

Good For What Ails You

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Introduction

In Southern Louisiana, a relatively unknown healing tradition provides a case study for the adaptation and utilization of traditional healing within the context of biomedicine and modern American life. Called **traiteur** in Cajun French or "treater" in English, these healers represent an amalgam of three ethnic groups: the Cajun/European-American, Houma/Native-American and Creole/African-American. Although much is known throughout the country about rural Louisiana's food, music and festivals, the traiteur system of healing continues to exist as a "shy" tradition, familiar only to the practitioners and their patients. **Good for What Ails You** illuminates this tradition, presenting the most extensive documentation to date of the practices of these three ethnic groups. The film goes beyond the ethnographic description, however, to explore how this healing tradition relates to broader issues in anthropology, the study of comparative medical systems, and the role of "folk" practices in contemporary society. Commentaries interwoven between the segments portraying the individual healers challenge viewers to think about how traiteurs are changing and adapting in response to new technologies of communication — such as consultations by phone, fax and e-mail and media publicity for the healers via television and this documentary film itself.

Traiteur is a modern American healing system, and most of the patients look like everyday, middle class folks. When combining the normalcy of the people's appearance with the fact that they are all speaking English (albeit with pronounced accents), a feeling of familiarity is achieved that will aid in a student's avoidance of "culture shock" and identification with the people. For these reasons and for the broad range of basic anthropological concepts presented, the film and guide are ideal for class use in introductory to anthropology, American culture, folklore, medical anthropology and history of medicine. This guide is intended as a supplementary teaching tool that outlines the text of the film, while highlighting important concepts and providing additional information about the principal characters' backgrounds and conflicts and ethical issues that arose during filmmaking. The format is as follows: first, it lists the major questions covered in the film and other discussion questions (a page which professors may want to xerox for their students); second, it elucidates the topics of the film, organized according to those major questions; third, it provides references from the anthropological literature that correspond to the broader ideas discussed; fourth, it contributes a glossary of definitions to explain various cultural items about traiteur and general anthropological concepts.

The documentary was produced by two Southern Louisiana natives. Glen Pitre, a veteran filmmaker, has made various films, including the feature film **Belizaire the Cajun**, and written twelve books about the area. Nicole Falgoust produced the film while on leave from her undergraduate studies in anthropology at Vanderbilt University. This study guide was written as part of her senior honors project in anthropology.

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The Major Questions Addressed in Good for What Ails You

I. The Ethnographic Context:

- What is folk medicine or traditional healing?
- Using Arthur Kleinman's model, compare your methods of healing with those utilized by Lawrence in the documentary.
- How did the **traiteur** system of healing become a tradition?
- How does one become a **traiteur**?
- What defines a **traiteur**?

II. Biomedicine and Alternative Medicine:

- How have medical systems come to be dubbed "alternative"?
- How does traditional healing fit within the context of biomedicine and modern America?
- Why go to the **traiteur**?
- What sorts of illness do **traiteurs** and other traditional healers normally treat?

III. The Broader Context: Discussions of Shamanism and Witchcraft:

- What is the connection between traditional shamans and **traiteur**?
- How may a healer's personal illness experiences affect his/her own healing practice?

IV. Debates over efficacy:

- Does it work? Why? How does one explain failure?
- What is the placebo effect?
- What is the value of ritual?

V. Change and Authenticity:

- How does one judge the authenticity of tradition?
- What constitutes a superstition?
- How does TV affect a traditional healing system?
- How does a filmmaker represent the reality of a personality as he/she sees it?

VI. Reflexivity

- How does television personally affect the healers?
- Did the absence of narration after the opening enhance the representation of the subjects?
- If you would have preferred narration, what do you think it adds?

VII. What was left out of the film:

- Why are "liberal-minded," cultural relativists so offended by "New Age" therapies?
- Is a "New Age" approach any more or less "authentic" than that of the treaters' practices?

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I. The Ethnographic Context

What is folk medicine or traditional healing?

Folk medicine is the use of non-biomedical healing approaches to treat illness. All people practice folk medicine when they take vitamins to prevent a cold or drink herbal tea for a stomach ache. In every culture, people practice what their healing system prescribes. Some anthropologists would say that we are all folks who heal when utilizing whatever means one knows to cure sickness — taking aspirin for headaches or going to the doctor for check-ups. Although people have a tendency to romanticize the "folk" and think of their healing treatments as quaint and in the past, few modern Americans would deny that they pray for critically sick loved ones with an expectation that some Force will heal them or that they do not espouse some non-biomedical approaches to healing. On this basic level, we can all relate to the human conditions of sickness and health.

