

ORIGINAL PAPER

Medicine, rhetoric and undermining: managing credibility in homeopathic practice

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This article examines homeopathic practitioners 'real life' accounts, and illustrates the ways in which they negotiate their homeopathic practices as contingently formulated ongoing social events in research interview settings. Interview transcripts were analysed in a qualitative framework using discourse analysis. The findings show that practitioners construct homeopathy and defend their own individual practices either by 'alignment-with-medicine' or by 'boosting-the-credibility-of-homeopathy'. Homeopathy is also negotiated and sustained as an 'alternative' to notions of conventional medicine, which is the accepted yardstick for practice or as a practice that is portrayed as problematic. Overall, managing personal credibility is accomplished through specific ways of accounting that tend to marginalise homeopathy. Developing and establishing homeopathic practice further as a discipline in its own right is offered as a 'nucleus' to reduce continuing marginalisation. *Homeopathy* (2008) 97, 76–82.

Keywords: Homeopathy; Homeopathic discourse; Discourse analysis; Credibility; Marginalisation; Progress

Introduction

In terms of society the discourse of medicine is long established and powerful, suggesting that language used to describe and give meaning to health related ideas and practices reflects the dominant medical discourse.^{1,2} Homeopathy is a form of medicine founded by Hahnemann (1755–1843), it appears to have made little impact on current medical thinking. Homeopathy has neither the institutional backing, nor the theoretical persuasiveness to challenge scientific standards which would lead from marginalisation to wider acceptance.^{3,4} The status of conventional medicine has consequences for all sorts of social actions that legitimise the acceptance of particular ways of constituting social reality about medical, health practices and illness.^{2,5–8} In comparison to conventional medicine, homeopathy also contributes to a long therapeutic history: in contrast, its aims and beliefs are somewhat opposed to those of the medical mainstream.⁹

Traditionally, homeopathic studies attempt to prove aspects of clinical efficacy in an effort to make an impact in the wider medical environment.^{10,11} Moreover, accepted scientific research methodology becomes the standard against which other forms of medical research are measured. The authority of conventional medical practice as a recognised, scientifically researched, discipline leads to attempts to evaluate the efficacy of other non-traditional therapeutic interventions informs of conventional medicine. Evaluated in this way, homeopathy is found not to quite fit the accepted medical criteria. As homeopathy is not evaluated on its own terms, but it is judged on conventional medical territory, it is predictable that it will lose credibility and status as a result of the power of conventional medicine and medical discourse.

In the context of biomedical research, evidence is viewed from an overtly rational perspective as an accurate factual representation of events.^{5,6} Its findings are not usually considered as social actions constructed in interaction.

One way of approaching participants' practices is by paying attention to the meanings of actions in interactional settings, examining in particular how participants themselves make sense of their practice.¹² In this context, discursive studies have shown that attributes are not stable expressions of causal thinking but are worked-up to manage

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attributions of responsibility, namely, blame, mitigation, accountability^{12,13} or show how people are portrayed as a 'normal person doing normal things'.¹⁴⁻¹⁶ Medical studies in analogous contexts using apply discourse analysis (DA) have shown that such outcomes can be viewed as a negotiated achievement.^{7,8,13} Moreover, by drawing on a body of work representative of everyday social life, medical work and in scientific contexts, medical rationale is viewed as discursively constructed.^{1,6,8}

DA is an appropriate analytical frame for approaching aspects of homeopathic practice; by applying a discursive perspective, common assumptions and strategies taking place in social interaction are re-read. DA reveals multiple interpretations of the phenomenon by the very people who practice, advocate and use such a contested treatment. DA seeks an in-depth focus on the participants' accounting activities. In contrast to traditional approaches, participants' views provided in interviews are treated as a neutral, representative pathway to an underlying reality. In other words 'constructing a description as independent of the agent doing the production', is defined as 'out-there-ness'.¹⁷ DA can explain how participants' descriptions function within the particular contexts in which they are provided and with specific effects.^{12-14,18-20} I examine the key area of the interview, a social interaction where homeopathic practice is not received passively, but negotiated, resisted, rendered meaningful, and is interpreted into the participants' practices. The focus of this study is with the ways in which homeopathy is talked about in the interview setting.²¹

The aim of this paper is to examine the actions accomplished and explain how homeopathic practice comes to be marginalised from mainstream acceptance by detailed analysis of practitioner's account of their practice.

