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The Role of Performance in Enhancing the Effectiveness of Crystal and Spiritual Healing

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In the arena of biomedical sciences, technical skills and expert judgment are at a premium, and the standardization and repeatability of an intervention is crucial to help determine, for example, the effectiveness of a new drug in a clinical trial. Crystal and spiritual healers are less rule-bound, and their playfulness with the systematized conventions and rituals of healing practice is more evident. In this article, based on in-depth ethnographic research, I highlight some of these themes in the context of contemporary crystal and spiritual healing practice at a center in northeast England. I show that the standardized models of measuring effectiveness are less appropriate in many healing contexts, partly due to the unrepeatability and limited standardization of each healing performance, but also due to the performative ‘being-in-the-moment-ness’ and intuitive sensibility that frames what healers count as evidence.

Keywords *complementary and alternative medicine, crystal healing, effectiveness, ethnography, spiritual healing*

In this article I am concerned with the healing performances of crystal and spiritual healers at a particular center for healing in northeast England. I focus on how performances are constructed in order to enhance effectiveness, credibility, and authenticity. This may only have a tangential relationship to whether, from a biomedical and evidence-based approach, the practice is effective. To begin, it is useful to distinguish between efficacy and effectiveness. Efficacy involves testing the intervention ‘A’ on the patient in ideal conditions, for example, in a randomized controlled trial of drug interventions, where chance, bias, and confounding factors are controlled (Marley 2000; Waldram 2000). Effectiveness focuses on whether intervention ‘A’ works under normal, everyday, or “non-ideal” circumstances (Marley 2000:114), and so has a more qualitative application. Effectiveness treatment success is therefore largely defined by patients or clients (Waldram 2000). I use this more subjective concept of effectiveness in the article, in contrast with the alternative anthropological usage of the term “performative efficacy.”¹

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A large number of complementary and alternative medicine (CAM) research studies have taken into account patient/client perspectives (Astin 1998; Broom and Tovey 2007; Hsu et al. 2010; Kelner and Welman 1997; Lee-Treweek 2001), particularly in relation to cancer (Smithson et al. 2012) and well-being (Sointu 2006). Fewer studies have explored, in as much depth, the healers' perspective on how their performance facilitates a meaningful, in-the-moment experience for the client, healer, and audience, although the theme has been addressed in other studies of healing ritual performance (Atkinson 1987; Csordas 1996; Laderman and Roseman 1996; Lindquist 2002; Schieffelin 1996). It is this aspect that constitutes effective, credible, and authentic healing.

I aim to show how crystal and spiritual healing, as both performance and intuitive engagement with the patient's experience, brings about effective healing. I argue that the perception of healing effectiveness is formed partly through collective agreement (i.e., consensus) about the participants' 'definition of the situation,' similar to the way marijuana users have been said to learn the process and construct their idea of getting high (Becker 1953). In Levi-Strauss's classic study of the magical practices of sorcerers, the efficacy (i.e., what works) of magical practice implies the joining together of three particular belief elements of what he called the "shamanistic complex" (1963:168). He highlighted first the importance of the healer's belief in his or her own techniques and ability, and second, the importance of the patient's belief in the healer's power. Third, crucial to this process, Levi-Strauss emphasized the faith and expectations of the group (i.e., the audience) and the formation of group consensus. The interplay between group tradition (established through consensus) and individual performance is important; for Levi-Strauss the sorcerer, patient, and audience all play their part.

A key idea proposed here is the notion of 'being good at being a healer.' This is inspired from a reading of Levi-Strauss, and from Herzfeld's (1985) work on the performance of masculinity in a Cretan mountain village. Levi-Strauss described the performances of Quesalid, the initially reluctant trainee Kwakiutl sorcerer (shaman) who becomes a fine performer, and a great shaman and healer: "Quesalid did not become a great shaman because he cured his patients; he cured his patients because he had become a great shaman" (1963:180). Herzfeld makes a similar point: being a Cretan man enforces a degree of performative élan in order to show one's ability to be masculine; carrying out the deeds of manhood competently is not good enough. The same basic conceptual apparatus is applied to healers in this study. It is not good enough merely to seem capable of or willing to heal; being a healer implies that one is willing to innovate healing performance in a way that becomes effective, credible, and authentic. One must offer a convincing performance that unites the perspectives and experience of healer, client, and audience.