In a model by Arthur Kleinman, he argues that it is important to recognize other sectors of health care and compares medical systems as cultural systems. For Kleinman, every health-care system involves three clinical realities: the professional sector — Western medicine and professionalized indigenous health-care systems; the popular sector — the familial, communal and societal context of illness and health; and the folk sector — non-professional healing specialists like *traiteurs*. Each sector is an arena in which cultural beliefs, roles, relationships, settings and institutions interact and, often, overlap to give meaning to and heal illness (Kleinman, 1991).

How did the *traiteur* system of healing become a "tradition"?

How does one become a *traiteur*?

What defines a *traiteur*?

From colonial times until to this present day, the *traiteur* tradition of Southern Louisiana has developed through the exchange and adoption of the herbal, faith and magical traditional healing practices of the Cajun/European-American, Houma/Native-American and Creole/African-American. Today, it continues to evolve. For instance, many *traiteurs* treat over the phone, both for convenience and, since many are elderly and live alone, for reasons of safety.

This tradition is distinct from the religion and practices often labeled "voodoo," although it does retain many aspects of Afro-Caribbean approaches to religion and healing. It is a rural tradition whose practitioners live on the bayous, marshes and prairies of Southern Louisiana. Until the 1940s, either there were not enough medical doctors in this somewhat isolated area, or the people were unable to afford their services. As in many rural parts of the country, these traditional healers have evolved from being the primary care-givers of the region to their current service as a supplementary system of health care and religious healing. Today, it is increasingly viewed as old-fashioned and out-dated because of institutionalized medicine and pervasive societal beliefs about the "superstitiousness" of the treatments.

Because it involves the oral transmission of knowledge and power — from either relatives, other adults or sometimes directly "from the Spirit" — there is no institutionalized training nor board examinations for a *traiteur* to pass. Consequently, the tradition is idiosyncratic and based in each practitioner's regional, ethnic and, often, familial context. In some cases, the "gift" is passed down in families. Both sides of Shannon's family tree are peopled with *traiteurs*, with at least seven known relatives who have treated — including her father, maternal grandfather and paternal great uncle (who directly passed on his gift to her), all living. The passage of the gift from one individual to another also sometimes occurs between ethnic groups. With so much variation in the transmission and the kind of gift given, there exist no sharp, demarcating lines by which to define what is a *traiteur*.

One of traiteur's most striking aspects is this great variability. The practitioners differ in their religion (most are Catholic yet some are Protestant), their ritual styles, and their individual conceptions of the "rules" for the transference of the gift and for the actual practice of treating. Many are lower-middle class to middle class people, and most who practice regularly are elderly because of their greater availability of time and because of the skepticism and lack of investment in the tradition by the young. Treaters are either generalists (like Lawrence and Miss Ella) who treat for almost any ailment or specialists (like Shannon) who treat for as little as one to as many as forty or more specific ailments. Most treaters have other jobs and responsibilities and treat only occasionally. A few, especially those in more marginal positions like Lawrence and Miss Ella, treat every day.

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II. Biomedicine and Alternative Medicine

How have medical systems from homeopathy to *traiteur* come to be dubbed "alternative"?

Before the late 1800's, allopathic medicine, that which we call modern medicine today, was only one of many approaches to healing. Other systems included homeopathy, herbalism, hydrotherapy, home remedies and the many elixirs and tonics peddled by varying degrees of "quacks" throughout the country. Through political lobbying and the discoveries of various "magic bullet" cures such as salvarsan for tuberculosis, "a particular kind of healing has gained a monopoly in American society and legitimacy, and as a result everything else is called alternative because it's the alternative to that one thing," states Helen Regis, the medical anthropologist featured in the film who works in Cameroon, Africa; however, she continues, "...in most places in the world, people practice a great variety of therapies and healing practices. So biomedicine is used, but there are also other healing approaches to healing that are used — herbalism, magical healing, religious healing."

How does traditional healing fit within the context of biomedicine and modern America?

In Southern Louisiana, the co-existence of allopathic medicine and *traiteur* offers patients a range of resources for treating illness. *Traiteurs* and their patients do not view the two systems as conflicting. For example, when Lawrence, the Houma *traiteur* becomes ill, he goes to the doctor, yet also employs week-long, occult candles (which are highly commercialized), visits to another *traiteur*, Catholic novenas (a rite involving nine days or weeks of recitation of a series of prayers) and native traditional herbs to get well. Switching from one healing system to another is common among these practitioners and their patients, whose religious syncretism is matched by syncretism among medical systems. Another example of this fluidity is evident in the language with which the patients label their illnesses. Lousay A., a Cajun healer, is shown at his weekly home "clinic" hours one Saturday treating patients. One woman describes her condition as *la mal angle*, Cajun French for shingles, while another woman explains that she has herpes simplex, the medical term for the virus. Even in language, the traditional and the biomedical is heard to exist side by side without conflict.

