

Paper Title: A Vernacular Healing System: Reinventing the Circle with Cadien Treaters

Author: David, Dana

Institutional Affiliation: Independent Researcher

This paper was prepared for “Science and Religion: Global Perspectives”, June 4-8, 2005, in Philadelphia, PA, USA, a program of the Metanexus Institute (www.metanexus.net).

Abstract:

According to medical anthropologists more than 80% of the world’s population is wholly or partially dependent on vernacular healing systems (traditional medicine) for meeting their health care needs. This 80% includes peoples of the developing world as well as indigenous and minority ethnic groups in industrialized countries. This situation is not expected to change in the near future. Furthermore, the increasing spread of chronic diseases such as diabetes and cancer, together with the renewed threat of re-emergent infectious diseases, makes it urgent that we reach a better understanding of vernacular healing systems and the role they play in the health of peoples who rely on them.

Recourse to vernacular treatments suggest that the two systems, bio-medicine and *traitement*, are complimentary and exist side by side. Combining what appear to be disparate elements—medication and prayer—demonstrate how individuals integrate health traditions and underscore the social aspect of illness. In examining Cadiens healers in South Louisiana, known as treaters, their knowledge of prayers taught to them by older community members for ailments ranging from warts to pneumonia qualify treaters to administer treatments which involves praying over the sick individual. Many individuals state that any body of water between the treater and the patient limits the effectiveness of a treatment. In breaking down the speech act into components, patient and illness are both the subject. In the interaction between patient and healer, the patient initiates the healing act by asking for a treatment, defining their illness, and giving a gift. While the interaction reflects the values of reciprocity fundamental to Cadien culture and empowers the individual, it does not mirror the interaction between patient and medical practitioner where the patient is the object.

An important cultural implication developing out of an analysis of the speech act in a treatment session is the coexistence of both scientific and traditional systems. Referring to the clinical experience, Foucault in *Naissance de la Clinique* points out the objectification of sickness. The clinical experience shifted the rapport from the individual in relation to himself to language about things. Foucault points out that the articulation of medical language is around the object, which is the patient. Medical discourse evacuates the interactive, verbal process characteristic of socio-medical systems such as treating. Analysis of the treating act allows for identification of important interactive elements pertinent to vernacular medicine and highlights a necessity for health care that is more interactive.

Cadien healers known as treaters and their practice of traditional medicine is situated in the domain of vernacular systems of belief about health that explore

experiences, beliefs, and values which influence an individual's choice about medical care. Treaters and the body of popular knowledge that supports their practice demonstrate that illness while an individual experience is culturally defined. An important implication for further study would be to outline a classification system that would serve health care providers with an understanding about how individuals in traditional communities make choices in seeking out health care.

Biography:

Dana A. David received her M.A. from Middlebury College in 1991 and her Ph.D. in Francophone Studies from the University of Louisiana at Lafayette in 2000. Her dissertation, "Parole, pratique et pouvoir: le rôle des traiteurs dans la société cadienne", takes a phenomenological approach to the study of vernacular medicine practiced by Cadien treaters in the region west of Lafayette.

She has conducted extensive fieldwork with traiteurs, celebrated Mardi Gras with an all women's run, and collected data for a forthcoming Cadien Dictionary. Her research interests include vernacular medicine, documenting cultural definitions of illness, and personal narratives. She is currently an independent researcher and employed as a flight attendant and lives in New York City.

Paper Text

March 12, 1996:

"Assis-toi." Mr. Ray Broussard says ushering me into the circle of people sitting in his kitchen. The familiar entrance, through the kitchen door-not the front door into the living room-brings me to a space I know well. That lunar arrangement of chairs in the kitchen which expands and contracts to include everyone at any given moment. Along with Mrs. Broussard there are two couples, the Guidrys and the Pitres, of the same generation as their hosts. Somewhat self-conscious about walking in on a *veillée*—I had been hoping for an interview with Mr. Broussard who is a *traiteur* or healer; I take my place among the group who are chatting away about the usual topics of weather, illness, gardens etc.

