Chapter 5

Folk Healing, Authenticity and Fraud

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Introduction

In this chapter, the authors focus on critically examining and analysing contemporary healing beliefs and practices in relation to prevailing debates and discourses about fraudulent and/or 'quack' healers. We examine folk-healing practices in the UK, exploring in particular the example of crystal and spiritual healing, and we offer ethnographic data to help ground some of the discussion. Folk healers typically have no formal training, or at least minimal quasi-formal training, but claim some ability to heal, and most will not charge a standardized rate for the services they provide. Less professionalized than other complementary and alternative health practices, they frequently exhibit a 'folk' understanding of, and approach to, health and illness. More often than not they are seen as part of a community resource (Moore and McClean 2010).

Practices like crystal and spiritual healing – part alternative health practice, part 'New Age' belief system – are located in a broad field that can be defined here in an anthropological sense as minority religion. These have sometimes been constructed as 'marginal' and esoteric healing practices concerned with spirituality and self-actualization (personal growth and improvement), analysed in the broader context of what is termed the 'New Age' (especially in the sociology of religion). In the US, McGuire's *Ritual Healing in Suburban America* (1988) for example, was a classic study that explored healing groups in suburban New Jersey, and is a good illustration of the 'exotic' in middle-class America. Other texts such as English-Lueck's *Health in the New Age* (1990), Hess's *Science in the New Age* (1993), and Brown's *The Channeling Zone* (1997) made important inroads into understanding the nature of 'New Age' healing practices in American society. The 'New Age' can be defined as a social movement incorporating 'diverse goals', but which may be likely to promote a variety of personal and interpersonal values such as self-responsibility, psychological growth and creativity (English-Lueck 1990: 1). This complex

and diverse movement also attracted the attention of the social sciences in the UK (Heelas 1996, Prince and Riches 2000, Heelas et al. 2005), with the focus on 'soft' capitalism, and its growth clearly reflected in the magazines and books now dedicated to the esoteric, healing and self-help literature. The use of crystals and stones to heal the body is typical of such New Age marginal religious and healing activity.

As well as being defined as broadly New Age, such practices can just as usefully be described as 'folk' healing, as the following should illustrate. In the broadest sense, folk healing refers to what we would call informal (that is, lay) health practices that are rarely advertised and for which formalized payments are not always pursued. They are different from other more complementary health practices in the UK, or what has increasingly been called CAM (complementary and alternative medicine), in that complementary practices have mimicked other specialized biomedicine as a fee-paying model. Lay people practice folk healing, but they are not legally recognized as professionals (Stone 2010). Given that they are stigmatized as a 'primitive and backward remnant of magico-religious thinking of the past' (Lazar 2006: 36), questions about fraud are never very far away.

Crystal healing, for example, as it is understood and practised today, has its origins in New Age western healing practices of the 1980s and 1990s, but we note that the use of crystals for healing purposes has a longer history (see McClean 2013). Since the 1990s, a steady stream of crystal-healing texts have been published that aim at providing an 'expert' view on crystals; small centres in the UK (and further afield) have been established in order to provide tuition and guidance in crystal healing (though there are some significant differences between crystal-healing centres about how to do this and what would be included in the curriculum), but mostly the training offered is minimal and does not compare with the more professionalized approach of many complementary health practices.

We begin by defining fraud and deception and considering the social construction of fraud, against the backdrop of changing views about 'quackery' in health-care contexts. We go on to highlight anthropological perspectives on health and healing, which are inevitably linked with discussions about cosmology, spirituality and magic, and we offer some relevant discussion about the ways in which authenticity has been constructed in the pre-modern and modern era. We then offer some key ethnographic illustrations from one of the authors' research (McClean), in relation to constructions of 'bone fide' crystal and spiritual healing, authenticity, and the problems of financial gain, all of which are introduced to help ground the theoretical and conceptual issues.

Defining Fraud and Deception in Folk Healing

One popular (media) discourse surrounding crystal healers suggests they are perceived as 'crackpots' espousing 'mumbo jumbo' and 'silly nonsense' for astronomical fees (Moir 1993), a view also noted in the academic literature (Hornborg 2012). Yet, it is fair to say that there has always been a difference between the healers that are considered to be deserving of some credit (regardless of the evidence-base) such as to be found in more commonplace complementary health practices, and those who are beyond credulity; that is to say, individuals who are seen as 'charlatans' and 'quacks' – a throwback to the times past when people were perceived as peddling mostly harmless but expensive cures, potions and tricks for a diverse demographic in British society (Porter 1989, 1993, 1994).