Healers come to a 'definition of the situation,' often with the client, and sometimes with an audience, and aim to establish a degree of consensus about what they are doing. On one level healers' performances build on existing practice, but when required they do more—they can also be playful and experimental. Here, playfulness is defined as light-hearted, creative (sometimes nonconformist), and engaged with unexpected 'play' with the healing norms and conventions, as though healers make up the rules as they go along. Performative innovation is a significant component of the crystal and spiritual healer's repertoire, and is an aide to effectiveness in a subjective experiential sense; moreover, it is a legitimate response to and subtle critique of biomedicine (see McClean 2003). I offer some examples of this next.

I begin by introducing crystal and spiritual healing and discuss its origins and how the healing process is explained. I then describe the ethnographic context for the research and the healing

center at the heart of the study. Key ethnographic illustrations from my research in relation to intuition and healing performance are introduced to help ground the theoretical and conceptual issues. I conclude with a brief discussion that links effectiveness, credibility, and authenticity to performative innovation.

CRYSTAL AND SPIRITUAL HEALING

Various cultural and healing traditions worldwide have used crystals, amulets, and gemstones as healing objects and for protection, decoration, and adornment (Evans 1922). Evidence of their earliest usage is difficult to find, although some texts link the origins of crystals to healing rites in Egypt and Mesopotamia, where stones such as lapis lazuli and malachite were used for healing and protection (Raven 2005). Origins in Ayurvedic (Indian) medicine are also noted (see Adler and Mukherji 1995; Beckman 1997), as are claims for Ancient Greece and Rome (Cuvier 1830). As material artefact and symbol, throughout various histories, crystals have represented spiritual transformation and transcendence. The mythology surrounding the philosopher's stone or *lapis* (Holy Grail) is one example of this (see Bletter 1981).

In contemporary crystal healing, the client lies down. Typically the crystals are placed on the client's body over or surrounding chakra centers to produce a healing effect. Chakras are known as "spinning vortexes of energy" (Maville, Bowen, and Benham 2008:103), defined as the area where vital energy in the etheric (spiritual) body intersects with an area in the physical/material body. In the original Sanskrit meaning of the term, the chakra as 'wheel' signifies the cyclical pattern of life (Ozaniec 1990:4). It originated in the Hindu *shakta* tradition and was adopted over time into Tibetan Buddhism (Cross and Charman 2006; Ozaniec 1990). But its use can also be seen very broadly in the beliefs of North and Central American Indians and North American Inuits. Amounting to hundreds of intersections, healers focus on seven major chakra centers, identified along the path of the spine. Each chakra point has associated color symbolism, and also relates to a major gland in the physical body.

Crystal healers perceive health not as the absence of disease but as the absence of blockages occurring in the chakras or etheric areas of the body. Blockages are seen as caused by negativity and negative emotions that may arise from the individual themselves or from an external agent. Blockages can be removed either by the hands of the healer (in hands-on healing) or by a crystal that is able to act like a scalpel, pulling the negative energies out. However, it is not the crystal's intrinsic properties that heal. Like Watson-Gegeo and Gegeo's research into Kwara'ae healing in the Solomon Islands, "the healer as agent, the plant or object is the conduit through which spiritual energy passes from the metaphysical to the physical world" (2011:223), and crystals are no exception.

How healing works is explained through the concept of vibrational healing (Gerber 2001), which implies that underlying the spiritual engagement with healing, there is a physical process; the term vibrational denotes physical changes. There is some conceptual similarity between the concept of vibration in healing and that of pulsation more commonly associated with Buddhist and Hindu thought (Singh 1992). In crystal and spiritual healing, the source of healing energy is most commonly seen as originating in a universal source or energy, sometimes perceived as a deity. Less commonly, healers utilize spiritual guides, associated historically with spiritualism and mediumship (see Owen 2004), to act as the link between the healer and the healing source.