Why go to the *traiteur*?

What sorts of illness do *traiteurs* and other traditional healers normally treat?

As any consumer or browser of popular magazines, talk shows and self-help books knows, "alternative" therapies are of enormous significance to popular culture today. Many academics, public analysts and everyday people attribute this to the increasingly institutionalized, specialized, and financially taxing nature of the biomedical system.

Regardless of its obvious technological, surgical, and pharmaceutical benefits, the American public continues to look for more "holistic" forms of healing that appeal to their psycho-social and spiritual as well as physiological needs. As an OB/GYN, Dr. Marie Mendenhall states in the film, "Medicine is very cold and all based on fact...I think that leaves a void and wherever there's a void, there'll be somebody to step in, and I think *traiteurs*, that's what they do. They walk right in to that and fill that void, that need for somebody to pray for them."

Traiteurs not only fill a spiritual void; they also provide services for people who either cannot afford medical care or are unable to find relief within the biomedical system. As Helen Regis contends, "In a context like the US where biomedicine is available, traditional medicine is often used for chronic ailments, ailments with a poor prognosis, chronic pain and anything with a strong psychological component." For instance, Pop Joe F., a Creole healer in the film, uses alligator grease for asthma, a chronic condition. Many others practice the laying-on of hands and prayer for nervous problems, shingles, warts and other psychologically related disorders and viruses.

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III. The Broader Context: Discussions of Shamanism and Witchcraft

What is the connection between traditional shamans and *traiteur*?

How may a healer's personal illness experiences affect his/her own healing practice?

In works by Mircea Eliade, a prototype for the traditional shaman is presented. Some of his/her characteristics are being in a "marginal" position in society, knowledge gained through intuition and experience rather than through "book-learning," and a severe past illness experience(s). The *traiteur* named Lawrence exhibits all of these qualities in excess. As a child, he was obese, slow, and sickly and spent much of his time with "the old people" in his family and at the doctor's office. His illnesses have run the gamut of high blood pressure, a brain tumor, gland trouble, diabetes, obesity, liver cancer and epilepsy. In the film, he poignantly relates one of his battles with illness: "I was in the hospital, in bed, for two years with epilepsy — strapped more or less like an animal, I would say. And I saw what a treater done for me with my epilepsy, cured me from it." His close relationships with treaters — both as a relative and a patient — and his own illness experiences have added to his ability and desire to empathize with and reach out to patients, making Lawrence the archetypical wounded healer.

Because of his epileptic fits and self-described "slowness" as a child, Lawrence did not go very far in his conventional education and is therefore illiterate. When combining that with his disability, which leaves him unable to perform manual labor, few regular job opportunities exist of which he can take advantage — leaving him unemployed. He has also been divorced twice and left mostly without family. All of these characteristics relegate him to a marginal position in society where he lives on his welfare checks while working as a full-time healer. Nevertheless, he should not be underestimated. Despite his lack of formal education, Lawrence possesses qualities that make him an affective healer: a wonderful bedside manner, great sincerity, the improvisational abilities and arrogance of a gifted showman, and an uncanny ability to interpret what a person must witness to believe that he/she will get well. These gifts may become problematic when, as discussed later under the "TV" section, his confidence becomes excessive to the point of endangering a patient by giving him/her a false sense of security in the infallible power of his treatments.

In Robert Anderson's **Magic, Science and Health**, he presents various scholars definitions of shamanism. In short, a shaman is distinguished as a healer who mediates between the spirit world and his/her patients to bring about social, psychological and physiological healing. According to this definition of shamanism, of all the *traiteurs* in the documentary, Miss Ella comes closest to the role of the shaman in that she received the gift directly from "the Spirit" in a series of dreams and visions. As evidenced in her following quote, Miss Ella intercedes with the spirit world to gain insight and information to help the people for whom she prays.

The Spirit talk to me. Sometime you hear me talking to somebody; I'll be talking to the Spirit.... Sometime I'll be laying down on the sofa in the daytime, and somebody'll come and touch me in my back...a hand cold, cold, cold...and they try to tell me something and I can't make out what they say 'Blah, blah, blah, blah'...I got my Bible there and i'll pray...After a while, the phone rings from California, Detroit, Alabama, Chicago, New York, Tennessee, Las Vegas, somewhere. And I figure that's what that was. I work with the spirit all the time. I don't ever do nothing unless I talk with the Lord.

Miss Ella believes that the Spirit awakens her when a patient needs her either on the phone or for a visit. Her powers as a "two-head person" also enable her to be able to "see" events that have or will happen in order for her to counsel her patients. These abilities are especially serviceable when diagnosing and healing harm caused by witchcraft.

How does witchcraft help to explain misfortune?