There have been repeated and concerted campaigns against the quacks and the charlatans and hucksters of healing medicine. In Britain, these campaigns are well established and documented: campaigns against the quacks, charlatans, mountebanks, cranks and hucksters of medicine in Britain go back at least as far as the sixteenth century, when the kingdom's first Parliament Act regulating the practice of medicine was passed in 1512 (Wahlberg 2007: 2307).

Early sellers of patent medicines were accused of 'quacking', which meant exaggerating the curative properties of these medicines. A 'quacksalver' (an Old Dutch word) meant boasting about the virtues of their salves (or remedies). Quackery has been applied to a wide range of healing systems and forms of alternative medical practice and knowledge. Others have referred to them as hucksters and snake oil peddlers (Diamond 2001, Morrall 2008). Wahlberg (2007) states that the reason these healers were referred to as quacks in the past was not just because the nature of the therapies that they provided or the products they offered (though this was relevant), but more commonly it was because of their unorthodox beliefs: ones that provided a counter to scientific biomedicine during the period of biomedicine's emerging dominance.

So there is nothing new in this rooting-out of fraudulent healing activities, and more recent campaigns, such as that from the House of Lords (2000) to rid the UK of incompetent, dangerous and distrustful practitioners of complementary health is but one manifestation of this. Science and evidence-based medicine is the creed and ideology under which it is believed it can be achieved. However, rather than seeking outright ban of some practices, the strategy has, according to Wahlberg (2007), been about the 'normalization' of its practice and use – that healers must be regulated and seen to be fit to practise through the use of certification, healer competency, use of qualifications, and so on – modes of professionalization from which folk healers by definition become

excluded. In our ethnographic example below, we highlight some of the ways in which folk healers have engaged with this agenda in order to appear authentic.

Indeed, under the House of Lords Select Committee report on complementary medicine (2000) a classification of CAM was produced, which resulted in three distinct groups: those that demonstrated some scientific efficacy for a limited number of ailments (for example, acupuncture); those that may lack scientific evidence-base but provide comfort as support to patients; and the last group of 'alternative disciplines' that were described as indifferent to the science of conventional medicine and lack any credible evidence base (for example, crystal healing and other folk-inspired healing practices). This report was published at a time when other public watch forums in the US like Quackwatch (<www.quackwatch.com>) started to emerge, and the US National Council against Health Fraud (<www.ncahf.org>), as well as medical practitioners and writers in the UK such as Ben Goldacre who have had a role in overseeing health activity and identifying what they see as health fraud or what has been termed 'pseudoscientific' therapies. Almost by definition this has become anything non-biomedical. As such, scientific (and biomedical) knowledge is more valued (see Lee-Treweek 2005), which reflects a battle between medical systems for authenticity, legitimacy and acceptability.

As a theme, quackery is quite strongly reinforced in writing about CAM, and we can see how issues connected to fraudulent activity are tied up with the debate on quackery. A firm critic of complementary health and certainly esoteric healing practices – Edzard Ernst (2006) – talks about complementary health moving from quackery to science in the surge for legitimacy, public acceptance and the need for regulation and to ensure public safety. In the new era of some acceptance of non-orthodox health practices, the issue is about the internal split of the CAM field, using practitioners to help the public distinguish between the competent, incompetent and/or dangerous (Wahlberg 2007). The issue of quackery is focused on practitioner competence and accreditation and not necessarily the efficacy of the treatment (mirroring in some ways the debates and controversies in the US over the distinction between drugs and supplements, the latter not being based on clinical efficacy).

So, how should we define fraud? With difficulty, seems to be the answer. There are those who have acted with active and conscious deception to commit fraud (sometimes financial or status-related), such as the work of Daniel P. Wirth and the now-discredited fraudulent study on IVF and prayer (Ernst 2006). And yet, one of the key problems of much healing activity and research is that there is little formal evidence in peer-reviewed publications, so any claims may be perceived as fraudulent (Lee-Treweek 2005). Fraud usually involves some level

of deception (to oneself, but primarily to others who will be unwitting players in this deception). This is central to the issue: in the modern era, healers play a role in society (as do orthodox doctors) and even those who feel what they do works do not do it without some doubts as to its efficacy, and so some level of deception is involved. However, the issue is not just focused on whether something does or doesn't work. If a placebo is offered or if a GP recommends a homeopathic remedy for a strain, when they know it doesn't work, is this fraud? CAM practitioners themselves are interested in and concerned with perceived fraud amongst their community, partly in their self-interest to defend what they do and see their own activities as honest and trustworthy, to avoid litigation, but also to protect their clients.