Speaking French, I join in and they weave me into the conversation. **À you tu viens?** I am in Lafayette at the university, but I come from Gueydan. I'm studying *les traiteurs*. **C'est bon. Mr. Broussard est beaucoup bon pour le monde.** Those present, as with most people I speak with for interviews, are genuinely supportive of education and express the desire to contribute to my project. While education in Louisiana was mandatory during their youth, it was not always accessible to them because of language and cultural barriers (Ancelet 1985). The topic of school and their grandchildren who are pursuing degrees bounces around for a few minutes. **A you tu as appris le français ?** I went to school *à l'autre bord* (in France). **Mais tu parles le bon français!** Mr. Pitre shares his experience of being chastised at school for speaking what was at the time not only the wrong language but valued as less than the standard that was probably never spoken in Louisiana. A double negative in cultural terms does not make a positive. I hear this emotional soreness often as I negotiate language. I take my usual stance. I insist that

my French is no better than theirs, only different and that I enjoy learning Cadien words by listening to people.

Quoi c'est ton nom de famille? "I am a David from Klondike. My father was a farmer and my mother is a Simon from Gueydan." Mr. Broussard inquires about my connection to the David's from Church Point. He references where they live-(d), what they did, and tells a story about some long-dead David. The last thread in the weave of the conversation that situates me in their geographical-genealogical realm arrives when Mr. Guidry says: **Gueydan? C'est là àyou ça chasse les canards. J'ai été dans le temps.** "I go with my grandfather out in the marsh." The men express a certain degree of surprise that a woman hunts, and then the conversation turns towards duck hunting. At this point, Mr. Broussard and Mrs. Pitre step out of the room and I wonder "*what's going on?*"

Sitting with a *traiteur* to hear him/her explain what she/he does on his terms in his language is my objective. How to negotiate talking about healing is not clear and neither had arriving here, at the home of a *traiteur* or treater in English, been clear to me. The Broussard's home, located in Point Noir, a *voisinage* just outside the town of Church Point in Acadia Parish is nowhere to be found on an official parish (county) map. I had heard about him from Dr. Carl Brasseaux whose in-laws live in Point Noir. Mr. Broussard had on two previous occasions given me these directions (I had gotten lost on those attempts): **"You know where Vera Delacroix used to live? (She had passed years ago—I asked.) A mile past the bridge where the two oak trees are on the left (along with the myriad others?!) You turn and go past the house with the pigs. And there we are."** And here I am, sitting in this circle of people, in a kitchen very much like others out on the prairie in Southwest Louisiana, with my neat questionnaire and a tape recorder anxious to ask my questions and thinking this interview is never going to happen!

Mr. Broussard and Mrs. Pitre return only to repeat their silent exiting twice more with 10 to 15 minute intervals. Articles by Elizabeth Brandon (Brandon, 1962; 1965; 1976), on Cadien treaters include the guide lines for treating: the patient must ask for a treatment, but can not thank the treater, a treatment is believed not to "cross" a body of water, there is no payment, but a gift is accepted. In theory, prayers are transmitted to someone of the opposite sex. A treatment consisted of a three-prayer cycle with 10-15 minutes between prayers. A *traiteur*, or treater in English, recites a prayer as a treatment for various ailments. (1) "*So he is treating! I wonder why they are leaving the room?*" I think to myself. In the meantime, Mrs. Guidry shares the reason for the visit this afternoon: knee surgery in the morning. As she puts it: **"It can't hurt to have both."** (Surgery and faith healing). She is anxious about the procedure, especially about being sedated. Her turn to follow Mr. Broussard comes after the Pitres leave.

And so I sit patiently talking with those in the circle as the afternoon ticks away and the circle dwindles. While putting the sprinkler on his garden, Mrs. Broussard assures me that Pop Ray --as he is known in the *voisinage*-- has time for an interview, and Mr. Broussard enters, settles into his rocker and we begin. His features are weathered belying his seventy odd years and his eyes are bright. I recognize his skill as a storyteller and I too settle into his stories of healing, how he started as a child treating in the schoolyard, the time when he healed a limping dog, and how he treated the parish priest. He was negotiating his credentials, constructing belief. I recognize phrases that are verbatim

from other interviews: “**C’est le Bon Dieu qui m’a donne le pouvoir.**” (It’s the Good Lord who’s given me the power [to heal]) (2)