Traditional healers often treat for supernatural illness. Miss Ella, the Creole *traiteuse*, combines her visionary gift of sight with a testing process to diagnose witchcraft. In the following exchange, the interviewer is trying to ascertain the steps of Miss Ella's conclusion that one of her patients is afflicted with witchcraft and not rheumatoid arthritis (the physician's opinion):

She had something [wrong] with her foot. She thought it was a sprained ankle, but it wasn't a sprained ankle. She had walked in something.

Interviewer (off camera): In what?

I don't know, witchcraft or something.

How did you know it was witchcraft?

I tried it. I told her what to do...she did it, it worked. Salt and vinegar remove witchcraft.

And if it hadn't worked?

Well, if it hadn't worked, it was a sprung ankle.

Because Miss Ella believes that rubbing a body part with salt and vinegar removes the harm or "crossing" caused by witchcraft, it logically follows that if something feels better after its application, witchcraft and not a "natural" condition caused the pain. A series of events had also accompanied the woman's initial infliction of pain that led Miss Ella to see an unsavory woman as the bestower of harm.

According to some anthropologists, witchcraft is a supplementary system of logic that is used to explain misfortune when it occurs outside of the obvious system of cause and effect. Anthropologist Regis invokes Evans-Pritchard's classic example to explain this functionalist assessment of witchcraft:

Witchcraft becomes a way of explaining things that can't be explained in any other way...A classic example, I stubbed my toe and, of course, I stubbed it on a root, but why did I stub my toe when I've walked on this path a thousand times and I've never stubbed my toe before? I know that there's a root there. Witchcraft answers a different question: why me and why now?

What Miss Ella labels witchcraft, many Americans call "bad luck" or "fate."

Miss Ella's ability to remove the harm caused by witchcraft and to "see" events and truths that others cannot is a dualistic power. Although Miss Ella obviously employs her gift for the "good" of humanity, that same power is used by others to cause hurt. As her patient with the injured ankle in the film states, "They have traiteuse that do damage. You know what I mean? They do damage."* For a more in depth discussion of the ambivalence of healers' powers to cause both cures and harm, see Michael Brown's article "The Dark Side of the Shaman."

Another aspect of Miss Ella's practice is her distinction as a specialized healer in her community. She provides services for illnesses that medical doctors do not acknowledge as legitimate. Miss Ella contends:

The doctor can't help you for that. A lot of people take sick with something, and they go to the doctor. The doctor don't know what it is. He can give you a shot, and he can treat you, but he don't know what it is. You still have it. You have to go to a two-head person or a person can treat. (*Interviewer: "What's a two-head person?"*) Well, like me. They can think of more than one thing. They can tell more than one thing. That's a two-head person.

For the people who share Miss Ella's beliefs and understanding of the nature of health and illness, she is a

specialist in symbolic healing whose vital assistance assures their spiritual, mental and physical well-being.

* This labeling of a traiteur as a witchcraft practitioner only occurs among some people and usually within the Creole ethnic group.

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IV. Debates over Efficacy

Does it work? Why? Is it God, "science," or psychology?

In the documentary, healers and commentators offer various explanations for why traditional healing "works." These can be separated roughly into two categories: the emic and the etic. The emic views deal with internal explanations of *traiteur's* efficacy; whereas, etic explanations are those framed in terms of ideas from outside the system. These two fields of thought often overlap in the documentary as practitioners and patients voice their views on how this kind of healing works. For most, it's a belief in the power of prayer and God's intercession through a *traiteur*. Shannon affirms "...There's nothing voodoo about it, or crazy, or magical even. Some people may think it's magic, but...it's just a prayer to God in their behalf." In a more ecclesiastic pronouncement of the same idea, a local hospital chaplain Fr. Keith LaBove states, "The role of *traiteur* is to be the embodied, the en-fleshed, the incarnate presence of god. They are instrument. They are a tool, if you will."

Other explanations emphasize scientific and empirical aspects. While making mamou cough syrup in the film, Edna R., a Cajun *traiteuse*, explains, "...Some mamou root — it loosens up the cold so you can spit it." A local pharmacist Sid Dupois presents a more pharmacological explanation: "[Mamou] does contain active ingredients which are steroid-like — saponins which reduce the surface tension of thick mucus allowing it to be an expectorant." Helen Regis points out that the plants are not chosen or used randomly: "Most traditional healing systems are empirical. They're based on trial and error...Does it make you feel better? ...People do reject things that don't work. It's a kind of science, really." Furthering the comparison with "science," Barry Ancelet, a prominent Louisiana folklorist, asserts, "A lot of this is not magic, it's just natural observation. It's the same sound, natural observation that led to the development of what we call medicine today."