Bolton (2011) discusses the self-belief required to carry out healing acts, and the notion of belief in the performance of medical practice. For Bolton, the crucial definition and criterion of quackery/fraud is one's self-belief in the practice, regardless of effectiveness. The GP that prescribes the drug that proves to be ineffective is not a quack if they believed it had a chance of working. The GP that tells a patient to take homeopathic remedies believing it not to work, but thinking that this may help the patient through placebo is not a quack. Equally, the healer with genuine self-belief in what they are doing, irrespective of actual effectiveness and objective benefit is not a quack. Few healers must be interested in deception for the sake of it (or through monetary gain, which is unlikely to be significant). And yet, few healers could be described as fanatical (having absolute confidence in their effectiveness). And so, there are a large number of healers between those statuses: they have a degree of self-belief that what they are doing is helpful, but there is also self-doubt, and uncertainty is the normal state. This issue is raised by Taussig in an essay about faith and scepticism, where he argues that sceptical attitudes towards the practice may even be normal as an approach to learning amongst the practising healers (in this case, Shamans): ' ... it would surely not be unfair to venture the hypothesis that learning Shamanism means doubting it at the same time and that the development of such a split consciousness involving belief and non-belief is what this learning process is all about' (Taussig 2003: 284–5).

In this case, are they quacks, and are they committing fraud, or does this distinction raise problems with this definition? The view that I would add here, is due to the conditions of modernity that we consider here, there should be few fanatics in modern society who have no level of self-doubt over their practice. The debate over the Shamanic healers is equally interesting as writers have referred to some poor healers who cannot believe either in themselves or what

they are practising (Schieffelin 1996), or they fail to learn the skills of innovation (see Kendall 1993) and equally make poor healers.

In Langford's (1999) study of the modernization of Ayurveda doctors' practices in India, and the notion of mimetic action, she was led to question whether the Ayurveda doctor was authentic or a quack. She explains that medical anthropology leads one to be discomforted by notions of quackery, explaining:

> ... quackery is a concept used by medical practitioners and others to discredit medical practices other than biomedicine (which is sometimes also termed modern medicine, cosmopolitan medicine, or allopathy). Some biomedical doctors consider all Ayurveda to be a kind of quackery, based on a bogus view of the body and dispensing treatment the biological effects of which are scientifically unproven. As a medical anthropologist, however, I was prepared to put biological efficacy aside in favor of symbolic efficacy. (Langford 1999: 25–6).

She also explains how such discussions and debates about efficacy and quackery are debated at the local level, where there are as much contested views as there would be between orthodox and non-orthodox medicine.

Quackery could hardly mean simply a mimicry of medicines or methods or qualifications, since such mimesis is essential to the training and identification of any medical practitioner. Quackery could also hardly mean a mimicry with intent to deceive, since deception may be used beneficially to inspire the trust of the patient (ibid.: 41).

It should be remembered that healers in history (Jesus and Rasputin provide but two notable examples) have also been regarded as fraudulent and not to be trusted. But such concerns with the fraudulent raise issues about not just the efficacy of the act (whether it works and whether the healer knows or doesn't know that it works), but the idea about what is authentic and sincere in modern societies. What does it mean to anthropologically examine healing practice, and say something is fraudulent? On what basis is it fraudulent? Who has the power to define what is or isn't fraudulent or trustworthy? How does one position of authority come to define these things for others?

Magic, History and Authenticity

Anthropological perspectives on health and healing are inevitably linked with discussions about cosmology, spirituality, other-worldliness, ritual and magic. Evans-Pritchard's (1937) classic work is an important illustration of this, but

examples are likely to be found in virtually all human societies. There is also a temporal as well as spatial imperative here, which helps highlight the ways in which healing and fraud is constructed. Historically, we also see the connection between health, healing and magic. The pre-Enlightenment way of thinking was very much bound up in these central ideas and, as Kassell (2005a, 2005b) illustrates, beliefs are evident in the early modern period and have coexisted (and continue to coexist) with biomedical scientific systems in what sociologists term late/post modernity (Moore and McClean 2010). Taussig (2003) has discussed the ways in which Shamanic healing in societies has drawn attention to the exposure of the trick of healing (as well as concealment), and by doing does not lessen the magic of healing. For Taussig, one may substitute the word 'fraud' with the word 'simulation' or 'mimesis', as the relationship between belief and non-belief is not straightforward.

As discussed above, 'fraudulent' is taken to mean, by deception, inappropriate action for personal gain. We suggest that localized beliefs about health and illness (whether they affect a cure or alleviate suffering or do not) are deemed to be held as authentic since (as with religion) communities believe in the power of the cure rather than rely on biochemical/medical models of proof. In other words, the notions of fraudulent and authentic healing are not unrelated to the belief system in which a person or community is immersed, that is, health systems. The cure is held to be the manifest function while social solidarity of communities may be held to be the latent function of folk healing and other marginal religious beliefs and healing systems.

