

**HOMEOPATHY, WESTERN MEDICINE AND THE DISCOURSE OF EVIDENCE:
NEGOTIATING LEGITIMACY IN A PUBLIC ONLINE FORUM**

Will Gibson, University College London, Institute of Education

20, Bedford Way, London, WC1H 0AL

w.gibson@ucl.ac.uk

Abstract

This paper reports on the analysis of an online forum on the UK's National Health Service website where participants debated the provision of homeopathy as publicly funded medical treatment. Using membership categorisation analysis, this paper looks at how members negotiated a category distinction between homeopathy and 'orthodox Western medicine', focussing on the discursive resources that the participants drew on to position each other and the website itself in moral terms. This analysis contributes to our understanding of the institutionalisation of complementary and alternative medicine by demonstrating the strong polarisation of views that are present in the public domain, and the ways that public institutions become held accountable to ideologies of evidence and choice. In this way, the study adds to our growing knowledge about public engagement in pluralistic healthcare systems, showing further the limitations of the 'rational choice' assumptions that underlie pluralism.

Keywords

Homeopathy, pluralistic healthcare, evidence based medicine, membership categorisation analysis, online communities

Introduction

By some measures homeopathy is now one of the most popular forms of complementary and alternative medicine (CAM), with particularly high usage in northern Europe (Ernst, 2016; Fischer et al., 2014; Hart, 2018; Ong et al., 2005) where it is delivered as part of the national healthcare systems in countries including the UK (Turner, 2017), Denmark and France (Frank, 2002). However, as a paradigm, homeopathy is essentially 'heretical' (Jones, 2004) as it breaches central tenets of the orthodox Western model (Turner, 2017). In particular, it uses highly diluted treatments that are said (by Western medicine) to contain no molecular content other than water (Cucherat et al., 2000); it tailors treatments to individuals rather than using a generalised evidence base of effectiveness to make prescription decisions; and it often uses one treatment to cure multiple ailments, rather than using combinations of treatments. Some clinical trials and systematic reviews have revealed no clear evidence that homeopathy produces change beyond the effects of placebo (Cucherat et al., 2000; Shang et al., 2005; Vallance, 1998). However, other reviews suggest that there is no clear evidence either for or against homeopathy's effectiveness (Mathie, 2015), and yet others assert a positive effect for homeopathy beyond placebo (Waisse, 2017). In the light of the lack of a

decisive evidence base, there has been heavy criticism of homeopathy's inclusion in state care regimes (Hansen and Kappel, 2010).

In this context, important questions arise around people's understand of homeopathy and how they make sense of it in relation to other forms of treatment (Broom et al., 2013). A core discourse that is used to talk about pluralistic healthcare systems is that of rational 'consumer' choice, where it is assumed that patients act systematically in making decisions about their healthcare. This idea has been heavily questioned, with clear evidence that people's experiences and orientations to 'complementary' medicine are far more complex than such rationalistic models imply (Broom et al., 2013; Kirby et al., 2015). People use diverse knowledge sources, including non-scientific knowledge to build their understanding of healthcare (Willis et al., 2016). Where knowledge is 'clinically based' it is often encountered within complex socio-political institutions of healthcare, where the institutional processes such as systems of clinical governance and clinical decision-making impact on people's understanding and engagement with clinical knowledge (Collyer et al., 2015). Further, the stances that people adopt in interactions with knowledge providers such as doctors and nurses are extremely diverse, and involve epistemic processes other 'rational choice' (Lupton, 1997).

In this paper my interest is in contributing to debates about public experiences and understanding of CAM by exploring how participants in an online forum discursively positioned homeopathy and orthodox medicine in relation to each other. Through the analysis I will show that the notion of rational choice has no

relationship to the complex ways that evidence was used as a discursive tool in this forum. In particular, I will show that the concept of evidence was used in polarised and restricted ways, and that it was employed as much more than simply a tool to inform decision making, and became a resource to make ideological claims about what healthcare systems should look like.

I should emphasise from the outset that this paper does not aim to take sides in the debate about the public funding of homeopathy, or to support or undermine any of homeopathy's empirical claims to effectiveness. Rather, the intention is to analyse the formation/negotiation of discourses about evidence in healthcare provision and how the notion of 'evidence' is used within them.