For the more faith or ritually based treatments, many outsiders (and a few insiders) state it may have more to do with the power of the mind than the soul or the scientific. The human body is equipped to heal itself from most disorders, and often illness is brought on or exacerbated through the harmful effects of an individual's despondent attitude. This connection of the human's physiological and mental components creates conditions labeled psycho-somatic. Pharmacist Sid Dupois explains, "Psycho-somatic comes from the word psycho, which is mind, and soma, which is body, so it's mind/body...Psycho-somatic doesn't mean it's all in your head. It means your head is making your body ill."

Treating within a common cultural and religious system in which both the healer and the patient believe greatly enhances the efficacy of treatments. Claude Lévi-Strauss first pointed out the importance of symbolic healing in the Cuna childbirth ritual. In this ceremony the healer chants a long, narrative song to his patient thereby creating a symbolic language in which to frame the chaos of her illness, give meaning to her pain and re-structure the experience with a sense of hope and empowerment.

James Dow takes this idea a step further to demonstrate the significance of ritual performance in dramatizing the healing myth. He proposes "...that symbolic healing has a universal structure in which the healer helps the patient particularize a general cultural mythic world and manipulate healing symbols in it" (Dow, 1986). Although he does concede that physical and pharmacologic therapies may also be present in cross-cultural healing systems, symbolic elements are always a vital part of the healing process. When the *traiteur* and patient believe an omnipotent God is intervening through the intercession of a powerful ritual or prayer specialist, the patient feels more confident of getting well. For example, Miss Ella treats with culturally recognized symbols of religious power when giving a crucifix to her patients to hold as she prays over them, and making the sign of the cross to begin each prayer although, as seen in the film, she often executes it incorrectly. Considering that Miss Ella is Baptist, these two Catholic symbols may seem

inconsistent with her faith. However, in a predominantly Catholic area like Southern Louisiana, these ritual elements are part of a collective understanding about how to perform ritual effectively.

What is the placebo effect?

When a treatment brings about healing, yet a scientific reason for the healing cannot be discerned, biomedicine calls this the placebo effect. Regis states:

...In most scientific studies of pharmaceuticals, [the placebo effect] is considered a negative thing — where you don't really want the placebo effect because you want to know whether the drug is biochemically effective. But what a number of medical anthropologists have pointed out is that we really need to focus on why the placebo is working. That is a kind of effectiveness, and it's a kind of effectiveness found in traditional healing.

Regis further demonstrates that similar logic can explain the efficacy of spells and witchcraft. This "nocebo" effect contends that, "...if you believe that something can hurt you it really can."

How does the placebo work in other health systems?

The placebo effect does not apply only to traditional healing. Faith in any healing system, including biomedicine, has enormous effects on its ability to improve well being. This applies not only to the proverbial "sugar pills," but to the power of rituals in medical settings. Folklorist Barry Ancelet contends the following:

If you go into a doctor's office for a check-up, and he looks at you and talks to you for a little while and tells you, 'Well I know what's wrong and here's what it is.' You say, 'Well, wait a minute. You're not gonna look at my throat; and you're not gonna listen to my heart; and you're not gonna hit my knees! Wait a minute! I'm not getting my money's worth. You have to go through all this because this is what makes me feel like you're examining me.' What is all that? That's all ritual. We are terribly uncomfortable when you eliminate ritual.

Ancelet further observes, "Some people in modern society like to think, 'Well, you know, I don't believe in any of that stuff. That's all hocus-pocus.' But when you have shingles — and the doctor says he can't do anything for you — hocus-pocus turns into something else." Shingles, caused by the same herpes simplex virus that inflicts chicken pox, is aggravated by stress and emotional causes. In southern Louisiana, local physicians often suggest that their patients find a *traiteur* for this extremely painful malady, for biomedicine can do nothing except supply a placebo in the form of pills or cream. At times (more frequently in the recent past) medical doctors have actually brought *traiteurs* to the hospitals to treat patients for shingles and other disorders.

How does a believer explain the failure of treatments?

Shannon offers two explanations for why a treatment may not work. The first has to do with the way she (and many adherents to this system) view the will of God. She suggests, "...God chooses to let you help that person, and, sometimes, He chooses for that person not to be helped. No matter who's asking, no matter who's the *traiteur*, no matter what the sickness is. It's all up to Him..." However, when discussing the "rules" of treating (which vary according to the treater with which one talks), Shannon offers the following rationale:

When a treatment doesn't work, people'll sit there and say, 'Well, it didn't work because of this or it didn't work because of — maybe that's where they got the things like there's too much water between you...things like wait five minutes in between treatments; do it three times if possible; always say the prayer nine times; it's better to do it face-face; if there's too much water between you it won't work; you have to face their direction... You know, to me, they'll always question those things.

