

# Proceedings of the annual meeting of the Southern Anthropological Society

---

Volume 45  
Number 1 *Anthropology: Weaving Our Discipline  
with Community*

---

Article 7

2020

## Cherokee Concepts About Health and Healing

James Sarbaugh

Follow this and additional works at: [https://egrove.olemiss.edu/southernanthro\\_proceedings](https://egrove.olemiss.edu/southernanthro_proceedings)

---

### Recommended Citation

Sarbaugh, J. (2020) Cherokee Concepts About Health and Healing. *Anthropology: Weaving Our Discipline with Community*, Proceedings of the Southern Anthropological Society, 2014, 45, 93-107.

This Article is brought to you for free and open access by the Southern Anthropological Society at eGrove. It has been accepted for inclusion in Proceedings of the annual meeting of the Southern Anthropological Society by an authorized editor of eGrove. For more information, please contact [egrove@olemiss.edu](mailto:egrove@olemiss.edu).

# Cherokee Concepts about Health and Healing

*James Sarbaugh*

## Abstract

Health and well-being are maintained in traditional Cherokee communities by carefully balancing the social, and sacred, relationships between all spiritually significant beings, human or otherwise. An imbalance in these relationships results in ill health that affects the entire community. Balance is maintained or restored through ritual practice in which both women and men may play critical roles as trained specialists who rely on medicines, physical therapies, and ritual language and non-verbal means to communicate sacred knowledge. Practitioners must also constantly monitor, evaluate, and make use of new knowledge gained from the surrounding environment, employing methods that are intrinsically conservative, yet dynamic and flexible.

Beginning with the information collected by the missionary Daniel Butrick in the 1820s and '30s, and continuing to the present day, we have written accounts of Cherokee native medicine that make it perhaps the best reported institution of its kind in Native North America. Since the 1880s, scholars such as Mooney, Olbrechts, Swanton, Speck, Witthoft, Thomas, Fogelson, Kupferer, Jack, Anna, and Alan Kilpatrick, Walker, Heth, Herndon, and more recently Lefler, and Altman and Belt, have all contributed original information and insight to this literature. Many of these studies derive in good part

JAMES SARBAUGH

from a unique database—scores of documents written by Cherokees in their own language using the Sequoyah syllabary, which was adopted and widely used before Removal in the 1830s. Raymond Fogelson declared that one of these, the *Swimmer Manuscript*—collected, translated, and analyzed by James Mooney and Frans Olbrechts between 1888 and 1932—“is probably the best study of ethnomedicine available for any North American Indian Society” (1975, 115).

The great majority of Cherokee medical manuscripts, or doctor books, consist of what Mooney called “sacred formulas,” “prayers,” or “songs.” According to Cherokee tradition, these songs were the gift of the powerful, man-eating ogre, Stonecoat, who was captured and burned alive by a community of Cherokees. As he was consumed by flame, he “sang forth the entire culture of the Cherokees” (Gilbert 1943, 207). He “told them the medicine for all kinds of sickness . . . and sang the hunting songs for calling up the bear and the deer and all the animals” (Mooney 1900, 320). As understood by Will West Long and told to Frank Speck and Leonard Broom in the 1940s, this was the origin of all the songs known to Cherokees “since before the time of Christ.” These songs could aid the people in all aspects of their lives and included vocal music governing dances, hunting, horticulture, medicine, and all social relationships from lovemaking to protection against opponents and enemies. Hundreds of these songs, written in syllabary, have been collected.

As Raymond Fogelson observed, however, “Despite the richness and specificity of all this material, the picture of Cherokee medicine that emerges is highly particularistic and fragmented into discrete bits and pieces. Despite notable efforts by Mooney, Olbrechts, and others to discern a general pattern in Cherokee medicine, there is little overall integration or sense of system in the data” (Fogelson 1974; Fogelson subsequently contributed important information and analysis on Cherokee world view, Cherokee categories of diseases,

and the roles and procedures of practitioners of native medicine [1961, 1974, 1975, 1980]).