A. THE CIRCLE REVISITED:

Understanding what healing means to people was even less clear in my mind than the cultural geography lesson needed to find Mr. Broussard’s home...until the flashbulb moment nearly 10 days after my visit to Point Noir. The “magic” in the magico-religious rubric assigned to traditions like *traiteurs* and *traitements* originates in the performance inside the circle.(3) I had witnessed, even inscribed myself in a treating session, which is embedded in relationships---old and new. I sat, told the details of my story, listened to the voices, and used mine to question on healing. The couples present had come with the objective of one being treated, yet the treatment appeared to be superceded by the visit. That *veillée* shifted into *traitement* back to *veillée* reflects the circular pattern of speaking in Cadien society and points to ways of speaking as defined by Dell Hymes: “that the communicative competency of persons comprises in part knowledge of determined ways of speaking.” By breaking the healing session that I describe down into identifiable components introduced by Hymes, I want to first demonstrate that there is a verbal protocol embedded in the interaction between treater and patient. Secondly, I want to argue for the connection between means of speech or speech style and a pattern of relationship that is reflective of Cadien society (4). Then, I will briefly outline cultural implications to viewing healing as a speech act.

Before jumping into the approach that I am proposing, let me situate briefly the region of Southwest Louisiana in an ethnographic context. First, remember that the Cadiens of Louisiana are the descendants of Acadians expelled from Nova Scotia during the Grand Derangement or The Diaspora of 1755. Originally from diverse regions in France, notably Poitou, Normandy, and Britany, the first colonists established an autonomous existence, removed from the political intrigues of the Continent. At the time of their imposed exodus by the English governor, the Acadiens had established an identity founded in a common language, on the Catholic religion, and their sense of family. Dispersed along the British colonies, Acadiens immigrated to Louisiana until 1785. In the century to follow, they conserved their agricultural practices and their social institutions that re-enforced their autonomy and solidarity. It’s in the 19th century, century of the emergence of socio-economic classes in Louisiana, that the Acadians become Cadiens (Brasseaux, 1992). Despite the lack of institutional support, the Cadiens conserved their French-speaking cultural identity through nurturing their oral tradition (Ancelet 1984, 1994), their music (Ancelet & Savoy 1984), and among the more public demonstrations of their ethnicity, Mardi Gras. While described as a shy tradition for reasons that will become apparent, treating occurs frequently within a private space.

In order to initiate healing, the participant’s demand is sufficient condition and for many necessary. Adèle Robicheaux notes that: « **It’s better if they ask than if I go by my own** » (5). Lula Guidry explains: «**Tu les disais jamais merci parce que ça fait le traitement n’est pas fait. Tu remerciais le Bon Dieu.** » Speaking from the point of view of the treater Ray Broussard explains : «**Don’t say thank you even. Go home. I don’t want to be paid for prayer.** Parlant du point du vue du patient, Pearl Viator explique : «**And you mustn’t say thank you and you mustn’t offer them money.** »

Certain scholars' remark on several elements of the verbal exchange, however none treat the interaction in a macro perspective. Yet, participants and treaters alike state that a treatment's effectiveness hinges upon a verbal protocol. Leyda (1961) points out : « **The person desiring treatment must request it of the treateur, except in the case of children when the mother or father asks it in the name of the child.** » Sexton (1992) adds : « **In order for a treatment to work, the patient must request treatment and describe the ailment.** » Lançon(1986) presents two succeeding elements : «**A traiteur will never ask for any form of payment for his treatment, and must never be thanked.**» The imperative for the participant to ask for a treatment and the intentional absence of a form of politeness, the thank-you, trigger an exchange on two levels, material and physical/spiritual. The ethnographic description that I began this presentation with is a *speech event* meaning that is culturally identifiable as other *speech situations* like a *veillée*, a crayfish boil, a music jam session, or storytelling session. The distinguishing feature in the healing session is the interaction between treater and participant or the *speech act*.

The *voisinage* in which the treater lives constitutes a *speech community*: a group who shares rules for conduct and interpretation of speech, and the rules for the interpretation of a linguistic variety (Hymes 1972: 55), in this case French with a heavy shift to English. A specific example of *language field* and *speech field* as Hymes intends is my experience walking into what I knew to be a *veillée*: it's the range of communities within which one can move, while still able to understand the speaking rules and communicate (Hymes 1972 : 55). The integration of the two into a personal *speech network* forms the matrix through which and the framework in which individualized knowledge is elaborated. I believe that Mrs.Guidry's reasoning, "**It can't hurt to have both.**" illustrates the way in which people elaborate and integrate community knowledge into their experience of an illness by coming to a place that they recognize and that offers a level of comfort in order to tell their illness in story form.