To Shannon, the rules themselves offer the leeway needed to explain failure by questioning the *traiteur's*

methods. However, that questioning never challenges the basic assumption behind the system: that God does heal through ***traiteurs***.

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V. Change and Authenticity

What constitutes a superstition?

Viewers of this documentary will probably identify or agree with some of the religious assumptions or herbal prescriptions of the treaters, but they are likely to see other beliefs and practices as superstition. Regis suggests that "superstition" is highly relative: "Superstition is a label that people usually put on someone else's religion. So if you don't understand someone else's beliefs, then that's superstition."

Even in these rural communities of Southern Louisiana, there is much variation in what is labeled superstition. Every person that knows about **traiteurs** defines what they are and do differently. Although Lawrence and Miss Ella readily admit that witchcraft or "crossing-up" exists and that they treat for it, if asked about it, Shannon would denounce its existence or refuse to have anything to do with it. Some practitioners and patients view anything outside of herbal teas, prayers and the laying-on of hands as utter superstition. The commercialized, week-long candle work used by Lawrence and Pop Joe F. also is seen by many as superstitious. Some locals even profess that anyone who claims to be a **traiteur** yet works with witchcraft (either for or against it) is not a legitimate **traiteur**.

How does one judge the authenticity of tradition?

A common stereotype about folk healing systems is that they are static and unchanging. When talking about tradition, people generally tend to romanticize the past. In the last segments of the documentary, the evolving nature of this system is explored. For Barry Ancelet, adapting traiteur to the needs and resources of the 1990s is an on-going process that must incorporate the technology of the times:

Somebody had to figure out: can [traiteur] work on the telephone? Can this work on videotape? Can this work on a fax? Can this work on e-mail? Because though faith healing and folk medicine are ancient, they are also absolutely contemporary. They are absolutely modern. They don't go away — they constantly re-negotiate themselves to function in whatever new reality is occurring.

As the traditional evolves in response to the "outside" world, viewers may question the authenticity of its practitioners. How much can a tradition change before it becomes something else? With a practical look at this question, Helen Regis asserts, "Living traditions are constantly changing. People have to use their knowledge, their faith, their practices to deal with their real-life problems, their real-life circumstances. So of course, it's got to change."

Shannon, the twenty-eight year old Cajun **traiteuse**, is a case study in adaptation. A modern woman, who both herds cattle and does contract work on the computer for a tourist bureau yet maintains a strong love for the traditional, uses modern language to voice her hesitancy about treating one of her grandmother's friends for shingles. Realizing that the treatment, which involves anointing sores with chicken blood, may seem a tad odd to the 1990's patient, she considers, "She might be really offended by that," yet tells her grandma, "If she really wants to have it done, well, I'll do it, but it's gonna be up to her." Giving this woman a choice instead of assuming her need for the treatment, Shannon illustrates the malleability of tradition as it confronts changing societal norms for belief and behavior.

How does TV affect a traditional healing system?

How does a filmmaker represent the reality of a personality as he/she sees it?

The issue of authenticity becomes more concrete when analyzing it in the context of Lawrence's practice. Before the filming of this documentary, Lawrence had already experienced considerable community fame as a result of two programs broadcast in his immediate locale by a cable access channel. First, an interview

with him discussing his **traiteur** gift appeared on a Cajun French morning talk show. Then, the same station ran an interview with him in English in which he was also shown treating.

Because he had been away from the community for a few years, Lawrence had practically no clientele when we first began interviewing him. The first cable television program brought him around twenty patients; however, after the English-language program, a virtual deluge of patients from up and down the bayou began calling and requesting help. Does the way in which Lawrence obtained his clientele alter his legitimacy to you as a traditional healer? Does it taint your initial impression of what a Houma Indian traiteur should be like?

Questions about authenticity are hardly new in the field of anthropology. For Anthropologist Donald Joralemon, watching on a TV series the effects of the "New Age" movement and commercialization on Eduardo Calderón, a Peruvian shaman, invoked in him embarrassment, anger, betrayal, and superiority (Joralemon, 1990). After closer inspection of the situation (and of his own emotions), Joralemon reconsidered the appropriateness of his reaction. After all, in a capitalist world economy, shamans, like everyone else, must adapt to what the market demands if he/she wants to survive. Although Calderón's practice of leading New Age tour groups may not have been what Joralemon considered "authentic" Peruvian shamanism, "for tour members 'authentic' [was] redefined to mean 'effective' (Joralemon 1990)." The validity of Calderón's (and Lawrence's by extrapolation) altered practices was legitimate for the New Agers in that those practices agreed with the pilgrims' ideas of what cross-cultural shamans do, yet they were invalid for anthropologists who had other notions of how Peruvian shamans conduct themselves. Nevertheless, the authenticity of those practices, or the source of their alteration, is legitimate on both accounts, since, after all, it is the healer who determines what must be done to heal.* For Lawrence, questions of authenticity become more complicated when considered in light of issues about the reflexive process of making the documentary.