If we hold this to be true, we should turn our attention away from quackery in informal healing systems and look at quackery within the biomedical system. Experienced physicians, particularly general practitioners, know full well the importance of the lay perspective in terms of efficacy and successful practice. The patient-centred approach is deemed important in modern biomedical practice. Some have even resorted to what might be considered as magical practice in the medical encounter:

> Mexican miners liked and respected Dr Wilson, the company Doctor and came to him with a great variety of complaints ... 'Well', he said, Nine tenths of the [Mexican] people who came to see me for treatment are really not in need of medicine at all, but if I don't prescribe something, they feel I have no interest in them, or do not understand their case, and consequently will lose confidence in me. So I give them some non medicated tablets with directions to take one after each meal, one at bedtime, and I tell them if they don't get to feeling better in a

> few days to come back. If they return, I change the colour of them and in a few days they will get well and I get the credit. (Cited in Graham 1985: 175–6)

One might argue that this represents pragmatic medicine. Helman (2006) presents a similar case for the importance of the power of placebo or suggestion in medicine. However, the ethics and authenticity of this may be legitimately questioned and it might be argued that this is the thin edge of a dangerous wedge. The boundaries of biomedicine then appear to be problematic, sometimes resulting in harm or fatality (see, for example, the extreme cases of Dr Neary in Ireland in 2006, who performed an inordinate number of Caesarean hysterectomies without good reason, and Dr Shipman in England who murdered many of his patients). Such behaviour may be held to be fraudulent and, in these cases, criminal.

The *raison d'être* for biomedicine and its general principles (first do no harm) have been questioned by scholars, even within the profession itself. The sociologist and social critic Ivan Illich (1976), for example, classically detailed medical iatrogenesis as a consequence of modern medicine, while Szasz (1961) and others denounced the prescriptive, inhuman and forceful medicalization of people deemed to be mentally ill. More recent medical practice also raises the issue of authentic medicine further with the rise and popularity of body enhancement procedures. Yet the authority of this medical system is not seriously challenged, even if the ethics are.

Discussions and analysis of what is fraudulent also relates to the broader issue of what we find authentic and how this authenticity is established. The discussion of authenticity is a familiar one in the social sciences where the dominant model has been to utilize social constructionist conceptual frameworks to question the nature of authenticity in culture and society. In the description of 'culture' many social practices can come under scrutiny as to their authenticity, such as foods, music, styles of dress, music artefacts, and so on. What counts as authentic in many of those cases, where it involves some level of syncretism, is fraught with difficulty.

The anthropologist Richard Handler, in his analysis of authenticity, argues that authenticity is a 'cultural construct of the modern Western world' (1986: 2). He explains that in the West we seek out authentic cultural experience, but that this desire for authenticity is our modern western problem and is tied up with other notions of the individual in western society. Utilizing the theory of Lionel Trilling's *Sincerity and Authenticity* (1972), and the concept of sincerity (the absence of feigning or pretence), Handler argues that such modern notions arise in conjunction with our modernity and the rise of social mobility (and thus,

the possibility of changing social status). Prior to the modern era, in medieval society, nature and the cosmic order was God-ordained and individuals were assigned a social status that was granted by God and was therefore not in question (in other words, it did not become a social status); nor did it alter: That a king can be imagined as playing the social role of king suggests how greatly the modern outlook differs from the medieval, in which, presumably, the king simply was king, by virtue of the essential being God had granted him (Handler 1986: 3).

In earlier times, pre-modernity, gods and kings could heal with their touch. In the modern era, with the rise of individualism and the absence of ordained social status, it emerges that individuals (including kings) 'play' social roles – they 'act' and 'take a position'. The present concern for authenticity comes from the very modern problem of perceiving status (that is, healer) and role playing (playing the healer) as one and the same thing. The authentic role of the healer in the modern era is, by default, always in question and their sincerity always in question as there is no 'naturalized' healer status. Not just critics, but those who heal are aware of this and the tensions surrounding healing practice draw attention to this problem of authenticity and legitimacy, as we shall see with the ethnographic example below. The healer's desire for authenticity arises mostly from needing to not draw attention to the role playing, although there are exceptions.

