sensitivity and understanding.

Notes

1. This chapter, reprinted with the permission of the publisher, is from *Health and the Black Aged*, ed. Wilbur H. Watson, John H. Skinner, Irene Lewis, and Shirley A. Wesley (Washington, D.C.: National Center on Black Aged, 1977), pp. 55-62.
2. For a brief description of the research and its methodology, see Juanita Jackson, Sabra C. Slaughter, and J. Herman Blake, "The Sea Islands as a Cultural Resource," *Black Scholar*, March 1974, pp. 32-39.
3. The initial research on which this chapter is based was supported by the Faculty Research Committee of the University of California at Santa Cruz. Additional support has been received from the Kinte Library Project funded by the Carnegie Corporation and headed by Alex Haley. Juanita Jackson and Sabra C. Slaughter served as research assistants and collected many of the basis data. The contribution of each individual and agency is gratefully acknowledged.

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However, among individuals without multimorbidity, there were no significant associations between FIM domains and annual hospitalization; thus, no independent contribution to the risk of hospitalization was observed. Conclusions: There exist some degree of correlation between functional status and annual hospitalization among older adults in Southern China, which might be due to the presence of multimorbidity with advanced age. View. Show abstract. Good general health and social care is important for promoting older people's health, preventing disease and managing chronic illnesses. Training all health providers in working with issues and disorders related to ageing is therefore important. Effective, community-level primary mental health care for older people is crucial. He currently practices in Westfield, New Jersey. Learn about our Medical Review Board. Scott Sundick, MD. Our perception of the term elderly has changed as the lifespan has increased and as people are more physically fit and active throughout their lives. For some, an elderly person is a frail older adult, others simply look for white hair, but when it comes to surgery there is some merit to the idea that you are only as old as you feel. Geriatrics: Every Surgeon's Specialty? Geriatrics is the specialty of caring for adults 65 and older. As the population is aging, the simple fact is that most surgeons who treat adults, regardless of specialty, are specializing in the care of the elderly. Knowledge, Attitude, and Compliance of Healthcare-associated Infection Control among Nurses in the Western Development Region, Nepal. Korean Journal of Nosocomial Infection Control, Vol. 21, Issue. 1, p. 9. Factors associated with good TB infection control practices among primary healthcare workers in the Free State Province, South Africa. BMC Infectious Diseases, Vol. 16, Issue. 1. Healthcare-associated infections in children: knowledge, attitudes and practice of paediatric healthcare providers at Tygerberg Hospital, Cape Town. Paediatrics and International Child Health, Vol. 36, Issue. 3, p. 225.