As well as being placed on the body during healing, crystals are often worn as a necklace or pendant for more than just a decorative effect. In very rare cases, crystals were embedded subcutaneously as part of a healing modality (McLemore and Hallengren 2010), discovered posthumously through autopsy and radiographic imaging. In these examples, the position of the crystals under the skin corresponded with the seven major chakra centers. However, this is not a technique encouraged by crystal healers today.

THE VITAL ENERGY HEALING CENTER

Ethnographic fieldwork took place at the Vital Energy Healing Center (VEHC) (pseudonym, as are names of all participants), a business founded and run by a charismatic and entrepreneurial healer, Teresa; other healers used the center to conduct healings and other CAM practices, share knowledge, and socialize. These included Charlie (a male healer) and Stella and Sally (both female healers); the center also played home to other visiting healers and apprentices. Each of the healers explained that their interest in healing developed largely during their time as a client, a familiar theme in the healing literature: “Part of the treatment is to be initiated into a fellowship of the similarly afflicted” (Frankenberg 1986:621).

The center was established in the early 1980s; subsequently, Teresa set up a diploma-level crystal healing course at the center. As part of the fieldwork, I attended the crystal healing course as a trainee, although my alternative identity as an anthropology student at the local university was known to her or the other healers. I also had a long-standing condition—asthma—for which I hoped the healers would provide some relief. Other healers used the rooms at the center and charged a fee for their healing services, a percentage of which went to Teresa, although they all operated a sliding fee scale, provided free healings, and encouraged forms of gift exchange. One regular client exchanged vegetables and flowers from his allotment for healing.

The healing center looked nondescript from the outside: a three-story Victorian terraced house that shared its immediate environs with a trophy shop, a fish and chip shop, and a carpet salesroom. Inside it was very different: an Aladdin’s Cave of brightly colored murals and posters depicting various religious and mythical figures and dolphins. The reception area on the ground floor was adorned with crystals of all shapes, sizes, and colors. There was also room for a desk, some chairs for visitors and clients, and other gift-type objects, such as greeting cards, dream catchers, joss sticks, and aromatherapy oil.

One of the healing rooms, known as the front room, was also on the ground floor. On the first floor, there were two more healing rooms: the sanctuary (the focal point for group meditation every Wednesday evening) and across the landing, the pink room (a smaller healing space). On the second floor was an office, at the time of fieldwork being renovated, and a guest room cum library. The two main healing rooms, the front room and the pink room, contained a biomedical-style couch for clients to lie on during healing; rolls of paper towels were fixed to the wall. A small hand basin was located in the corner of the front room, used for what the healers called cleansing and purifying the crystals (a form of spiritual hygiene).

My aim was to explore local participation in crystal and spiritual healing activities, and examine its role and significance as a CAM practice. A central theme that emerged in the study is that crystal and spiritual healing practices are often highly individuated (i.e., personalized), and this personal expression was sanctioned and actively encouraged at the center. Teresa encouraged

healers to do what worked for them; individualization functioned as an institutional ideology. The healers sought to transform existing healing practices, and so each individual performance involved a certain amount of flair to establish credibility. Healers had to show that they were ‘good at being a healer,’ their performance largely determined the effectiveness of the healing, and clients came to expect a particular kind of performance.

PROVIDING EFFECTIVE HEALING: FROM SYSTEMATIZATION TO INTUITIVE SENSIBILITY

All medical and healing encounters are performances as much as technical acts (i.e., procedural and described in textbooks), in which healers articulate certain identities: they are ‘dramatic episodes’ (Laderman and Roseman 1996:1). They articulate identities both in the sense of taking on the persona of healer (playing a role) but also more literally, as I show next when I describe Charlie’s spirit guide healing. The performance is crucial to the credibility and authenticity of the act as well as aiding its effectiveness. Crystal and spiritual healing is no exception; the performance relies on shared and learned understanding about the symbolic properties of the materials used.