In pre-modern society in Europe, if one could heal they were considered a healer (as 'naturalized status') and one ordained by God to carry out that work; they did not play the role of healer. Today, despite the legitimacy claims of those who heal, the essential problem is that the figure of healer has become a social role that one adopts and adapts according to the 'management of the self' strategy (see Goffman 1959). All forms of action are therefore under scrutiny and questioned for their authenticity and sincerity, even amongst healers themselves, as we shall see. All medical practitioners then are not healers as a natural state – they are performers and they must be convincing in their acting-out of this role (see Bolton 2011, McClean 2013). Healers, as well as doctors, and those who practice religious beliefs, must try and convince with their performance – self-belief in the performance is not a prerequisite for its effectiveness (Lévi-Strauss 1963).

Crystal and Spiritual Healers in Northern England

In the remainder of this chapter, we refer to ethnographic research to illustrate and deepen understanding of some of the issues raised so far, but also to

ground these conceptual issues. The ethnography referred to here was based on research into the lives and practices of crystal and spiritual healers in the North of England. The healers made use of a Centre (a Victorian terraced house located in the centre of a provincial town) to provide their healing activities, to learn, to socialize, and to seek out and offer information about a whole range of healing and non-healing related issues. The researcher (McClean) conducted participant observation over a two-year period and as part of this also learnt to become a healer – this was, in fact, essential to becoming accepted as part of the healing community at the Centre.

'Bone Fide' Crystal Healing

In the literature on complementary health, the issue of the trustworthiness of practitioners often focuses on professional status, licensure and accreditation to a professional body, to protect the public from unscrupulous practitioners. In the field of crystal healing and other less professionalized, certainly less organized, healing practices, the issue surrounding the scrutiny of healers is less clear-cut. On one level, all the healers who took part in the research knew how they might be perceived by others, and so questions about their activities and the training that was provided were raised frequently. Much of this issue focused on their concern about being seen as fraudulent, and the practitioner issue of being competent and proving that competency. How to be 'bone fide' crystal healers, as opposed to ones that were illegitimate, was something they were concerned with.

The head of the Centre, and the individual who led the healing courses – Teresa (pseudonym, as are names of all participants) – maintained the view that the organization of healers in the UK was authentic. This was formed in 1988 by a group of crystal healers to promote training in crystal healing and to ensure that their courses 'adhere to the minimum training standards set by the organisation', and that regulatory standards are met by the affiliated schools (that is, the healing Centres distributed across the UK). Its existence suggests that even esoteric healing activities such as crystal healing are closely regulated and standardized by a national body. More importantly, Teresa was keen to point out that these are 'bona fide' organizations, unlike the other 'quango' groups that she argued could be set up at any time. Teresa explained what happened to healers whom she taught. They were given certificates and told they could officially practice. For Teresa, this meant that the individual is insured and their details are placed on a national register organized by the main body of healing

organizations. Teresa's responsibility was to oversee the courses and to ensure that training standards were being set. In many ways, the business model here was very similar to a pyramid scheme, in that trainee healers that Teresa taught could themselves go on to set up a healing course that Teresa would oversee and vouch for. The offshoot courses, for example, had to be based on Teresa's model, and she explained how she would check up on their trainees' practice and assignments. As Teresa explains, this involved a lot of work:

> It just gets busier. I don't know how I'm going to cope with all the work. I've got tutors working for me now, one in Newcastle, one in Sedgefield, Beth in Northamptonshire, and Jane in Malvern. They're all over-subscribed on their courses. I have a little arrangement with all of my tutors. I give them a syllabus – the tutors are part of my group by appointment only, they have to be just right – I tell them how to structure the course and once they start I visit them once in the two years and assess how the course has gone. If it's all okay I'll give them a lovely little certificate. In return I ask for 5 per cent of the course fees that they receive. I like them to teach a course that is similar to the one I designed, but obviously they make it theirs, otherwise it would lose its spontaneity.

In many ways, this also tells us something about the economic incentivization of the pyramid scheme in healing. It may appear to be one of the hallmarks of problematic or fraudulent activity, but also represents some mimicry of other more professionalized health sciences. Also, Teresa clearly had an input on other courses around the UK, of which she was patron. She emphasized that linked healing centres did toe the line when it comes to the message they communicate publicly. For example, on one occasion I asked Teresa, 'Do you have any conflict with any of the healers, over difference of opinion or anything like that?' She replied, 'Well, we have a tutor who I've got to go and talk to Jane about, as she recommended her ... she is cutting corners with the course. I don't think she is doing it right, she won't do the work for the course so we are going to have to talk to her to sort it out.'