The great majority of literature on Cherokee medicine has focused attention on the programmatic details of curing and its counterpart, conjuring. Whether intended by authors or not, this has often resulted in portraying Cherokee medicine as based on arcane principles and mysterious practices that may appear outlandish, lurid, and even threatening. Not only has this drawn attention away from a “sense of system” of Cherokee medicine, but as Willard Walker noted (1981, 96), it has tended to draw “attention away from such potentially significant phenomena as the relationships of curers to patients, conjurors to victims, and curers to conjurors. More importantly . . . it has drawn attention away from the curing–conjuring complex as a social institution and its implications for relationships between different communities within a given ‘tribe,’ between communities of different ‘tribes,’ and between the ‘real people’ and such Euro-American institutions as the Public Health Service Indian Hospitals, the public schools, the Bureau of Indian Affairs, and various law enforcement agencies.”

One thing that does emerge from this literature, confirmed by the testimony of modern Cherokees in both North Carolina and Oklahoma, is that core beliefs and practices concerning health and healing have persisted in Cherokee communities over time and distance. I’ll try to pull together threads from interviews with Cherokees, observations in the field, and published and unpublished archival sources to discuss some of these core beliefs and understandings, particularly as they relate to the social aspects of Cherokee medicine. Hopefully, this discussion will connect, at least loosely, with the contributions in this field that Lefler, Altman and Belt, Holland and others are making today. (Since my own fieldwork was conducted forty years ago, it might be more accurate to say that all my sources are archival.)

JAMES SARBAUGH

There is no better place to begin this discussion than with the story of the origins of disease and medicine that James Mooney collected in the 1880s. He tells that,

In the old days—in the time when four-legged animals, birds, fish, insects and plants could all talk—they lived with human beings in “peace and friendship.” But people increased in number so rapidly that they spread over the entire earth, and animals were cramped for room. Worse, humans developed weapons—hooks, knives, spears, blowguns, and bows and arrows with which they “slaughtered the larger animals for their flesh or their skin.” Smaller creatures, such as frogs and worms, they tread upon without regard.

So the animals called a great council to determine how better to protect their common safety. Each animal clan, from bears to grubworms, decided to inflict a particular disease on people to punish them for bad behavior, and to reduce their numbers.

And this was the origin of disease.

When the plants learned that animals planned to bring diseases to humans, they called their own council. They had no great quarrel with people, and determined to help them. “Each tree, shrub, and Herb, even down to the Grasses and Mosses, agreed to furnish a cure for some one of the diseases” that the animals would inflict. “When the doctor is in doubt what treatment to apply for the relief of a patient, the spirit of the plant suggests to him the proper remedy.”

And this was the origin of medicine.

(paraphrased from Mooney 1891,  
319–22; 1900, 435–36)

Illness, being the result of the breakdown of respectful relationships between spiritual beings in the world, is, at root, social in nature. As Robert K. Thomas, a Cherokee anthropologist, put it: "A crucial part of the Cherokee world view . . . is seeing the universe as having a definite order, as a system which has balance and reciprocal obligations between its parts. The individual Cherokee is a part of this system, and membership entails certain obligations. When the Cherokee does not fulfill his obligations, the system gets out of balance and the Cherokee [indicating the collective population] no longer have the 'good life'" (1961, 163; see also Hudson 1976, 317–25).

Al Logan Slagle, a Keetoowah Cherokee, confirms Thomas: "[M]any Indian people share the belief that . . . [h]ealth is the condition of individuals and communities which live and grow in a harmonious, stable relationship with their environment as it continuously changes. Health is a kind of freedom and . . . 'wholeness' that can only be enjoyed through discipline" (Lincoln and Slagle [1987] 1997, 268).

Anthropologist Heidi Altman and scholar Thomas Belt, a native Cherokee speaker, provide additional perspective. They describe the Cherokee concept of well-being as predicated on maintaining the world in its natural state, described as *tohi*, which is "fluid, peaceful, and easy like water flowing," and maintaining the individual in a "centered balanced and neutral state," denoted by the term *osi*. Actions that disrupt these natural states may bring on "illness or other consequences" that can inflict damage on individuals or the community. Healing can only occur by restoring "the world and the individual to the proper state" (Altman and Belt 2009, 22).