Materials and methods

The study was conducted in the UK. Ethical approval was granted by a Multi Centre Research Ethics Committee prior to commencement of data collection. Practitioners were selected on the basis that they practice homeopathy and were affiliated with a recognised professional organisation. Ten medically trained and 10 non-medically trained practitioners participated. The data presented here are selected from tape recorded semi-structured interviews varying from 60-90 min with male (7) and female (13) practitioners. The extracts presented below pertain to the broader patterns, strategies from the main body of data, offering an insight into the variety of discursive features and resources available to the participants. All interviews were transcribed verbatim using an abbreviated version of the Gail Jeffersonian style.²² Pseudonyms are used for all participants in an abbreviated format and CC as the researcher. Of the four interviewees, only NS is a non-medically trained practitioner.

Analytical procedure

In this study a discursive social constructionist perspective is deployed by applying DA.²³⁻²⁵ Social construction is a term used to view the self, objects and experiences as being accomplished in interaction, through participants'

orientations in talk and over discourses rather than clearly defined pre-existing factual frames of reference.^{17,23,24} Here, the style of DA is informed by an ethnomethodology/conversation analysis framework²⁶⁻²⁹ with a critical discourse analytical perspective.^{19,30,31} This form of DA merges a range of influences drawing from the 'bottom up' approach where attention focuses on the features of sequential action orientation of talk *in situ* and the performative qualities of situated social practice sometimes referred to as talk-in-interaction²⁹ synthesised with a 'top down' perspective which focuses on power and wider ideological practices.³⁰⁻³² This analytical framework is generally referred to as perspectives in discursive psychology.^{12,19,30,31,33} Hence, I focus on practitioners' talk and the wider cultural, socio-political and historical influences of discourses *per se*.^{19,34}

As a method of analysis I incorporate a critical stance,^{19,30,31} and draw upon the Discursive Action Model (DAM)^{12,33} One of the central characteristics of this method is its focus on action, rather than cognition examining formulations and the inferences people make available in talk. I examined specific features of the data asking: 'why this utterance here?', 'what is this participant doing?' and 'with what effects?'. A second feature of the DAM is 'fact and interest': how people manage the dilemma of stake and interest in their own accounts and talk up their experiences as factual by deploying rhetorical devices, such as lists,³⁵ extreme-case formulations,³⁶: 'at first I thought ... (mundane X), but then I realised...' (extraordinary Y).^{16,37} The final feature in the DAM is how people attend to the notion of personal accountability as a discursive practice. People attend to personal accountability within the reported event. That is, whether the report of the event was based on a testimony of a reliable witness, or presented as a mundane discussion of some potentially controversial matter. Therefore, accounts can be examined to see how people accomplish the action of defence of their practice. If the account is motivated by self-interest then the veracity of the account will be undermined.

Findings

Practitioners, in interaction with the researcher, offer two rather different broad strategies as: alignment-with-medicine and boosting-the-credibility-of-homeopathy, both of which tend to marginalise homeopathy from mainstream acceptance.

'Alignment-with-medicine'

In the first two extracts the practitioners account for and defend their practices by aligning with medicine, seen in the following extracts:

Extract 1

CC: so what is a homeopath?

D: what is a homeopath (.) well I'm not a homeopath

CC: no

D: I'm a homeopathic doctor

CC: yes (.) okay

D: and a complementary medicine therapist practitioner
(.) a homeopath in the usual accepted (.) term is layperson who's using homeopathy not a medically qualified

Extract 2

CC: so (.) what qualities are needed to become a homeopath?

HP: I would make a distinction between homeopathic doctor and a

CC: okay

HP: homeopathic practitioner because anybody can study homeopathy and prescribe it and therefore be named a homeopath it is not a restrictive

CC: yes

HP: label but if you mean (.) the qualities to become a good one then (laugh)

CC: (laugh)

HP: (laugh) I think you require considerable professional knowledge of medicine psychology psychiatry

Practitioners D & HP accomplish similar, contingently formulated interactional business, illustrated through a contrast (medicine/homeopathy) formulation. This strategy portrays a fragmentation of practice, identifying a demarcation between the medically oriented practitioner and the homeopath, whom are positioned very differently in this interaction. The implication is to facilitate the impression that the information provided is an accurate and factual portrayal of the 'alternative' counter practitioner. In so doing the practitioners D & HP align with notions of medicine as the taken-for-granted position against which to measure everyday practice.