1) Components of a speech event and speech act model:

A healing session is the equivalent to a *speech event* and belongs to the conventions of the speech community i.e. the verbal protocol. Yet it is important to remember that it is the individual that engages in the process. Thus in essence there is communication and interaction (ex. Communication: I am coming to your house. Interaction: the reciprocal action or effect between treater and participant.) The treatment fulfils two purposes, one communal, and one personal. On the former, the participant describes his illness to the treater, the community intermediary with the desired result being an end to the illness. On the latter, the participant communicates his/her desire to be healed which is the purpose of the ensuing action taken by the treater and the end of which is not always synonymous with the end of the illness.

for words. Indeed, treaters do report feeling the illness come back on them as in the case of sunstroke. The interaction between treater and participant diverges from the medical system at this point because the question shifts from “What is going on?” in the latter to “What do you have?” in the traditional system.

On the community level, the treater-participant interaction exemplifies the link between a healing session and modes of relationships in the community. In theory, the service rendered by the *traiteur* is viewed by most as an altruistic act of generosity, not involving a set fee. Yet in reality, the healing event is a sophisticated display of reciprocity. Until recently, the *voisinage*, or neighborhood, was the major economic and social unit on the prairie of Southwest Louisiana, and the exchange patterns among Cadiens reflect a notion of community upon which people construct relationships. An individual’s demand for a treatment activates the latent obligation to give to the community and sets in motion the circulation of ‘*mots pour maux*’, words for illness. Treating is yet another manifestation of a network of reciprocity, much like the *bals de maison*, *boucheries*, *ramasserie*, etc., interaction that define the *voisinage*. The obligation that bonds people together through the economic exchanges exists *chez le traiteur*, but I might add, at a deeper level because treaters’ can not refuse to treat someone who asks for a treatment. This commitment to give in what appears to be an altruistic manner initiates an exchange and acculturates individuals (Sexton: 1990) through opening them up to the circumstances of an exchange. Vernacular medicine of the treater heals in essence through an exchange of words. The symbolic exchange of *mots pour maux*, words for illness, signals the re-integration of the individual into the community. The gift re-enforces community relations by creating an opening, both material and spiritual, for such an exchange (6).

Diagram 2

Treatment Sequence : [content + form]

Content : Subject is the object –the patient and the illness

Form : Patient speaks to ask for treatment

1. (P1) >Patient’s demand
2. initiates treater’s obligation (P2)
3. to send prayer (3X) to (P3) God
4. who heals through the intermediary of treater(P2) !
5. This act of generosity on the healers part (P2)
6. prohibits patient from thanking treater verbally (P1) [-parole=déséquilibre], (because speaking at this point would break the power of the word/energy)

7. who is obligate to reproduce an act of generosity towards the treater (P2) !

Personal Level:

<i>Pattern</i> >	-speech	-unbalanced	: not speaking, the patient remains unbalanced
	+ speech	+balanced	: speaking, he/she begins the path to balance
	-speech	+balanced	: accomplished when s/he respects absence of form of politeness and reciprocates in a chosen manner

The demand initiates the treatment, the treatment as altruistic act excuses the form of politeness, the absence of speech or opening allows the patient to reciprocate in forms ranging from money secretly left on the table to future extra green beans from the garden. (7) The effectiveness of the treatment hinges on respecting a verbal protocol that is embedded in the cultural competency of which Hymes addresses.

3) Cultural Norms of Interpretation

The effacement of the thank-you in the speech act sequence indicates that it is not only sufficient to know how to speak but also the rules associated with speaking and this point also applies for the treater. Unlike a Cadien storyteller who follows forms and well-known themes yet in the end infuses a performance with his/her own creativity (8), a treatment sequence highlights a type of speech in which the exactitude with which one remembers a prayer/gests is an absolute. The treater's knowledge of the rules leading to the laying on of hands as well the performance assures his/her reputation as a specialist. In addition to the prayer that the participant barely hears, there are other indications signaling a treatment as Vincent Mouton explains:

The treater made *cordons*. They would sometimes say [prayers], but I couldn't hear. I would see them make the sign of the cross. They would say their prayers and they would make the sign of the cross. Supposedly, they would treat you.