Cherokees associate these concepts with the "white path," which Lloyd Sequoyah, a ritual practitioner from the Eastern Band of Cherokee Indians, explained in 1978 as representing "*Duyukta*, the path of harmony, or being in balance . . . the traditional way of the

JAMES SARBAUGH

Cherokee people” (Duncan 1998, 26–27). Traditionally, the “white path” was often graphically depicted on wampum belts with a central stripe of white beads. Among many Christian Cherokees this path is often referred to as the “narrow way to heaven,” which is sometimes equated with the clear, white, central margin between verses in the Bible (Fink 1978, 136). Keeping to this pathway is what non-Christian Cherokees mean when they say “peace” or keeping to their “laws” and what Christian Cherokees often refer to as “love” or “righteous path” (Fink 1978, 136; Mooney 1900, 487; Wahrhaftig 1978, 439; Wahrhaftig and Lukens-Wahrhaftig 1977, 231).

Keeping to the White Path will ensure health and harmony. Straying from it, even inadvertently, will result in disease and dis-sension and all sorts of misfortune. Following the White Path, however, is not a matter of simply keeping to “specific customs or ways of doing things.” Rather, it is “a condition of human relationships” that are reciprocal with all living beings. Maintaining these relationships is a dynamic process involving the perpetual pursuit of knowledge and constant monitoring of the environment in order to preserve the well-being of the community (Wahrhaftig 1978, 440; see Jordan 1975, 121-124)

So, like illness, maintaining and restoring health are, at root, understood as social processes. As described by anthropologist Albert Wahrhaftig, most Cherokee ritual can be understood as a means of maintaining or reestablishing respectful, reciprocal relationships that “sacredly strengthen all life in the universe” (Wahrhaftig 1978, 440; see also Wahrhaftig and Lukens-Wahrhaftig 1977, 231-32). These concepts of health and illness could be described as holistic, encompassing the entire solar system, since the sun and the moon are also sentient beings in Cherokee tradition.

In the eighteenth century, health and balance were maintained in each Cherokee town by a headman, assistants, and a seven-man

council made up of representatives from each of the seven matrilineal clans. Among other functions, this council oversaw the performance of six major annual ceremonies that were meant to protect the health and well-being of the community. Each clan gathered and, led by its clan councilor, purged using the “black drink,” cleansed by going to water, and drank a prophylactic infusion of medicinal herbs to maintain them in good health. And there is some evidence that, at least in some cases, the seven-man council acted corporately in performing healing rites for those afflicted with illness. These practices could be described in contemporary terms as community-based public medicine with a strong emphasis on health maintenance and disease prevention.

Following the Civil War, most Cherokee communities in North Carolina and Indian Territory had established Protestant churches. By the 1870s, when the Cherokee Nation in Indian Territory was threatened by being absorbed into a new national territory or state, Cherokees attempted to re-invigorate traditional community institutions and practices. The organization that initiated this movement adopted what many Cherokees believe was the name given to them by the Creator, calling themselves Keetoowah. By the early 1900s, they had succeeded in establishing reconstituted ceremonial centers, or Sacred Fires, in about half of the communities in the Nation. Each Fire, or Stomp Ground, had officers and a seven-man medicine council with representatives from each of the seven clans. Four times a year they presided over ceremonies that involved purging, going to water, and drinking prophylactic medicine prepared from seven medicinal herbs and distributed to each clan (Lanman 1849, 95; Thomas 1953, 1961).

Janet Jordan, who did fieldwork in the 1970s with Oklahoma Cherokees, was told that the seven-man medicine councils not only had responsibility for fending off and curing illness but for ensuring



JAMES SARBAUGH

ample crops, ending droughts, mediating disputes within the community, and negotiating with organizations from outside the community, including county, state, and federal officials (Jordan 1975, 114-119). The core of this revitalized institution, which Keetoowahs described as “religious,” might also be described as a community-based public health organization.

Revitalization of native religion and institutions is not the only mode of adaptation that Cherokees have made to protect the vitality of their communities. By the 1960s, most members of Cherokee speaking communities in Oklahoma and North Carolina belonged to a Protestant church. This is unusual among American Indian ethnic groups (Berkhofer 1976). And, while a good deal is still unknown about how widespread conversion was achieved, a key element in this process is that Cherokees, like converts from many other ethnic groups, did not simply adopt Christian ideas and values, they adapted them to their own longstanding principles and tenets (Fogelson 1961, 220; Jordan 1974; 1975, 306-12; Thomas 1953, 88-92).