Second, in Extract 1 D's account is a negotiated achievement with the researcher; it constitutes the 'homeopath' in an alternative frame when contrasted to the 'homeopathic doctor'. D spontaneously highlights the significant features attributed to both a 'homeopath' and 'homeopathic doctor'. The features that D makes available could be heard as an accurate portrayal that a 'homeopath' is a 'layperson who's using homeopathy' in a contrast to a 'medically qualified' homeopathic doctor. This discursive formulation is designed to rhetorically manage specific sensitive issues. D goes on to reinforce this inference by spontaneously invoking the 'layperson' which on this occasion is constituted as a potentially negative attribute. By contrasting a 'homeopath' with a 'homeopathic doctor' D implicitly infers that the 'homeopath' is on the fringes of conventional medicine and medical practices. This implies a potentially un-equal status characterised in relational terms by the way that D aligns favourably with the category of 'homeopathic doctor'.³⁷

Third, a further example presented in a similar fashion to D's strategy, is observed throughout HP's account which spontaneously and immediately invokes a distinction between a 'homeopathic doctor' and a 'homeopathic practitioner'. In so doing HP talks up the qualities of a good practitioner in relation to acquiring adequate professional knowledge of medicine, psychology and psychiatry. To substantiate and portray her claims as significant to the interaction she contrasts the 'homeopathic doctor' and 'homeopathic practitioner'. In this instance 'anybody' can

be heard as an extreme-case formulation suggesting that the study of homeopathy is widely available. 'Anybody' is proposed as evidence of the excessiveness of unspecified others who can study and prescribe homeopathy and thus be known as a 'homeopath'. HP follows this by qualifying her claim, 'it's not a restrictive label'. On this basis 'anybody' is an extreme-case formulation.³⁶

By contrasting a homeopathic doctor and homeopathic practitioner in a medical/non-medical evaluative frame HP is establishing and legitimising the homeopathic doctor as the 'hegemonic principal', the taken-for-granted yardstick. In making this differentiation HP implicitly aligns her practice with conventional medicine. By invoking 'medicine, psychology, and psychiatry' HP constructs a three-part list rhetorical device. Three-partedness is a normative principle underlying people's actions and a generic organisational feature of talk. Generally, lists have three parts and are completed by the provision of the third item which maybe 'et cetera' or a suitable third element.^{17,35} On this occasion HP's three-part list adds rhetorical strength to her claims and at the same time emphasises the diversity of the knowledge base to emphasise the broad range of mundanely accepted professional knowledge considered representative of a 'homeopathic doctor'.

As a consequence in both extracts interview talk observed through question/response interactive sequences homeopathic practice is demarcated and marginalised from mainstream acceptance if the claims are considered a broader social perspective.^{19,30,31,41}

'Boosting-the-credibility-of-homeopathy'

'Practitioners' accounts worked in a somewhat different way to marginalise homeopathic practice. This is observed by boosting-the-credibility-of-homeopathy by undermining potential criticisms and describing homeopathy as problematic, as is apparent in the following extracts^{38,39,40}:

Extract 3

CC: could you tell me some thing about yourself?

NS: ...I'll tell you how I came to homeopathy (.) I've always been interested in alternative things ways of living (.) but not really looked into (.) alternative medicine very much but when my son was (.) one year old which is 20 years ago now (.) he had constant ear infections one winter and after getting normal treatment antibiotics about three (.) we just thought it's not good enough I went to some classes in homeopathy found (.) with some help from the person who was giving the classes (.) the homeopath I found a remedy that would stop ear infections instantly

Extract 4

CC: could you describe some of your reasons for getting interested in homeopathy?