They would sit in a chair right in front of everyone. They would excuse themselves and then would treat you. Sometimes there was just one treatment, sometimes three treatments. They would treat...there are some who would treat three[prayers] in a day. Others who said they couldn't treat three [times] in a day because it's too hard, that it made them sick. So it was that they treated three days. [Original transcription found in appendix]

Although those present during a treatment do not understand the linguistic references, everyone has a familiarity whether through stories or previous experience with a treater, and are conscious of a norm of social conduct and stylistics. Following the outlined structure of the *speech event*, the individual is not an active participant in the ritual. Depending on the treater, the illness, and simple evolution in practicing styles due to the telephone, the participant need not be present.

B. Traditional Medicine to Vernacular Healing System

The coexistence of the two healing systems signals the conceptual context of the debate as to whether the traditional system exists. In a perspective based on biomedical history, Foucault in *Naissance de la Clinique* traces the development of scientific discourse and his argument bears on the positivist view which makes disease the object of study which is in direct opposition to the healing session described above. According to him, the clinic, a new system of classification, implies the utilization of a certain language. The distinction between illness and the sick led to certain transformations in language:

Pour saisir la mutation du discours quand elle s'est produite, il faut sans doute interroger autre chose que les contenus thématiques où les modalités logiques, et s'adresser à cette région où les "choses" et les "mots" ne sont pas encore séparés, là où appartiennent encore, au ras du langage, manière de voir et manière de dire. Il faudra questionner la distribution originnaire du visible et de l'invisible dans la mesure où elle est liée au partage de ce qui s'énonce et de ce qui est tu : alors apparaîtra, en une figure unique, l'articulation du langage médical et de son objet (Foucault 1972 : vii).

Foucault affirms that medical discourse resulted in a formal and profound reorganization, and in addition the abandonment of theories and old systems which made possible a clinical experience (Foucault 1972 : x). Thus, this new experience introduces a new rapport from the individual to himself to language to things, imposed by the objectification of illness. Speaking of the clinic, Foucault underscores the articulation of medical language and of its object, the patient. In contrast with the healing session, the positivist perspective effaces the language components that construct the participant/illness, participant/treater, treater/Bon Dieu, and treater/community rapport. In effect, a doctor's view classes objectively what he sees and replaces the verbal exchange that anchors the ancient system (Foucault 1972: xi). Medical discourse evacuates the interactive process from systems of a socio-medical character.

Foucault notes what he calls a strange attitude in respect to language, an attitude that is important for our discussion of vernacular medicine. This attitude appears in the redistribution of *signifiant/signifié* rapport. Given that we are in a period of criticism, characterized by the absence of a fundamental philosophy, we use language in order to comment (9). Commentary interrogates discourse on what someone says and intends to say. Commentary begins from the principle that speech is an act of translation. However, the speech act in the healing act/speech act enacted by the treater does not involve the same distribution of *signifiant* to *signifie*. There is not an overabundance of *signifiant*: symptoms equal illness. Spoken words signify the illness and the person who says them. Speech does not serve as commentary on illness, but to heal illness.

The phenomena studied by Favret-Saada (1976) shows a distribution of the language rapport approaching the rapport that exists in a treatment. In vernacular systems

of medicine and others, the common structure cuts and articulates what is seen and what is said. Favret-Saada describes the norms of interaction in her study of sorcery in rural France. The problematic of her work focuses on the construction of a cultural reality through speech (10). Although the subjects diverge, the present addressing vernacular medicine, and hers, sorcery, they share one trait: the power of the spoken word. Favret-Saada insists on this point: "Because if the ritual holds together, it is only on an utterance, and from who says it. ... Because with sorcery, it is word, but a word that is power and not knowledge or information (translated from Favret-Saada 1977:21) When a patient describes before a treater the illness, it is not to chat, but to initiate healing. Likewise, treaters do not identify themselves to promote themselves, but to offer their services.

C. Implications :

Both the verbal protocol cited by participants and a norm of interpretation implies a community belief system rooted in 17th Century France that can be explored and classified as a vernacular system. The domain of vernacular systems of belief about health explore experiences, beliefs, and values which influence an individual's choice about medical care (O'Conner 1995). Classifying treating and treatments as a vernacular system is an important implication developing out of an analysis of the *speech act*. This sort of analysis shifts the focus from treating as a tradition defying modernity to treating as a vernacular system with a historical base and a viable option in addressing illness/disease in rural communities. Recourse to vernacular treatments of the treater suggest that the two systems, bio-medicine and *traitement*, are complimentary and exist side by side. Combining what appear to be disparate elements—medication and prayer—demonstrate how individuals integrate health traditions and underscore the social aspect of illness.