Raymond Fogelson (1961, 220) has noted that the faith healing tradition was one element of southern Protestantism that helped build a rapport between Native and Christian practice. One Christian convert from the 1820s, Thomas Nutsawi, offers early evidence of this. He had been an “assistant priest” in his community when, at about the age of fifty, he showed deep interest in learning about Christianity. After moving his home near to an American Board mission station, Nutsawi found he had contracted a life-threatening lung ailment. He was cured after he initiated a new form of medical treatment that combined traditional fasting and herbal medicine with Christian prayers “to that savior, who was able, he had heard, to cure diseases.”

By 1850, Baptist and Methodist churches, where members could vote many of their own rules, began to accept Native doctors if they

were judged sincere in their Christian belief. When James Mooney did his fieldwork in North Carolina in the late 1880s, he found that at least two highly respected Cherokee curers, Inoli and Gahuni, were also Methodist preachers (Mooney 1891, 313-316). Among Oklahoma Cherokees in the early 1950s, Robert Thomas found that “many staunch Baptists,” including some ministers, were also Native doctors who saw “no conflict in preaching Christianity and praying to the Thunder to cure disease” (Thomas 1953, 92; see also Kilpatrick and Kilpatrick 1967, 5). Several years later, Raymond Fogelson found similar practices in North Carolina Cherokee communities. As one Cherokee curer explained: “When I conjure, I go by the word of God. . . . If it wasn’t in the power of the Creator, you couldn’t make anything move” (Fogelson 1961, 220; see also Jordan 1975, 298-301, 309). Jack Kilpatrick described a related blending of traditions. In 1963 in Oklahoma, a “Cherokee woman suffering from chronic headaches was brought on a cot to the Beaver Church campground for a ‘Christian’ healing service. A medicine man sat at her head while a minister stood at her right and the worshipers collected around her. While the minister silently prayed for his charge, the medicine man arose and lead the group in a stirring rendition of ‘Amazing Grace’” (A. Kilpatrick 1997, 132). By the mid-twentieth century, many, if not most, Cherokees considered Christian hymns in their language to be traditional sacred songs. In at least some communities, hymns had been incorporated into more traditional Cherokee ritual practices.

Janet Jordan described one instance of the complex ways in which Cherokee churches, and the social networks they support, have been agents of cultural conservatism, adaptation, and innovation. During her fieldwork in an Oklahoma Cherokee community in the 1970s, Jordan learned that the local fire had been the primary religious organization there until the middle of the 1950s. Drought had struck in 1951 and continued for three years. “The medicine of the medicine

JAMES SARBAUGH

council was not working. Medicine men were curing people on their own rather than through the auspices of the entire medicine council.” When all seven medicine men on the council worked together, they had “pretty good Cherokee doctors. They used to doctor about anything,” according to the former speaker of the medicine council. The head of another, still active, medicine council agreed: “[M]edicine men doctoring individually is what weakened the Sacred Fire organization, ‘That was the old Indian way.’”

The preacher at the local Baptist church, although called a “white man” by community members, was a Cherokee of mixed ancestry and respected for his command of the Cherokee language and his knowledge of herbal medicine. He also believed in the type of medicine practiced at the stomp ground [Fire] “if you have faith.”

The chairman, or speaker of the medicine council became convinced that “duyu:kta, or the ‘truth,’ lay on the side of Christ rather than on beliefs of the Fire.” He converted and joined the local Baptist Church in 1957. Jordan was told that this resulted in “a ‘switching over’ from the Sacred Fire organization to the Cherokee Baptist Church.” By 1972, the church had formed a new, seven-member nominating committee that included the church deacon, formerly the head of the local medicine council. He described the members as “seven spirits,” the term he had earlier used for the seven members of the medicine council. Of the seven, three were women. Two of these were also church officers, and the third was one of the few members of the church who were literate in Cherokee. Although Jordan doesn’t say so, it seems likely that the seven members represented each of the clans. The new nominating committee took on the traditional role of the former medicine council, assuming “the responsibility for the well-being of the entire community,” which included public and private curing ceremonies involving the laying on of hands, prayer, and hymn singing. Traditional gendered roles

that applied to the ceremonial ground were altered to accommodate gendered roles appropriate to a new, more socially viable institution: “[T]he community had incorporated Cherokee meaning into the Baptist faith and adapted it to community needs” (Jordan 1975, 230-232, 298, 306–12; see also 1974, [9]).