DH: (.) well I wasn't interested in homeopathy when I started in the ((name of establishment))

CC: so why

DH: I was interested in a easy job that would allow me to finish (.) finish a degree course that I was doing outside

medicine and (...) so I went to the (name of establishment) for all the wrong reasons and I wasn't entirely convinced about the value of homeopathy on the onset of that job either (...) what gradually I became aware of was (...) a change in the ethos a change in the approach (...) a change in the fact that the emphasis the different people put on the person rather than all the various diagnostic labels

Extract 3 was from at the very beginning of the research interview with the practitioner. Initially and in explicit terms NS portrays homeopathy as an alternative treatment option to 'normal treatment antibiotics' portrayed as the accepted yardstick for practice. Rather than interpreting such a sequence as merely the passing on of neutral accurate and factual information, NS's semi-biographical account sets the parameters for what is to be made discursively relevant. By adopting this before/after type of structure NS manages the intricacies of describing a personal 'trouble-tellings' experience while attending to the notion that any neutral competent observer would witness the *usualness* of the phenomena, in a similar situation and in a similar way, if in similar circumstances. Through a number of complex actions NS attends to and accomplishes undermining medicine as a way of talking up the potential therapeutic benefits of homeopathy.

As a way of building up his argument NS claims 'I've always been interested in alternative things ways of living...' which can be heard as an extreme-case formulation. The extremeness of 'always' adds weight to the authenticity of someone who has integrity to discuss 'alternative' topics. Second, this is followed with NS's utterance, 'but not really looked into alternative medicine very much', which can be heard as a way of inoculating against a possible counter-challenge on the grounds of self-interest, which is a way of managing a potential trouble in relation to personal accountability. The question of stake is a key area of focus during every interaction; people treat each other as having vested interest, desires, motivations, and allegiances -- as having a stake in some position or other. If the speaker wants his/her version of events to be heard as the plain truth, then this has the potential to become problematic. People have different ways of managing stake, i.e. managing against inoculation. If one works up a description from an event in the past or from an accusation that insinuates blame to a particular person or a group, then there is the possibility of having ones' statement discounted on the grounds of 'stake and interest'. One may claim to have been sceptical (see Extract 4) and later to have been converted because of empirical evidence.

However, throughout accounts self-interest can be seen as a motivating factor and is treated so by the listener. Arguably, in all interaction the speaker will find ways to manage, stake and interest.¹⁷ On this occasion the stake, inoculation, works to counter the possible suggestion that NS had displayed a prior vested interest in promoting homeopathy to counter any potential challenges ('but not really looked into alternative medicine very much'). Third, in designing his account NS draws upon the mundane circumstances of constant ear infections that were not cured

by 'normal antibiotics' set in a contrasting before/after feature. NS downgrades medicine 'we just thought it's not good enough' contrasted against bolstering homeopathy as a credible treatment option, 'I found a remedy that would stop ear infections instantly' which is an explicit reference to homeopathy having intrinsic and potentially positive therapeutic benefits.

Now consider Extract 4, here DH's account is constructed in a before/after formulation. DH displays a specific way of accounting, again intended to work-up the ordinariness of the event. This is achieved by depicting homeopathic practice within an everyday setting, resulting in a potentially exceptional outcome -- by deploying the 'at first I thought... (mundane) 'X'... then I realised' (extraordinary) 'Y' normalising device for 'extraordinary' events.^{16,37} This way DH attends to the dilemma of stake and interest in his account. At the outset he claims 'I wasn't interested in homeopathy...' followed by a range of features to support this notion. Next he claims 'so I went to the (name of establishment) for all the wrong reasons and I wasn't entirely convinced about the value of homeopathy on the onset of that job either' (mundane 'X'). Here, the rhetorical function of DH's account highlights prevailing scepticism. DH goes on to invoke humanistic qualities he states 'what I gradually became aware of was a change'; indicating that this is an occasion to talk up and promote an initial perceptual change in relation to homeopathic practices. DH attributes these traits to an apparent empirical experience in the capacity of a reliable witness (extraordinary 'Y'). In producing the description 'rather than all the various diagnostic labels' DH is explicit in contrasting notions of conventional medical with homeopathic practices inferring that the 'various diagnostic labels' are attributed to the notion of disease in opposition to the humanistic approach as with homeopathy. With this formulation DH talks up the persuasiveness of his overall argument as objective experience, not solely contingent on his own individual agency adding facticity and authenticity to the claims being made. DH's deployment of the 'X' then 'Y' device is the discursive work done to manage his personal accountability, stake and interest.