Teresa stressed the level of organization that her diploma demanded. This issue and what it signifies in terms of 'professionalism' is an important part of the Centre's legitimacy – that is, the way 'significant others' (patients, regulators, CAM therapists) perceive and comment on these regulatory activities. A good example of this foregrounding of professionalism is the way Teresa distributed certificates to newly qualified crystal healers. These were awarded on completion of the first and second year of training, and another was given once the tutor was capable of conducting their own courses. Although healing trainees

said they didn't care much for the certificate, they admitted that its presence would help legitimate (and authenticate) their practice to prospective patients. Healing practitioners, then, in order to head off accusations of fraud and to distinguish themselves from other healing organizations such as faith healing, may use training, education and accreditation to show how they have embarked on professionalizing strategies, as they seek to build upon their standing and legitimacy (legally and otherwise). We could argue that these moves show a certain convergence in the ways in which all healing and complementary health organizations have presented themselves, similar to the biomedical profession.

More crucially, in order to raise the legitimacy of their practice and to separate themselves off from other 'problematic' healing practices, the healers spoke frequently about their dislike and distrust for Reiki healing. They frequently compared themselves to other healers from different traditions, but there was particular suspicion for Reiki healers in the UK, whom they felt did not receive the necessary training – the unscrupulous and ill-trained was reserved for others and not themselves. For example, one of the younger male healers – Charlie – had laughed at the suggestion that Reiki healing was in the same league as hands-on spiritual healing:

> Reiki though, that wasn't learnt through twenty years of understanding the symbols and the methods of healing. It was taught from the masters to the students, now though, you just do three days a year for a while and they give you a certificate and you're a Reiki healer. It's ridiculous, and who knows what they are doing, they don't understand the symbols they are using in the healing, and in the initiation they are put things in their aura that are ways of controlling them [the clients] and they don't know what kinds of things they're carrying around with them.

Adele, another trainee healer at the Centre, had said that Teresa had taught them not to trust modern Reiki healing and that something fraudulent (and dangerous) was at the heart of what they did:

> You wouldn't really think it seeing the people that go along to the Reiki meetings, middle-aged women, very nice people and everything. You see, it works by them visualising symbols being thrown into your chakra points. They usually ask you to close your eyes and then they do their symbol and put it in your energy field, but what people don't realise is that it is wrong and it is actually stunting their development. It's like the Moonies, from the outside we all might think they're a

> bunch of nutters, but when you're in it you feel differently, but they all use a form of control over the people.

For Charlie, and others at the Centre, their feelings of uncertainty at the authenticity of healing practice are displaced on to 'other' less credited healing beliefs – in this case, Reiki. The healers at the Centre were aware of the discrediting of healing practices, and the ranking of CAM practices, and so were keen to further discredit practices perceived as more charlatan-like. Suspicions are aimed at the accreditation and standards of the healing, as well as what Charlie and Adele hint are the intentions of the healers to control their clients. Professionalizing strategies like the ones listed above were also there to mark themselves as different than Reiki and more in line with other more credible healing traditions.

The Problem of Financial Gain

Healers maintained an ambivalent relationship to money and payment, which is common with many folk healers who are not committed to a fee for service model present in other private CAM services (McClean and Moore 2013). Such ambivalence is also present amongst New Age healers, who know that any financial benefit from their activities leaves them open to accusations about their motives (Brown 1997). Teresa saw herself as a businesswoman and a healer, and did not see these identities as necessarily incompatible (given her interest in charging others to use her course), but there was a tension about this.

For example, Teresa suggested that the healer's role was incompatible with any desire to possess status or money. Teresa stated that healers are not highly remunerated, as the higher spiritual authorities or 'upstairs', as she referred to them, ensured that healers had just enough money to work. For Teresa and others at the Centre, healers who seek purely financial gain could be perceived as fraudulent. Adopting this rationale, to practise something that may or may not work matters less than the motivation for doing it. There is a problem here, as the desire to serve and be spiritual raises other concerns: spiritualism confers the promise of high ritual status when it is carried out satisfactorily, and such promise increases the competition for status amongst healing groups. In this respect, the issue of status amongst healers (or healer reputation) was more important than the ability to command a high fee (although some healers also sought this).

Like Charlie, Teresa had criticized other healing practices such as Reiki that she felt were being used in a potentially fraudulent way, and that much of the criticism was directed as a perception that money and financial gain was the primary motivation for the healers:

> You see you can become a Reiki master after just three weeks, where normally it would have taken someone a lifetime to develop like that. You see, over time the symbols [used in the healing] have been bastardised and so the kind of Reiki they are doing is different from that in the past, it's like a game of Chinese whispers. There are an awful lot of corporations involved in making this so, by changing little things in the healing so it is slightly different and you pay to access the other symbols, so for them it brings in an awful lot of money. They are 'raking' it in, if you like!