Moreover, treaters and the body of popular knowledge that supports their practice demonstrate that illness while an individual experience is culturally defined. According to medical anthropologists more than 80% of the world's population is wholly or partially dependent on vernacular healing systems (traditional medicine) for meeting their health care needs. This 80% includes peoples of the developing world as well as indigenous and minority ethnic groups in industrialized countries. This situation is not expected to change in the near future. Furthermore, the increasing spread of chronic diseases such as diabetes and cancer, together with the renewed threat of re-emergent infectious diseases, makes it urgent that we reach a better understanding of vernacular healing systems and the role they play in the health of peoples who rely on them.

Far from being superstition, the preference for a treater follows a valid logic and we only have to look to the Cadien who consults a treater after consulting her medical doctor as an example. Taking the experience-centered approach that David Hufford (1982) proposes, we can see that while belief in God constitutes the premise/ideology for vernacular medicine of Cadien treaters, the practice is based on verbal and material exchange that are an integral part of living in a *voisinage*. Indeed, Raymond Massé elaborates on the linguistic connotations for those working on a vernacular health belief system in a francophone population. The word *maladie* in French can be translated to

English into three different words: *illness*, *disease*, and *sickness*. *Disease* evokes the illness in its biological dimension, physiologically, and *illness* in its cultural dimension. The latter evokes the perceptions and experiences lived by the individual in relation to biomedical problems which Massé désigne as *signified maladie* (11). The individual dimension that *signified maladie* integrates incorporates the social and cultural dimensions. Finally, the term *sickness* applies to *socialized maladie*: it is not a condition, but a course of action that the individual takes from the appearance of symptoms until the choice of action.

Both Massé and Hufford insist on the importance of recognizing cultural specificity as regards the popular process of evaluating disease. The awareness of the multidimensional aspect of illness (Hufford 1983, Favret-Saada 1977) underscores the incomplete character of biomedical definitions. The study of vernacular systems of health beliefs must privilege the dimensions of illness (*socialized maladie*) and sickness (*signified maladie*). According to Massé, the challenge before the medical anthropologist is to demonstrate the articulation between the individual and collective dimensions and then to see how this process influences the third, disease (*biological maladie*) (Massé 1995:39). Citing the Cadien seeking a treatment at Mr. Broussard's, it is evident that her symptoms (*signified maladie*) led her to her doctor. However, her eventual recourse to a treater indicates a social and cultural dimension underestimated in early studies on treaters. The preceding pages are an initial attempt at demonstrating how individual and cultural dimensions connect in francophone communities in South Louisiana.

Vernacular medicine of treaters acknowledges a patient's experience of their illness and thus constitutes a valid option in the course of a sickness. The content component of the speech act is an individual communicates experience drawing on a cultural taxonomy of illness. Indeed, in her dissertation, "N'avait Cauchmar te gain nom: Stress Transformers and Diabetes among North Americans of Native and French Descent", Debbie Clifton examines the epidemic rate of diabetes, arguing that the breakdown in the traditional healing system which at one time was the primary care system has left this population with no effective health protection, ie breakdown in cultural taxonomy. She tentatively concludes that these communities could benefit from greater access to culturally specific health information and care.

In order to better understand the intricacies of how participants integrate what appear to be mutually exclusive health traditions, an individual's own health beliefs must be studied as the point of integration. By promoting participants' views and understandings, social scientists can interpret vernacular medicine of treaters in terms of the meanings people bring to them. An approach where the participant's 'subjective views' are valued as expert and the integration of participant's conceptualizations and models requires shifting the focus from descriptive to the active voice of the participants. Such a shift allows social scientists of vernacular healing systems to first identify the articulation (connection) of the individual and collective dimension of illness, and to second, understand how this process influences an individual's choices when faced with disease.

Index of French Terms

Bal de maison: a house dance.

Boucherie: In the past, this was a weekly exchange of fresh meat among neighbors. The sharing of meat occurs today, but the time-line has changed.

Cordons : a string usually with knots that have been prayed over by a *traiteur* used to heal warts, teething, etc.

échange du temps : a labor exchange when intensive labor needed for a project.