In presenting their claims in this way NS & DH boost the credibility of homeopathy by providing empirical evidence with a before/after formulation. They are not people who are promoting contentious information, rather just reasonable neutral competent observers, merely passing on the usualness of facts as they are.^{12,15} In other words they are 'doing being ordinary' as a way of building personal credibility as a reliable speaker.¹⁵ The potential downside is that by describing homeopathy in this fashion the inferences work to suggest that homeopathy is a 'last-resort' type of practice, yet again positioned on the fringes.⁴¹

Extract 5

CC: is there anything else you'd like to tell me about homeopathy?

HP: ...the other thing is there is considerable hostility to homeopathy by people who either don't understand it (...) or are hostile because they badly need to fit it into

a structure and they haven't got that structure they (.) say it's not scientific well it's just as scientific as other sorts of medicine there is nothing not scientific about it

HP in a spontaneous response to an open-ended question regarding homeopathy, opts to refer to the 'hostility' directed towards homeopathy. The rhetorical design of her response suggests that homeopathic practice is situated in problematic and difficult circumstances. At the same time by reporting what other people have said reinforces the objectivity of inferences being made.^{16,17} As evidence of unreasonable criticisms HP makes relevant 'by people who either don't understand it (.) or are hostile because they badly need to fit it into a structure and they haven't got that structure'.

What we see next is an explicit way of resisting and undermining the potential criticisms of homeopathy. As a way of talking up a defence of her practice she states 'well it's just as scientific as other sorts of medicine there is nothing not scientific about it' providing anecdotal evidence of a genuine scientific basis to homeopathic practice. HP attempts to boost the credibility of homeopathy by defending homeopathic practice in a medical/homeopathy dyad. Yet in building an argument in this way works to portray medicine/medical discourse as the accepted yardstick for practice suggesting homeopathy is only valid when judged on conventional medical criteria. In the above extracts (3-5), attending to individual credibility is accomplished in ways that tend to marginalise homeopathic practice as a credible treatment option.^{19,30,31,41}

Discussion

The findings of this research come from a qualitative study involving 20 one-to-one interviews with homeopathic practitioners. They illustrate how homeopathic practice is constructed as a contingent social practice by people who have experienced and advocate treatment approach. Notably, the effects of practitioners' accounts of homeopathic practice in 'real life' situations tend to distance homeopathy as a discipline in its own right; and thus continually marginalise it from mainstream acceptance.

Common assumptions in positivist research treat findings as quantifiable measurements which are accessed to represent underlying mechanisms and are representative of broader generalised patterns.^{10,11} In this study practitioners have built inter-subjective sense making through 'real life' interview setting.^{19,21} By applying DA as an analytical lens, it becomes apparent that there is no standard against which to measure contingently formulated social practices. Rather than being considered as fixed views the action (*in situ*) features of the multiple ways of accounting become the focus of enquiry. The 'real life' accounts produced in the context of one-to-one interviews have been considered as performative, social actions and as a topic of investigation in their own right. Alignment-with-medicine and 'boosting-the-credibility-of-homeopathy' are used by practitioners as ways of managing their own individual credibility.

In line with previous discursive studies the findings suggest that specific social actions such as, blame, mitigation,

accountability and so forth.^{12,14,33} Here practitioners' ways of talking about homeopathic practice are grounded in defence of their practice located historically and make particular notions of conventional medicine relevant for consideration.

None of the notions identified above are fixed entities, rather they are constituted in situated interview settings. The downside is, however, to position homeopathic practice as an alternative to wider notions of conventional medicine or a practice that is problematic resulting in a 'last-resort' type of practice.