Healers, in their desire to personalize the healing practice (to make it more individual), may do something risky and/or fraudulent (deliberately deceptive) in order to make themselves more important, though not necessarily any more remunerated. Charlie in particular, as we shall see below, was a young healer who had a desire to do well in the healing world, but Teresa had voiced her concern openly about getting caught up with the obsession with money and status.

But there is some ambiguity over this as well. Given that most of the healers are more accurately classed as folk healers than CAM practitioners, then the issue of charging for their healing becomes fraught with difficulty and can be seen as a signifier of potentially fraudulent activity. At the Centre run by Teresa, healers were able to give free healings on a Wednesday evening, but at other times they were expected to charge a fee, and 20 per cent of this went to Teresa. She realizes this is a problem with the way healers perceive their own skills and it is a tension, as Teresa explains:

> There's the problem of fees. Some people [healers] make an awful fuss of charging for healing, but I think you have to charge a fair fee. Charlie today gave a lady a healing for which he used the 'Doctor' [Charlie's spirit doctor approach] and he charged £10 for it, but I think he is going to have to ask for more than that really. My prices are suited to the local area really; nobody has any money here. A healer in the US who advertised through the television was asking for $1000 for a psychic reading – I think he should be strung up! I'm not sure about the American healers, though.

Authentic vs Fraudulent Healing Practice

The issue of who is allowed to be seen as 'real' healer and who is not is a central issue for many healers themselves, and it is clear that this issue vexes many of them. Healers are acutely aware of charlatans and would regularly refer to 'well-known' or infamous healers who they perhaps had met before, seen demonstrations from, and they made evaluations and judgements about who and who not to trust. When healers at the Centre recalled seeing other people heal, they would be careful to refer to the character of the individual healer – whether they were trustworthy, kind, or gentle, as increased validation for their healing intentions, whether they made much money out of the 'act', and whether they thought there could be any 'tricks' going on – like the magic conjurers with which the term is attached.

Healers are also fully aware of the situation of being called frauds, and this was something that came up in conversation naturally. One evening at the healing Centre, Teresa had explained how her husband – a local farmer – had long been critical of her activities: 'Derek doesn't really believe in what he calls all this rubbish. He's a businessman ... He still calls me a charlatan and that we are robbing people, and that hurts a little bit.'

The nature of his work led to some tension with Teresa, particularly as it impacted upon their lifestyles, and on numerous occasions Ruth – her daughter – who also worked at the Centre, would mention examples of their general hostility. She explained how when they met people on holiday that her husband would insist she didn't say what she did for a living. Teresa managed to get her own back by saying that she beat him up in a past life (in their past lives, her husband was a Druid priestess and Teresa was a Viking), and this helped to explain his current hostility.

Nevertheless, an awareness of what might be considered to be fraudulent or acceptable practice had let into critiques of healers they knew. For instance, one day Teresa was discussing the work of a healer she knew who developed a crystal healing therapy called 'electro-crystal therapy', but Teresa was ambivalent about its efficacy as well as the motivations behind it. Teresa had been talking to me about the fact that computers, radios, watches and other forms of sophisticated technology utilize the quartz components, but says that although quartz had clearly been crucial to modern life, the selective combination of crystal and technology cannot be a good thing. Inserting a manufactured electric current through crystal to increase its energies did not seem right to her and this led her to question his motives and the reasoning behind it – the idea of it becoming a discredited practice amongst healers was on her agenda.

As such, healers establish some boundaries over acceptable and therefore fraudulent and authentic practice. One way authenticity can be established is through the performance of healing, and this is crucial to the credibility and authenticity of the act, as well as aiding its effectiveness (McClean 2013). Performing healing is scrutinized carefully at the Centre. For example, during the healer training sessions, Teresa had been clear about the fact she closely observed trainee healers to see that they were doing it right. She had said how many people think that when they wave a crystal about that they are doing a healing, when in fact they are doing nothing. When one of the trainee healers seemed nervous and joked about whether Teresa thought any of us were doing that, she said she would if she thought that was the case.

Charlie's healings were a case in point. Charlie started off practising fairly conventional hands-on spiritual healing at the Centre, but over time developed this into a 'spiritual surgery' approach, with the use of trance-channelling spirit doctors into his healing repertoire. In other words, using spirit doctors made Charlie's healing more performance-like and gave a sense that what he was doing was different to the others, but the issue of actually playing a role of the healer playing at channelling spirits through him, was never far from the conversation. Charlie explained how he developed the skills after visiting a trance healer in Germany and he would often compare his healing style and performance to his, knowing that credibility and authenticity of the act has much to do with the style and panache of the performance. However, Charlie had explained how when the other trance healer did the healings it seemed to look good, but when he conducts them himself it never feels as convincing. Other healers present at the time had said that being convincing (that is, putting on a good show) would grow with confidence.