Le Grand Dérangement: an Acadian term for the forced exile of the Acadians in 1755 from present day Nova Scotia.

Lagniappe: goods given as a good-will gesture.

Mardi Gras: a pre-lenten celebration with masked celebrants begging for contributions for a communal gumbo. *Courir* is the term used for the procession that proceeds throughout a neighborhood.

Ramasserie: labor exchange during the harvest season.

Traiteur: is an individual who has received prayers from an older community or family member and who is qualified to pray and lays hands on those who seek relief from various sicknesses.

Veillée: an evening visit among friends which may include cooking, playing cards, or conversation.

Voisinage : is a small, rural community most often located near a waterway such as a bayou. Many are named after the most predominant family in the settlement. Ex. Primeauxville

Notes

1) The term *traitment*, or treatment in English, refers to the reciting of prayers that treaters initiate at the request of a patient. Prayers are for the most part for a specific illness and possessing these prayers empowers an individual to treat culturally defined illnesses such as warts, shingles, heat exhaustion, bleeding, earaches, sprains, arthritis, pneumonia, and asthma.

2) Brandon (1976) writes: "The faith-healer disclaims knowing anything about medicine; he insists that he effects cures by prayers and incantations alone. ...According to them, God bestows the privilege of healing on the man he chooses, who in turn will heal those

sick people who have faith in the healer's power

3) Sexton uses rubric in his article entitled "Cajun and Creole Treater: Magico-Religious Folk Healing in French Louisiana" while Brandon employs the use of the words incantation and charms in describing the speech event in a healing session.

4) Hyme's notion of speech economy: "includes its [community] means of speech as one of the components that enter into its pattern of relationships (Hymes 1989: 445)."

5) This element of the verbal transaction may differentiate according to the gender of the treater.

6) According to Yoder, the primitive healer is: « successful because he treats the community along with the patient. The patient is an integral part of the folk community ;... The community enterprise, the community itself is endangered.This social reintegration is in fact one of the most important functions of the healing rites, and it is here that they diverge most sharply from the modern art of medicine (Yoder 1972 : 206) » In certain respects, the primitive healer of which Yoder writes is not very different from the Cadien Treater of today. My objective is to give context to the healing rite so it can be viewed as co-existing with modern medicine.

7) According to Marcel Mauss (1950), there exists a double connection between the person who give and the person who receives: a connection of solidarity the giver shares with the recipient, and a connection of superiority, because the recipient owes something to the giver in such a manner that it puts him in a position of dependence. The treater can inaugurate symmetry of relations where the credit created by the exchange could be provisionary or can manipulate the so-said credit in order to create social credit. Moreover, in the two connections of the gift, sharing and debt, it's the latter that most effects the social life of the community. It is clear that the social credit mis en cause in the exchange of treatments reflects a process of social hierarchy: the exchange energizes community relations.

8) The genres of speech in Cadien culture are not all formalized as the work of Ancelet (1983) demonstrates. Storytellers, who prize organization of divers elements as proof of creativity, valorize speaking well. Taking as an example the Pat Mire's documentary "Swapping Tales" shows how, in a cultural context of a performance, the animateur/storyteller follows forms and utilizes well-known themes in the culture. It is the creativity with which they use form and themes that makes their audience laugh and that makes their reputation.

9) Foucault argues that: "To comment supposes also that this unsaid sleeps in speech, and that through an overabundance inherent to the *signifiant*, we can make a content speak that wasn't explicitly signified through interrogating it. [commenter suppose aussi que ce non-parlé dort dans la parole, et que par une surabondance propre au signifiant, on peut en l'interrogeant faire parler un contenu qui n'était pas explicitement signifiée.] (Foucault 1972 : xii). »

10) Favret-Saada clarifies: "A pronounced utterance in a crisis situation by someone who will later be marked as a sorcerer is interpreted after the blow as having taken effect on the body and the property of another to whom the person talked. The latter will denounce themselves as spellbound. ...Always the 'abnormal' is said to happen after an utterance has been spoken. [Une parole prononcée dans une situation de crise par celui qui sera plus tard désigné comme sorcier est interprétée après coup comme ayant pris effet sur le corps et les biens de celui à qui elle s'adressait, lequel se dénommera de ce fait ensorcelé. ...Toujours l' «anormal » est dit se mettre en place après qu'une parole a été proférée, ... (Favret-Saada 1977 : 20)]

11) See Massé 1995, page 38.