Jordan, however, notes that this “switching over” to the Baptist church that she recorded was “no reflection of a case of progressive assimilation, because in at least twenty-six cases the Baptist church preceded the Sacred Fire in the community” [in the late 1800s]. “A process of incorporative integration” was going on at the time, but Jordan predicted, “if the fit between white forms and native meaning becomes too strained, it is the white forms that are likely to be discarded” (1975, 355).

Even if Euro-American forms are retained, native institutions may be revitalized, as happened when the Sacred Fire was rekindled in North Carolina in 1989. The last ceremonial ground in North Carolina went out of use sometime around 1880. When Bob Thomas was doing fieldwork there in the late 1950s, Eastern Cherokees showed interest in rekindling the fire, but plans didn’t get off the ground until thirty years later. With Thomas as facilitator, in September of 1989 the head medicine man and most of the officers of the Redbird Smith Fire in Oklahoma, along with some strong song leaders and shell shakers, all drove to North Carolina in six cars to help lay the new fire. Thomas looked at this as an opportunity for “cultural exchange between Oklahoma and North Carolina.” The North Carolina people would be learning about the Cherokee Law as restored by the Keetoowahs a hundred years before; and the Oklahoma people would be learning about the Green Corn Ceremony that was lost to them “during Removal times” but still known in North Carolina. The fire lighting and the first all-night dance were a great success, despite a steady down-pouring rain. The North

JAMES SARBAUGH

Carolina Cherokees, whose morale had been low, felt “new hope” (Thomas 1990).

The next year, a four-day Green Corn Dance was planned for August, and Thomas was asked to help organize it. He worked with the most knowledgeable ritual practitioners in Big Cove, and they arranged a four-day event with traditional and innovative elements. One of the innovations was holding a sweat bath “as a purification in place of the ‘going to water’ ritual and as a replacement for ‘taking medicine,’ the purgative Black Drink.” The Green Corn Dance was well attended, and Thomas hoped that the new fire would have a “big impact” as “an institution not pre-empted by outsiders.”

Cherokee healers continue traditions of working together to maintain the well-being of their communities. They rely on traditional knowledge but also constantly monitor, evaluate, and make use of new knowledge gained from the surrounding environment. Their practices are intrinsically conservative yet dynamic and flexible, complex, and sometimes innovative—restoring traditional institutions and creating new ones—qualities that have contributed to the Cherokees’ long history of successful cultural adaptation. Their therapies are calculated to not simply cure the physical symptoms of patients but to re-socialize them, reintegrate them into the local community, and restore proper relationships within the community and with the world at large (see Walker 1981, 98). They know that by keeping to “the path of Harmony, of being in balance” they will survive as a people. *Duyukta*. (Duncan 1998, 26-27).

## WORKS CITED

- Altman, Heidi M., and Thomas N. Belt. 2009. "Tohi: The Cherokee concept of Well-Being." In, *Under the Rattlesnake: Cherokee Health and Resiliency*, edited by Lisa J. Lefler, 9–22. Tuscaloosa: University of Alabama Press.
- Berkhofer, Robert F. Jr. 1976. *Salvation and the Savage: An Analysis of Protestant Missions and American Indian Response, 1787–1872*. New York: Atheneum.
- Duncan, Barbara R., comp. and ed. 1998. *Living Stories of the Cherokees*. Chapel Hill: University of North Carolina Press.
- Fink, Kenneth Ernest. 1978. "A Cherokee Notion of Development." PhD diss., Union Graduate School. UMI Dissertation Services.
- Fogelson, Raymond D. 1961. "Change, Persistence, and Accommodation in Cherokee Medico-Magical Beliefs." In *Symposium on Cherokee and Iroquois Culture*, edited by William N. Fenton and John Gulick. Smithsonian Institution Bureau of American Ethnology Bulletin 180. Washington, DC: Government Printing Office.
- . 1974. Medical Anthropology as Anthropology. Paper presented at the meeting of the American Anthropological Association, Mexico City, November 1974. Unpublished manuscript.
- . 1975. "An Analysis of Cherokee Sorcery and Witchcraft." In *Four Centuries of Southern Indians*, edited by Charles M. Hudson. Athens: University of Georgia Press.
- . 1980. "The Conjuror in Eastern Cherokee Society." *Journal of Cherokee Studies* 5 (2): 60–87.
- Gilbert, William H. Jr. 1943. *The Eastern Cherokees*. Smithsonian Institution Bureau of American Ethnology Bulletin 133. Anthropological Papers, no. 23. Washington, DC: Government Printing Office.
- Hudson, Charles M. 1976. *The Southeastern Indians*. Knoxville: University of Tennessee Press.
- Jordan, Janet E. 1974. "Reflections on the Social Aspects of Illness in a Western Cherokee Community." Paper presented at the Southern Anthropological Society meetings, Blacksburg, VA, April 4–6, 1974. Unpublished.