Another time Charlie had given one of his spirit doctor healings that I was able to witness as a trainee healer, and while Charlie was in his trance and playing the part of the spirit doctor he had nodded to different areas of the room while saying it was busy in the room. Ruth giggled slightly at the comment and looked over at me; noticing this, Charlie qualified the statement, by saying it was 'busy in the spirit world'. Though Ruth giggled at Charlie's verbal 'slip', she does not later question Charlie on the authenticity (or lack of) in his actions. Why is this? I argue that Ruth keeps quiet as it would not be a good idea to question another healer's innovatory practice. To do so would perhaps threaten the legitimacy and cohesion of the group, and it would threaten the ideology upon which healer membership is based. This reluctance to question practice (but holding an awareness that some healers are fraudulent) is problematic, but is based on trusting the healer's motivations, and not questioning the credibility

of the acts. Charlie knows that he relies on the other healers for their approval, but is able to stretch the boundaries of acceptability.

One day I was discussing Charlie's progress with Teresa, and finding it difficult to reconcile some of these tensions in my own mind, I asked her, 'What Charlie does, I suppose that's shamanism in a way?' Teresa looked at me intently and shook her head slowly:

> No, Charlie is trying, well, what he's aiming to do is to be a spiritual surgeon. It's like the Filipino psychic surgeons, except without the physical tools and so on. With the Filipinos, they actually do the healing with all the scalpels and there's blood and something comes out of the body and it goes into a bucket, and when you look into the bucket, there's nothing there. You have to be careful though, there's a certain amount of charlatanism out there, but a lot of it is genuine.

Filipino psychic surgeons and spirit surgeons from other parts of the world are documented elsewhere (Easthope 1986, Graham 1990, Lazar 2006), and the similarities with what Charlie is trying to achieve are evident. On one level, Charlie's interest in psychic surgery brings to light some credibility issues, in that the conventional-sounding 'surgeon' appeals more than the exotic nature of shamanism. But, what is authenticity in this context? What is fraudulent? Handler's (1986) analysis of authenticity, as discussed above, is useful here, because the concern for authenticity comes from the very modern problem of perceiving status (that is, healer) and role-playing (playing the healer) as one and the same thing. Charlie is in the position of having to play the role and know that others watching know that he is playing the role of the spirit doctors, but if the intentions are good (to try to effect healing or some level of comfort for the client) then the other healers do not question it; fraudulent healers are perceived as ones with the wrong intentions.

Conclusions

As discussed above, 'fraudulent' is taken to mean, by deception, inappropriate action for personal gain. But what is fraud and or fraudulent action in folk healing is not unrelated from the local and particular context as well as the localized belief systems that support the healing system. The healers mostly demonstrated strong self-belief about the usefulness and genuineness of their healing practice (and healing more generally). This genuine self-belief, combined with some doubts about practice, such as its effectiveness, led one to believe that they are

not quacks and they are not acting fraudulently, but there is a thin line between authentic and inauthentic healing in this context.

We have showed how authentic action and healing in pre-modern times was relatively unproblematic as healer was a 'naturalized' status; the absence of social roles (that one 'played' and 'performed') enhanced the power and legitimacy of the healer in society. In our modern or what we may now call late-modern era, authenticity is always in question and healers must establish their own norms about this and how one can tell authentic from inauthentic healing practice and belief.

As an example of a minority religion and a folk-healing practice, crystal and spiritual healing has taken a marginal role as a complementary health practice and practitioners have been perceived (even amongst other complementary health practitioners) as quacks and charlatans, almost by definition. Against the backdrop of this, crystal healers are aware of the perception and their response to it has been outlined above. Healers have sought to manage this by engaging in healing practice that questions its own authenticity (such as Charlie's spirit doctor' approach), to innovate healing practice and to relate authenticity to the performance of healing, given that it is a social role that healers play (and are not 'born' into). Healers critique other healing practices (and healers) by questioning the authenticity of their claim and they pursue professionalizing agendas, in order to establish its credibility. An ambivalence to money and formalized payment (as well as to unwarranted success and status) contribute to this view that crystal healers are aware of the public perception and seek to engage in healing that may be of benefit to the whole local community, regardless of ability to pay. And so, even if the actual specific health benefits (the manifest function) are illusory, the secondary (latent) aspects of such a belief system may provide a greater benefit for the wider community and this may be impossible to measure.

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