Discourses of efficacy and evidence in homeopathy and Orthodox medicine

For the last twenty-odd years healthcare provision has been dominated by the discourse of evidence based medicine (EBM). The EBM movement is characterised by a commitment to using experimental studies and systematic reviews to create generalised statements of evidence for the effectiveness or otherwise of medicine and treatment. There is a divergence in the homeopathic community between those who regard EBM as anathema to their emphasis on holistic healing (Borlescu, 2011; Gonzalez Korzeniewski et al., 2006), and those who see it as a legitimate form of evidence (Degele, 2005). As has happened in other forms of alternative medicines (Saks, 2003), some homeopaths have orientated to the orthodoxies of clinical effectiveness in making justification for their practices as

scientifically valid (Barcan, 2011). In this way, there is a kind of 'rationalising' and 'professionalising' of homeopathic practices (Salkeld, 2005; Welsh et al., 2004) in relation to biomedical 'hegemony' (Lambert, 2006). The rationalisation of alternative medicine into a form that is 'more or less' compatible with orthodox Western medicine has been shown to be a key aspect of CAMs' integration into traditional medical practice (e.g. Villanueva-Russell's 2005). Similarly, some homeopaths have attempted to produce explanations of how homeopathy might work in terms of medical science (Degele, 2005), referring, for instance, to quantum theory as a means of describing the ways that water may 'remember' the properties of ingredients (Borlescu, 2011). Degele (2005) describes such strategies as forms of 'legitimizing practices' that situate the community within the prevailing medical discourses. Here I will use the term 'assimilation practices' as it makes clearer the form that the legitimising takes (i.e. it assimilates itself into Western medical knowledge frameworks).

These assimilation practices contrast with the 'differentiating practices' found in more traditional homeopaths, who see EBM as contradictory to homeopathy. Homeopathic diagnosis is said to work as a complex interactional process between homeopath and patient, which is not replicable in randomised controlled trials (RCTs) precisely because the latter attempts to isolate the impact of the doctor from the effect of the drug. As Barcan (2011) notes, any therapy that is interested in bespoke treatments tailored to individual patients cannot legitimately use standardised testing as a measure of effectiveness. In these homeopathic approaches, there is also sometimes an adherence to spiritualist explanations to

account for why homeopathic treatment might work, with the idea of 'life force' being one particularly prominent idea (Frank, 2002; Borlescu, 2011).

It is important to emphasise that homeopathy's ideological resistance to EBM is paralleled in some ways in the medical community itself, who have emphasised the limitations of a generalised evidence base (Kirmayer, 2012), the idea that EBM devalues professional judgement (Friedson, 1988; Goldenberg, 2006), and the importance of patients' life narratives over generalised evidence (Frankford, 1994; Greenhalgh, 2006). As such, in spite of its discursive dominance in policy circles, EBM remains an area of substantial debate in medical practice.

The forum that I analyse here can be understood as occurring in the context of these debates, and my analysis will, in part, be concerned with understanding the relationship between these different areas of discourse practice and the positioning strategies of the participants in the forum. More generally though, my interest is in understanding how participants characterise homeopathy as a practice and the role of evidence in this process.

A methodological framework for the analysis of discourse

The analysis aims to contribute to discourse studies of communicative practice in online health forums (Donelle and Hoffman-Goetz, 2008). Here, I draw on Jones' definition of discourse analysis as 'the way people build and manage their social worlds using various semiotic systems' (Jones et al. 2015: 4). The particular

analytic approach employed here draws on interactionist approaches to the study of discourse (Giles et al., 2014), which treat discourse not as an abstract system of meaning but as *practices* of meaning-making that are manifest in communication. Discourse methods have been used to look at numerous health-related topics in online forums, including the management of topics in diabetes forums (Armstrong et al., 2012); managing information about health in Canadian aboriginal communities (Donelle and Hoffman-Goetz, 2008); evaluating the accuracy of online recommendations by peers in online diabetes forums (Hoffman-Goetz et al., 2009); and assessing the negotiation of 'membership' in an online forum on anorexia (Stommel and Koole, 2010). Studies such as these have revealed the complex ways that online communities operate as systems of knowledge, highlighting in particular the importance of membership negotiation and its relationship to knowledge claims.