* For a more general discussion of authenticity and validity, refer to Richard de Mille's article listed in the bibliography.

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VI. Reflexivity

How does television personally affect the healers?

The relationship between the filmmakers, their crew and the subjects creates a dynamic in which they influence and react to each other. In order to empower the viewers of a documentary with the necessary knowledge to evaluate it critically, it is important to make reflexive references to the filmmaking process. In this section some of the realized and possible effects of television exposure on these healers and the decisions made by the filmmakers when considering those effects are discussed.

After Lawrence appeared on TV, I started noticing some remarkable changes in his practice. One of the most noteworthy that he demonstrates in the film is his "TV-preacher" prayer style. Although Lawrence denies that television has changed him in any way, after questioning him about praying aloud (for many *traiteurs* silent, secret prayer is necessary for the rite to work), Lawrence admitted that he believed his patients "needed something more," besides the silent *traiteur* prayers.

The camera did indeed affect his behavior, but, contrary to what the viewer might assume, Lawrence did not "ham it up" for his audience. Conversely, he became much more humble and unassuming when the camera was turned on. Usually, he has a tendency to veer toward boasting when discussing his treatments, but he was very aware of how that might sound on television. One of the decisions we confronted in producing the film was whether to point out this "observer-effect." We decided against it, first, because no narrator was employed after the introduction and, second, because Lawrence did not see himself as being affected by the camera as we, the outside observers, did.

In every documentary, many decisions are rendered by the filmmakers that determine what gets filmed, what the structure of the finished film will be, and how that chosen footage is edited. In the end, our three principal treaters were given approximately eleven minutes of screen time basically to "tell their stories." Choices had to be made in editing, and, inevitably, it seemed that there was insufficient time for many aspects of their lives and personalities to be understood. In representing Lawrence's character, the task was complicated by some unsettling statements that he voiced on camera towards the end of filming. Ultimately, we filmmakers decided not to include these statements. We felt that after establishing the positive aspects of his personality and healing gifts, it would be a "cheap shot" to leave the audience with a negative view of this man who had graciously let us into his life and contributed to the making of this film.

For the purpose of this study guide, however, these statements raise provocative questions about how TV has affected Lawrence's self esteem and ambition. When asked how he would deal with the large number of patients he may receive if this film is broadcast on nation-wide television, Lawrence asserted,

...When you call my home, you're healed, and that's my strong belief. But if you really want to see me in person, you have to be patient and wait your turn because I am already praying for you when you call....Why I have over five hundred (calls), in fact, probably more by now....I am gonna heal everybody nationwide.

This "automatic healing" belief is not a common concept among *traiteurs*. The arrogant tone and "wide-eyed" enthusiasm Lawrence adopted when making these assertions combined with his declaration that he will heal everybody nation-wide, as well as other examples not recorded, suggest the effects of TV exposure on this healer — for good or bad. Although it was disconcerting to see Lawrence assume such airs, it was also wonderful to see the feeling of pride and status he gained from becoming a local celebrity for a while. The problem comes in when, at times, I have witnessed Lawrence pontificating about his own knowledge and power (through God) to the point of telling his patients that his treatments are all they need to get well

— even with serious conditions like diabetes. Also, his immense talent at improvisation can seem dangerous when he speaks with great authority about treatments grounded less in "tried and true" years of tradition than his clients may realize.

In the end, perhaps, an evaluative judgment of television's effects is not for "us," the viewers, to decide. As Barry Ancelet notes, "All the treaters are going to have to determine what effect this documentary process — the fact of having it filmed and having it aired — will have on them....and they are the best and only ones to do it."

How much is showing too much?

How responsible is the filmmaker for the effects of a documentary?

Some situations and topics are more sensitive to film and represent than others. In the case of witchcraft, the filmmakers were dealing with a highly secretive practice that healers are usually uncomfortable discussing (if they discuss it at all). When interviewing Miss Ella's patients on camera, they initially would speak of their illnesses in medical terminology. Only after more questions and discussion would they reveal that the underlying cause of their distress was witchcraft. However, without the use of narration, it takes quite a few "steps" of dialogue to disclose the more occult diagnosis. When editing a documentary in which the filmmakers desire to convey so much information and give adequate context to the issues, demonstrating procedural incidents without narration requires too much screen time. In other words, showing every step of a process takes much more time than quickly explaining it in a few words or sentences. Once again, the filmmakers had to decide what was more important: allowing the subjects to tell their own story without the framing of an impersonal, "omniscient" voice, or verbal exegesis that would nicely define and clarify all the issues?