JAMES SARBAUGH

- . 1975. "Politics and Religion in a Western Cherokee Community: A Century of Struggle in a White Man's World." PhD diss., University of Connecticut. UMI Dissertation Services.
- Kilpatrick, Alan. 1997. *The Night has a Naked Soul: Witchcraft and Sorcery among the Western Cherokee*. Syracuse, NY: Syracuse University Press.
- . 1967a. "Muskogean Charm Songs Among the Oklahoma Cherokees." *Smithsonian Contributions to Anthropology* v. 2, no. 3. Washington, DC: Smithsonian Institution Press.
- . 1967b. *Run Toward the Nightland: Magic of the Oklahoma Cherokees*. Dallas, TX: Southern Methodist University Press.
- Lincoln, Kenneth, and Al Logan Slagle. (1987) 1997. *The Good Red Road: Passages into Native North America*. Reprint, Lincoln: University of Nebraska Press.
- Mooney, James. 1891. *Sacred Formulas of the Cherokees*. Seventh Annual Report of the Bureau of Ethnology to the Secretary of the Smithsonian Institution (1885–86), 301–397. Washington, DC: Government Printing Office.
- . 1900. *Myths of the Cherokees*. Nineteenth Annual Report of the Bureau of Ethnology to the Secretary of the Smithsonian Institution (1897–98). Washington, DC: Government Printing Office.
- Mooney, James, and Frans M. Olbrechts. 1932. *The Swimmer Manuscript: Cherokee Sacred Formulas and Medical Prescriptions*. Smithsonian Institution Bureau of American Ethnology Bulletin 99. Washington, DC: Government Printing Office.
- Payne, John Howard. n.d. [ca. 1835–39]. Papers of John Howard Payne Concerning the Cherokee Indians. Ayer Collection MS.689, Newberry Library, Chicago. Microfilm.
- . 2010. *The Payne-Butrick Papers*, edited by William L. Anderson, Jane L. Brown, and Anne F. Rogers. 2 vols. Lincoln: University of Nebraska Press.
- Thomas, Robert K. 1953. "The Origin and Development of the Redbird Smith Movement." Master's thesis, University of Arizona. Unpublished.

- . 1961. "The Redbird Smith Movement." In *Symposium on Cherokee and Iroquois Culture*, edited by William N. Fenton and John Gulick. Smithsonian Institution, Bureau of American Ethnology Bulletin 180. Washington DC: Government Printing Office.
- . 1990. "Lighting the Cherokee Fire." *Americans Before Columbus* 18 (1): 3,5.
- Wahrhaftig, Albert. 1978. "Making Do with the Dark Meat: A Report on the Cherokee Indians in Oklahoma." In *American Indian Economic Development*, edited by Samuel L. Stanley, 409–510. The Hague: Mouton Publishers.
- Wahrhaftig, Albert, and Jane Lukens-Wahrhaftig. 1977. "The Thrice Powerless: Cherokee Indians in Oklahoma." In *The Anthropology of Power: Ethnographic Studies from Asia, Oceania, and the New World*, edited by Raymond D. Fogelson and Richard N. Adams. San Francisco: Academic.
- Walker, Willard. 1981. "Cherokee Curing and Conjuring, Identity and the Southeastern Co-tradition." In *Persistent Peoples, Cultural Enclaves in Perspective*, edited by George Castile and Gilbert Kushner. Tucson: University of Arizona Press.