Here I adapt Handler’s analysis of authenticity (1986), in which the concern for authenticity comes from the very modern problem of perceiving status (i.e., healer) and role-playing (playing the healer) as one and the same thing. The healer’s desire for authenticity arises mostly from needing to not draw attention to the role-playing, although there were exceptions. In later examples, I show how drawing attention to the role playing has an ambiguous relationship to authenticity in healing, and is contingent on the interaction and response between healer, client, and audience.

In some healing modalities, healers and clients hold similar beliefs about the power of healing sources, that “(a)n exaggerated notion of the possible readily elicits patients’ magical anticipation” (Kaptchuk 2002:818). As such healing practices differ from other interventions in terms of raising the patient’s expectations, these “charged constellation of expectations” (818) contribute to the ritual atmosphere. Kaptchuk suggested that the important role of reciprocal expectations is negotiated in the client-healer dialogue. Healing practices allow some negotiation or definition of the situation (Thomas 2002), over what is going on in the healing and how it is perceived to be taking effect. Client and healer response is based on a collective agreement or loosely held consensus.

At the center, healers frequently relied on some generic mimicry of biomedicine as an ingredient to help create that “charged constellation” of expectations, a practice that helped in systematizing the environment. In order to match expectations, healers displayed a concern for the outward appearance of demonstrating competency. For instance, Teresa said that a healer should make herself “neat and presentable,” which included being dressed in white coat and trousers, as “some (clients) like that kind of reassurance.” Other examples of biomedical mimicry included the use of scalpel-like “laser crystals,” attention to spiritual hygiene in cleaning crystals, and the channeling of spirit guide medical doctors in healings (for a further discussion of mimicry, see McClean 2003; see also Anderson 2010).

A more intuitive sensibility was encouraged when choosing crystals for a healing. This intuitive approach was reinforced during the crystal healing diploma at the VEHC. Healers may begin

by referring to guidance in a crystal healing textbook,² but more frequently crystals were chosen for healing in accordance with intuitive factors and personal choice. As Holbeche (a prominent writer on crystal healing) explained, “the most vital factor in choosing a crystal for my personal use is how I feel about it . . . crystals speak through feeling and intuition. . . . By trusting your feelings and intuition, when you hold a crystal, you are speaking the same language” (1989:79).

As a result, the healer can be playful with the crystal choice and the placement of crystals on the body, which infers that a light-hearted and creative process took precedence. Sometimes this also implied a ‘seeing what happens’ approach to experimentation. Recourse to intuition thereby helps to legitimate the use of highly personalized practices and the innovations this allows.

Intuition also influences healers’ methods of diagnosis. Healers mostly work alone with private fee-paying clients, but healers commonly shared, confidentially, information about the diagnosis of clients’ spiritual and physical ailments. In the ethnographic illustrations next, the healers worked together, and sometimes other healers were part of the audience; this was a feature of many healings at the center as this was how apprentices learned. Crystal and spiritual healing embraces an individuated approach to diagnosis and each healer took a personalized approach. But since healers individually comprehend and interpret in order to diagnose, how would they know what was a correct diagnosis? Healers rely on a process of learning how to make a diagnosis based on ‘signs’ about what would be acceptable and what would be unacceptable. If a healer makes a diagnosis on a spurious basis (e.g., a random guess), Teresa in particular will comment, although all of the healers were interested in establishing a healer’s credibility. Healing practice is not therefore about making things up, but about ensuring that diagnosis and healing align in some meaningful way with client expectations, experiences, and beliefs.

However, if a diagnosis is made by reference to certain feelings/impressions that the healer received during the healing, then the diagnosis has more credibility. This is because something that is initially inchoate and underdeveloped can be developed at a later stage. A posthealing interpretation and analysis session, when healers share information, often with clients present, may work in order to bring clarity to the healing experience for the client and the healer. The posthealing analysis is a way of ensuring a common ‘definition of the situation,’ and that healer and client come to some consensus over the effectiveness and meaning of the healing act.