Along with this problem of secrecy about witchcraft, we filmmakers encountered an ethical dilemma as well. Miss Ella was somewhat hesitant to talk about her witchcraft-removing practices on camera. When discussing her abilities as a "two-headed person," she stated that the information was for us "to keep to [ourselves]." Yet, she explained her status as a two-headed person (without elaborating on her specific powers) twice — at separate times and locations — while clearly aware that the camera was running. She also had refused to do something on camera earlier that day because she believed it would be too revealing for the witchcraft practitioners who eventually might watch the film. Yet, not to include her status as a two-headed person would be presenting an incomplete picture of her practice. We struggled with the questions: How much is revealing too much? and Will Miss Ella be placed in any perceived harm by what we show?

In the end, we edited the "Witchcraft Removal" section as respectfully as possible — keeping many sections in straight interview form. We did not include details about her specific powers. I also returned to visit Miss Ella during the editing process and asked if she could think of anything said or done on camera that may be harmful in any way, which she could not. By ending the segment with Miss Ella's following line, we hoped to convey that much of her practice is to be understood by she alone: "...but I can't explain you for that. That's for me to keep for myself. I can just tell you part of it."

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VII. What was left out of the film

Why are "liberal-minded," cultural relativists so offended by "New Age" therapies? Is a "New Age" approach any more or less "authentic" than that of the treaters' practices?

Sometimes, the most intriguing footage is not what actually becomes part of the finished documentary but what crashes to the cutting room floor. When assembling different perspectives for debates over *traiteur's* efficacy, we interviewed a Healing Touch practitioner, to obtain a more "New Age" explanation. We also filmed her with patients to illustrate that much of what these people attend workshops and schools to learn, many *traiteurs* do instinctively. The practitioner's following quote explains how "energy" is the force behind healers' (and, by extension, *traiteurs*) potency:

The Eastern tradition and philosophy has understood the presence of the energy field around the body forever...whereas, our Western culture has simply studied the physical body as a machine through dissection--what parts are broken, clogged, that sort of thing. We haven't understood clearly that there are different emanations around the body that hold different information...that can easily be worked with, influenced and re-patterned....When the treater comes, the bleeding stops, the headache goes away, the pain is released. It's all really energetic in nature.

As is apparent, this explanation offers insight into one relatively common view of "alternative healing" in contemporary American society. One may ask, "Why on earth was this left out?" The answer exemplifies the discomfort often exhibited by cultural relativists when considering "New Age" therapies alongside what is perceived as more "authentic" traditional healing.

After assembling a "rough cut" of the documentary (like a rough draft in writing, which must undergo substantial revision), we filmmakers showed the documentary to a number of Louisiana folklorists, local artists, other filmmakers and people with varying degrees of interest in alternative therapies. There was an overwhelmingly negative reaction toward the practitioner's appearance in the film that approached repulsion. Several elements contributed to this strong response: her interview was set in a low-lit background with an angel and candle; her voice was very serene and sing-song; and her practices contained elements like pendulums and over-the-body touch. All of these aspects of her presentation combined to produce a feeling of affectation in the viewers when juxtaposed next to the colorful, "rooted" traditional healers. This scenario raises provocative questions: Why were these "liberal-minded," cultural relativists so offended by this New Age therapist? Is her approach any more or less "authentic" or legitimate than Lawrence's or Shannon's treatments? Do you think it did the documentary a disservice not to have included the information?

In Loring Danforth's text in which he compares firewalking in the Anastenaria cult in Greece and the New Age movement in the US, he personally confronts the blurring boundaries of the traditional and the New Age. What he finds is that "self" and psychological liberation for New Agers replaces "soul" and community for the Anastenaria. Reacting similarly to those persons to whom we showed the documentary, he attributed his aversion to the nomadic emptiness of the New Agers-their lack of a strong cultural background and religious community, their narcissism and seeming superficiality. In many ways, Danforth feels that the American firewalkers "hit too close to home," both literally and symbolically. Danforth proposes that anthropology is like firewalking-both are therapies and experiences that promise liberation and transcendence. Both are trials by fire through which one finds oneself: for an anthropologist, the mission is to find the "Other" within his/herself by confronting Him outside of self. Finally, Danforth challenges anthropologists to go beyond accrument of knowledge for selfish goals, the essence of the New Age movement in his opinion, and work for the true liberation of the people they study through social and

political activism.

Although Danforth's is a rather emotionally charged response, the repugnance I witnessed to the Healing Touch practitioner assumed equal intensity. This situation provokes questions about the dichotomous relationships we often assign to anthropological concepts: the traditional and the New Age, the authentic and the false, the self and the "Other."

For a general discussion of the reaction of anthropologists to New Age healers, see Michael Brown's **The Channeling Zone**.

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