Bibliography

- Ancelet, Barry Jean. 1985. Survival of French Culture in South Louisiana. *Festival of American Folklife Program Book*. Washington D. C.: Smithsonian Institution/National Park Service.
- . 1983. And This Is No Damn Lie: Oral History in Story Form. *International Journal of Oral History* 4[2]: 99-111.
- Brandon, Elizabeth. 1965. *Traiteurs* or Folk Doctors in Southwest Louisiana. Dans *Buying the Wind*, éd. Richard Dorson, pp. 261-266. Chicago: University of Chicago Press.
- . 1962. Superstitions in Vermilion Parish. Dans *The Golden Log*, éd. Mody Boatwright, Wilson Hudson et Allen Maxwell, pp. 108-118. Dallas: Southern Methodist University Press.
- . 1976. Folk Medicine in French Louisiana. Dans *American Folk Medicine*, éd. Wayland Hand, pp. 215-234. Berkeley et Los Angeles: University of California Press.
- Brasseaux, Carl. 1992. *From Acadian to Cajun: Transformation of a People, 1803-1877*. Jackson: University Press of Mississippi.
- Clifton, Debbie. 2000. "N'avait Cauchmar te gain nom: Stress Transfomers and Diabetes among North Americans of Native and French Descent." Doctoral Dissertation, University of Louisiana at Lafayette.
- Favret-Saada, Jeanne. 1977. *Les mots, les sorts, et les morts*. Paris: Gallimard.

Foucault, Michel. 1972. *Naissance de la clinique*. Paris: Presses Universitaires de France.

Hufford, David. 1982. *The Terror that Comes in the Night: An Experience-Centered Study of Supernatural Assault Traditions*. Philadelphia: University of Pennsylvania Press.

---.1983. The Supernatural and the Sociology of Knowledge: Explaining Academic Belief. *New York Folklore* 9: 21-29.

Hymes, Dell. 1989. Ways of Speaking. Dans *Explorations in the Ethnography of Speaking*, 2^e édition, éd. Richard Bauman et Joel Sherzer, pp.433-451. Cambridge: Cambridge University Press.

---.1972. Models of the interaction of language and social life. Dans *Directions in Sociolinguistics: The Ethnography of Communication*. éd. John J. Gumperz et Dell Hymes, pp. 35-71. New York: Holt, Rinehart and Winston, Inc.

Mauss, Marcel. 1950. *L'essai sur le don*. Paris: Presses Universitaires de France.

Mire, Pat. 1998. *Swapping Tales*. Film documentaire. Baton Rouge: Louisiana Division of the Arts.

O'Connor, Bonnie Blair. 1995. *Healing Traditions: Alternative Medicine and the Health Care Professions*. Philadelphia: University of Pennsylvania Press.

Sexton, Rocky. 1992. Cajun and Creole Treaters: Magico-Religious Folk Healing in French Louisiana. *Western Folklore* 51: 237-248.

Yoder, Don. 1972. Folk Medicine. Dans *Folklore and Folklife*, éd. Richard Dorson, pp. 191-215. Chicago: University of Chicago Press.

Appendix

Original transcription from Vincent Mouton:

Ça (le traiteur) faisait des cordons. ...Ça disait parfois [des prières] mais moi j'entendais pas, je leur voyais faire leur signe de croix. Ça disait leurs prières et ça faisait leur signe de croix. ça supposait te traiter. ...

Ça s'assisiait à une chaise droit devant tout quelqu'un d'autre. Il s'excusait et il te traitait. ...Des fois il y a juste un traitement, des fois, il y trois traitements. Ça traiterait ...il y en a qui traitait trois dans la même journée. D'autres qui disaient ça pouvaient pas traiter trois dans la même journée parce que c'est de trop, ça leur rendait malade. Ça fait ça traitait trois jours.

The treater made *cordons*. They would sometimes say [prayers], but I couldn't hear. I would see them make the sign of the cross. They would say their prayers and they would make the sign of the cross. Supposedly, they would treat you.

They would sit in a chair right in front of everyone. They would excuse themselves and then would treat you. Sometimes there was just one treatment, sometimes three treatments. They would treat...there are some who would treat three[prayers] in a day. Others who said they couldn't treat three [times] in a day because it's too hard, that it made them sick. So it was that they treated three days.