PROVIDING EFFECTIVE HEALING: AUTHENTICITY AND PERFORMANCE

How do healers perceive problematic performances, and when is the authenticity of the healing in question? For example, one day I asked Charlie why some crystal healing textbooks (e.g., Raphaell 1987) suggest placing lots of crystals, rather than a few, on the body. Charlie’s reply was that the books reflect American healing; he seemed quite dismissive of this approach:

The Americans do layouts with sometimes 250 stones on the body. You’d spend all your time laying them out. It’s a bit over the top really, and they spend too long on the healing, up to two and a half hours! You’d get really bored wouldn’t you?

For Charlie, using 250 stones in a healing would be “over the top,” threatening credibility and authenticity. Charlie’s view is that the crystal is an accessory to the healing, not the main event; hence the perceived excessive use of crystals negates the healer’s personal input and draws attention to the role playing in healing, which is perceived as problematic. Using too many

crystals can create a situation where the healer lacks control of the performance and its authenticity, or sincerity, to the audience (Handler 1986). This calls into question the credibility of the practice.

Healing that is performative rather than essentially procedural combines moments of activity and inactivity to imbue the healing with authenticity and sincerity; it also provides the healer and client with a set of constitutive boundaries around the performative act so that they converge over their definition of the situation. For instance, after a series of healings, the client may become more familiar with the healer's routines. A convincing performance also, I suggest, equates with an effective healing.

The healer must also demonstrate that he or she is 'good' at being a healer. As explained, I have adapted this concept from Levi-Strauss's study of the shamanic healer, Quesalid, and Herzfeld's study of the performance of masculinity in Crete. Herzfeld stated that 'man-ness' must be enacted not just with technical skill, but with flair and style: "There must be an *acceleration* or *stylistic transfiguration* of action: the work must be done with flair" (1985:16; emphasis in original). Improvisation is used in achieving a good performance, and displaying masculinity involves a certain amount of self-reflexivity and awareness, so the audience is also aware of the improvisation and play with convention: "Improvisation is at a premium, and a good performer will make sure that his audience realises that he is indeed improvising" (Herzfeld 1985:47). By focusing on enacting masculinity in various social situations, and enabling creativity and improvisation to guide these performances, Herzfeld argued that these individuals transcend the usual social conventions. This nonconformist behavior has at its core what I refer to as playfulness.

Once the healer has established through the diagnosis that an affected area requires healing, he or she sets about enacting the healing process. There are stylistic variations within the healing style of Charlie and Stella. Charlie uses his spirit doctors to provide performative élan, whereas Stella was confident in her subtle healing movements and gentle therapeutic touch. The healer's belief in his or her own techniques and ability is as important as the patient's belief to this process.

Charlie

Charlie was conducting a healing of Roy (a client), Stella (one of the visiting healers), and me in the pink room. This took place on an evening where free healings occurred, and it was common practice for healers and clients to be healed together (this also meant that an audience was present). Roy was the first to hop on to the couch. Earlier in the evening Roy had said that his eyes needed healing, due to a recurring eye complaint. Stella moved down to stand at Roy's feet, while Charlie sat on a stool by his head. Charlie then went into a trance, whereby he would channel the spirit of one of his spirit doctors—specific healer personalities that enact healing power through Charlie.⁴ Reemerging as a spirit doctor, he examined Roy's right eye first, inserting his fingers into the eye socket, enacting a variety of exaggerated (stylized) movements: pulling, scraping, sewing, injecting, and tearing. Charlie then appeared to pull something out from Roy's eye, which he later explained was "spiritual dirt." He then switched to the left, repeating the movements. Stella stood stoically at the foot of the couch the whole time, the palms of her hands held up to the soles of Roy's feet, an action I interpreted as grounding the healing. At one

stage, Charlie asked Roy to move his head to one side so that he could “check the valve and the pressure” that was building up. Once this was over, Charlie held Roy’s head for a moment, and he came out of his trance.