The delicate discursive management these two strategies serve to show the practitioners as attentive when considering the effects of their ways of accounting for homeopathic practice in their response to the questions asked during the interview. All the practitioners portray variation in their own individual versions. In their responses to being asked about their homeopathic practices conventional medicine goes largely uncontested as the practitioners reassess, establish and negotiate their accounts in relation to conventional medicine within the analytical scheme.¹⁹

In the first strategy: alignment-with-medicine practitioner, participants D & HP defend homeopathic practice by aligning their practice with medicine and at the same time talk up homeopathy as an alternative. They rely on the introduction of particular descriptions or sets of descriptions representative of what is potentially a culturally available resource to constitute the homeopath/homeopathic doctor. Their interview talk and rhetorical formulations maximised the persuasive power of their descriptions. Significantly the use of such descriptions, participant D, 'I'm a homeopathic doctor' and HP 'I would make a distinction between homeopathic doctor and a homeopathic practitioner', are spontaneously invoked and not put to them in the preceding question from the researcher. This links to the broader social context of what is inferred by the references made to conventional medicine. This framework is used to defend, justify and legitimise conventional medicine as the taken-for-granted accepted yardstick for practice in interactional settings when accounting for their homeopathic practice.^{19,30,31}

Similarly, in the second strategy 'boosting-the-credibility-of-homeopathy', homeopathic practice is talked up as an alternative, something problematic and out of the ordinary. The practitioners work-up their descriptions by deploying before/after 'troubles-telling' sequences or by undermining potential criticisms; again combining with various rhetorical devices.^{38,40} In extracts 3 & 4 homeopathic practice is presented as a 'last-resort' suggesting that credibility is an ongoing issue. Participants DH & NS, attend to the credibility of their own practices by portraying themselves as ordinary people just explaining the 'ordinariness' of facts as they are.^{14,15} HP defends potential criticisms in an apparent cultural scepticism about the validity of homeopathic practice. For all these practitioners (DH, NS & HP), individual credibility is accomplished only through specific constructions of homeopathy that orient homeopathy as a sensitive practice. This again marginalises homeopathic practice from mainstream acceptance

by contrasting it to notions of conventional medicine and medical discourse.

I draw on the Foucauldian notion of marginalisation – the ‘scientific’ institution as a metaphor – to constitute the ‘what is?’ and ‘what is not?’, wider scepticism about the validity of homeopathic practice.^{33,41} Marginalisation is present when a dominant majority is at the centre of the legitimisation of the institution (conventional medical practice²) with diverse marginalised practices represented at the periphery (homeopathic practice as an ‘alternative’ type of practice). The boundaries of the institution are defined by ‘acceptable practices’ which are negotiated, resisted and made relevant by the members’ methods for sense making. The notion of what is an acceptable, taken-for-granted or ‘normative practice’ is socially constructed and constituted over multiple discourses. In other words, through their talk participants rely on culturally shared meanings and expectations when (re-)producing intelligible accounting practices and actions. In so doing, the effect of marginalisation varies between interactional contexts and settings. The findings show the development that configurations and continuity of medical discourse (truth claims/scientific knowledge/metanarrative) is a cultural, socio-politically and historically informed production and not solely a socially neutral phenomenon.^{19,30,31,41}

These findings can nonetheless be used to inform homeopathic practice by highlighting the ways practitioners talk about homeopathy. The range of forms and ways of accounting identified here are not exhaustive and the practitioners explicitly provided variations in their versions.¹⁹ Practitioners were observed to consistently evaluate homeopathic practice in contrast with conventional medicine. In so doing, they continually position homeopathy as alternative to conventional medicine, reproducing and sustaining these notions in their own individual and spontaneously invoked terms. The wider implications indicate that homeopathic continues to be demarcated, marginalised and positioned on the fringes of the medical environment basis and thus homeopathic practice is continually void of a persuasive political voice as noted by Degele.^{3,4} By examining homeopathic practice on its own terms, DA offers possibilities to re-constitute notions of homeopathic practice. But DA does not provide answers or factual claims, rather, it offers ways of understanding how to evaluate and build positively upon the ‘real life’ contexts.

Conclusion

In this study the environment of the research interview was used as a site of social enquiry to reassess and re-negotiate the taken-for-granted discursive parameters. I argue that one novel way of achieving progress is by developing homeopathic practice further as a discipline in its own right, until this is addressed the credibility/status homeopathic practice receives in professional, lay and media contexts will continue characterised by apparent underachievement – located in a culture-of-scepticism. On an optimistic note, these horizons show how possibilities can

be created to reduce the effect of continuing marginalisation from mainstream acceptance.

Participants list

| Practitioners | | |
|---------------|--------|-----|
| D | Female | 60s |
| HP | Female | 50s |
| NS | Male | 50s |
| DH | Male | 50s |
| Researcher | | |
| CC | Male | 30s |

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