Later I asked Charlie why he had asked Roy to turn his head and to what the pressure referred. Charlie said that at an etheric (nonphysical) level, there was blocked energy, and this was contributing to the build up of pressure. He explained that the spirit doctor he was channeling knew that there is a valve at the back of the head that emits pressure, and if the pressure is too great it has an impact on the eyes and ears, which was also why the doctor asked Roy if his ears were popping. The spirit doctor was just “tightening things up.”

It was my turn to get onto the couch. I sensed Charlie move around, his hands digging into my back at the base of the spine and around the chest area. At one stage he said, “You’re going to feel a lot of heat on your back.” He pressed his hands on my back and within about ten seconds, I felt that I was leaning against a radiator. The heat sensation was pleasant. Charlie finished not long after this, and told me—first in the voice of the spirit doctor, then as Charlie—that I could get up off the couch. I then asked Charlie which doctor had healed me; he said he did not know. However, he explained that a Chinese man had examined Roy’s eyes. Roy nodded nonchalantly, and said he was excellent and clearly knew what he was doing.

Charlie enacts the performance with flair, self-reflexivity, and awareness (*pace* Herzfeld 1985), so demonstrating that he is good at being a healer. Indicated by the surgical digging into and scraping the spirit body, he mimics biomedical surgery. In drawing attention to the metaphoric spiritual domain, Charlie can add stylistic aspects—leitmotifs—to the healing performance. For example, at other times when I observed Charlie healing, he would improvise and nod to the spirit guides said to be present in room, indicating a willingness to play with the convention.

Stella

For this, Stella and I used the sanctuary room. I sat down on a chair positioned in the middle of the room, while Stella asked me a few questions about my needs, and I told her about the stresses of my part-time job and study. Sitting back on her chair, listening, she nodded her head very calmly. With my eyes closed, I then felt her stand behind me and place her hands gently on my shoulders. Then, whispering slowly, she began:

Our Father, please provide me with the healing energy so that I can help . . .” she broke off. “I’m sorry I’ve forgotten your name.” I whispered it, hoping that this hadn’t broken her concentration, and she continued, “. . . so that I can help Stuart to forget about his troubles and stress and so that he can feel at ease and also at peace with himself. Stuart, I want you to relax your mind. I want you to feel every part of your body and feel them getting heavier and heavier, and as you move from your fingers to your hands and then your arms, your whole body will feel heavier and you will want to relax. Then let your mind go off to its favorite place. Breathe in deeply, hold this breath for a moment and then breathe out very slowly, moving further and further away to your favorite place with each breath.”⁵

I breathed slowly and started to relax. Stella lifted her hands off my shoulders and placed them over my head for a few minutes, then moved her hands very slightly so that they were resting

over my ears, a hand placed either side of my head. Repositioning again, her hands glided toward the back of my neck: the left hand passed down the back of my neck and the right hand down the front. Then, one hand was placed lightly on my chest, the other on my upper back. For about five minutes, her hands were directed toward my back and chest. Occasionally, she moved them in a circular, coiling fashion, moving them around and out from my body before drawing them back in.

After some time she moved her hands away, and I sensed her move in front of me, redirecting her focus to my lower body. Her hands drifted along my shin and calf muscles, gently touching the surface of the body as if mapping out the area of my lower leg. With renewed interest she then focused on my chest again, just pressing on my chest and back with her hands, as if supporting the rib cage. At this point the healing came to an end, and I heard her walk back to her chair.

PERFORMATIVITY: BEING GOOD AT BEING A HEALER

Bringing the spiritual reality of healing into the physical domain is an important feature of the performance. Healing performance is a form of “expressive action” ensuring effective movement from one domain (figurative and real) to another (Fernandez 1986). Material actions and objects are subjugated to the spiritual domain through the healer’s gestures; the key to effective performance is to draw attention to that movement.

This is illustrated particularly by Charlie’s spirit doctor approach. By connecting the spiritual and the material metaphoric domains, Charlie was able to provide performative élan and demonstrate that he is good at being a healer. On a few occasions when watching Charlie heal, others present raised a smile during his performance, especially if he enacted something particularly risky (e.g., drawing attention to the performative nature of the act and playing the role) or just amusing, but these actions rarely threatened its credibility or perceived effectiveness. As Atkinson argued in relation to Indonesian healers, a performance can actually be problematic if it is deemed too real or lacks “aesthetic distance” (1987:352), an interpretation that questions how we conceptualize authenticity and the real. To one observer healing acts may appear inauthentic (making this distinction between healer and playing the role of healer; Handler 1986); to another they indicate the actions of a great healer because the healer and the role of healer are one and the same.

In addition, Charlie used the pressure of his hands to evoke a sense of the healing energy coming through him. His hands heat up, one supposes through the physical activity itself, and this provides the client with a sense that healing energy is being transmitted. Feeling heat through the healer’s hands provides some reassurance to the client that an intervention is taking place, but it also provides an interactional agreement between the two as to what constitutes change or effectiveness; once established a consensus is built up. This is about being-in-the-moment, as explained earlier, and physical sensations like heat are crucial in aiding, for the client, a sense that healing is taking place, so a shared definition of the situation can emerge.

In an article on a séance performance, Schieffelin (1996) described this process as a kind of “interactional credibility” (credibility with your audience). Endres (2008) suggested that establishing authenticity is an important issue in séance-type ritual performance; many taking part know that some séances can be simulated, but this does not mean that the act of healing, or

the ritual figures present, are simulated. From the healer's perspective, the changed intonation of voice establishes authenticity (Endres 2008). But, as both Endres and Schieffelin argued, the reality of the healing/spirit world is not communicated by the performance alone but by the interactions between those present and the spirit voice.

To some extent healers rely on the audience to support their healing claims (Atkinson 1987). Sometimes performances go wrong and the performer establishes little credibility with the audience (Schieffelin 1996) or the apprentice fails to learn the skills of innovation (see Kendall 1993). In order to achieve credibility, Charlie draws on the spirit doctors who evoke more established and authoritative healing practices, such as surgical medicine, to provide additional credibility and flair in his healing practice. The play with the healing norms and conventions is light-hearted and creative, but also unexpected. Channeling one of the spirit doctors, Charlie delivers his pronouncements with convincing authority. His performance is deliberately attention grabbing and risky as it puts his practice under more scrutiny, but the benefits to perceived healer status may be greater.

In the second example, Stella fine-tunes the intensity of touch as a way of marking the transition from diagnosing to healing. The movement of her hands from one area of my body to another is smooth. With touch-based, hands-on healing, it is important that the touch is not heavy handed or clumsy. Again, such actions can be enacted with a degree of flair. Stella achieved this when scanning my 'aura,' and with a heavy press of the palms of her hands to indicate that healing energy was being channeled. The use of touch is important as the client may him or herself be a healer, aware of the complex cosmology that lies behind healing actions. Overtime, however, clients can acclimatize to the healers' style, so establishing collective agreement over what is happening.

It was common practice for trainees to scrutinize each other's performances and debate their relative merits and perceived credibility (see McClean 2010 for a discussion of healing apprenticeship and socialization). Healing trainees regularly practiced on each other, and then together they would share and discuss each other's experiences and what they thought was credible (or problematic) in each other's performances. The approbation of other healers is therefore crucial to the apprentices feeling that they can be effective.

CONCLUSION

In this article I have shown how crystal and spiritual healers frame their performance, so facilitating a meaningful, in-the-moment experience for the client, healer, and audience. Performances are constructed in order to enhance effectiveness, credibility, and authenticity. Whether healing in itself is effective, or whether it is effective in creating those "charged constellations of expectations" (Kaptchuk 2002), is a moot point. Making sense of healing effectiveness and the patient experience demands attendance to highly subjective and individual meanings.

Effectiveness, credibility, and authenticity of healing derive from two combined factors. First, credibility does not have to be decreed by expert sources, although healing may have to be couched in terminology or idioms familiar to those who are taking part. The utilization of common metaphors and idioms in healing practice and visualizations, and the adoption of the white coat garments, reinforce this type of credibility and provide some consensus between healers. Many of the healings witnessed at the center highlighted instances where the client was just

aiming to relax and be helped with everyday stresses. For this, touch-based therapy, such as Stella's hands-on healing, could be said to provide some subjective relief.

Laderman and Roseman also perceived effectiveness as based on "existential immediacy that constitutes healing as real" (1996:9). Those taking part come to a tacit agreement that an action is authentic and real, not simulated; even perceived simulation, as with Charlie's approach, indicates that the actions are real and authentic because they achieve esthetic distance and enact the performance with flair. In this way, the perceived effectiveness of the performance relates to the immediacy and intensity of the act.

The healing performance must be in keeping with the healer's own personal style, which although subject to personalized innovation, mediates between fixed forms. Healing generates innovation through the agency of the individual healer, so the healers' style is always being modified. As I have illustrated, innovation is a significant component of the crystal and spiritual healer's repertoire; it is an aide to effectiveness in a subjective experiential sense, and a response to and critique of biomedicine. Healing effectiveness is linked to the acceptability and success of the performance (as creative action) and/or the charisma of the healer. The healer must demonstrate that he or she is good at being a healer. The acceptability of the performance is particularly pronounced in interpreting Charlie's use of spirit doctors, and his mimicry of medical acts.

Healers often combined crystal and spiritual hands-on healing with invocations (visualization) as a method to 'bring' the client into the healing act, as Stella did. Visualization allows for a negotiated healing reality, where healer and client both play an active role in the healing performance and outcome. As an extra dramatic event, visualization has a kind of internal performativity, in that healer and client combine to produce the desired effect, and to add intensity to the experience and a 'magical' sense of anticipation.

Performative efficacy highlights the intensity of experience. Clients are able to make some sense out of the inchoate feelings that emanate both from ill health and their individual experiences of crystal and spiritual healing. It is important that clients have some kind of control over this process in the interpretive negotiation of healing reality. Luhmann (1993) has suggested that part of the appeal of this kind of belief system is that individuals partake in the intensity of the religious symbolism and ritual, but do not have to deal with questions of authority and control synonymous with conventional religion or, I would add, biomedicine. Creating intensity in the healing act arises from the need to distinguish acceptable or credible healing from unacceptable or illegitimate healing. Luhmann's point also hints at the eschewal of control in totalizing belief systems.

The power of the performative act is the "heightened intensity of communication and enhancement of experience" (Laderman and Roseman 1996:2). Innovative healing acts encourage intensity and immediacy in the performance. Both playful performance and intuitive engagement with the client's experience can help to bring about effective healing, as defined by the healer and the client. Both the intensity and playfulness of performative action can therefore produce powerful effects for the recipients of healing.

NOTES

1. Anthropologists have used the term performative efficacy to turn our attention to the power and context of the healing rites themselves. Tambiah (1990) explored this issue, adapting Austin's notion of 'performative utterance' in

the context of a liturgy-based rite. Tambiah was interested in pursuing the performative element to ritual action; others since have tried to capture the meaning of this and its significance for understanding practitioners' and patients' views of what works.

2. Since the late 1980s and early 1990s, a steady stream of books have been published that are dedicated to crystal healing and in particular describing the properties of crystals; the majority of these are from the United States and United Kingdom (see Harold 1992; Holbeche 1989; Raphaell 1985, 1987; Walker 1988). Key texts were referred to in passing by Teresa and others, but knowledge of crystal books was not essential to the diploma.

3. There are interesting parallels between healers and Gypsy fortune tellers, who also draw on intuitive skills (see Okely 1996).

4. Charlie was the only healer at the VEHC who purported to use spirit guides, who he termed spirit doctors and who he channeled during the healing. Initially Charlie identified five different spirit doctors acting through him; at a later stage of the fieldwork he could distinguish between each one; each spirit doctor had an established specialization area that was normally couched in biomedical terms, such as a cancer specialist and a bone specialist.

5. Healing apprentices regularly used visualizations. Although the technique is drawn from a standard relaxation method, healers were encouraged to personalize them.

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