My analysis draws on membership categorisation analysis (MCA) (Sacks, 1992), which looks at how categories are used by people in their interactions with one another. Categories are described by Housley and Fitzgerald (2009: 246) as:

...recognizable resources for members in their attempts to constitute opinion, make evaluations, promote specific world views, assess practices and thereby constitute local configurations of moral organization and sense.

The 'moral organisation' of categories is a core component of their interactional work, and refers to the idea that categories can be used to explicitly or implicitly produce a moral position – e.g. to make a claim about what some state of

affairs/set of people/kind of activity is or *should* be (Jayyusi, 2014). MCA examines the types of categories that people use, the types of cultural associations that they relate to and, ultimately, the ways that people use them to assert positions, make aesthetic judgements and so on.

To give an example of this form of analysis in an online context, Hall and Gough (2011) looked at how the category 'metrosexual' was invoked and related to other 'category predicates' of associated activity (like 'personal grooming' and 'an interest in fashion') in the online comments section of a men's health magazine. The analysis explored how the category work was situated in the broader categories of sexuality used in society, showing that the categories of masculinity were both being challenged and re-produced within the metrosexual identity.

It is beyond the remit of this paper to outline in detail the methodological character of MCA, which has been described in detail elsewhere (see for example Jayyusi (2014)). In the following analysis, I am concerned particularly with understanding how the category of homeopathy was described as a form of practice in relation to orthodox medicine, and the way that evidence was invoked as a 'category predicate' or relational category to characterise that relationship.

Methods

This study analysed the comments thread on a page from the UK's National Health Service website (National Health Service, 2015); the comments have been

removed from the website since this analysis was conducted so that it now only includes information and no public discussion. The webpage provides information about what homeopathy is, its evidence base, and its central principles, and previously contained a comments thread for registered users to leave comments on its content. The website has been subject to substantial controversy following reports from UK national newspaper *The Guardian* (Boseley, 2013) that the Department of Health had produced a more homeopathy friendly version of the site after lobbying by the Prince Charles' Charity the 'Foundation of Integrated Medicine'. *The Guardian* presented the story with the implicit idea that the Department of Health was giving unscientific and biased information to the public. The site itself was actually changed in November 2012, prior to the *Guardian's* report. It is important to emphasise that the discussion board was managed by a private marketing company and that the posts may have been moderated by this company and as such, some posts might well have been blocked, deleted or altered. As such, this is not an entirely 'naturally occurring' discourse space, but one that is managed and, potentially at least, modified.

The comments thread consisted of 125 posts in total at the point of data collection. The first contribution to the forum was made in May 2009 and the last one in my data set was given on 14 August 2014. When the forum was last visited in May 2016, there were an extra 17 posts, which were not included in the analysis. The comments in the data set were given by 85 different participants, most of whom (63) posted only one message, with only 16 people posting more than once (see Table 1 for an outline of the frequencies of contributions). The comments were not generally 'conversational' as participants did not engage in back and forth

dialogue; however, contributors frequently did address their comments to existing posts. When participants posted more than once, this was usually either to qualify or expand on an adjacent or proximally close posting, and only occasionally to continue a conversational or 'dialogue'. Only one user maintained a sustained presence and posted regularly (between February 2013 and May 2014) and had the highest number of posts (16 in total).

Table 1. Number of posts by individual contributors

| | |
|--|-----------|
| Number of contributors posting only once | 63 |
| Number of contributors posting only twice | 16 |
| Number of contributors posting only 3 times | 4 |
| Number of contributors posting 4 times or more | 2 |
| Total number of contributors | 85 |

The data was analysed initially using NVivo to organise the data into descriptive categories. A coding framework was developed in order to categorise the postings in terms of their discursive functions. Two broad code categories were made (legitimising discourse and delegitimising discourse), under which numerous sub-codes were created (see Table 2 for a schematic overview of some of the more common codes). Following this, a closer micro-analysis was conducted involving the focussed exploration of a sub-set of the data in order to understand the category work undertaken by the contributors. In my discussion of the data I will make reference to the number of the post when referencing data, which is its chronological position in the thread. Due to restrictions of space I will only present

selective quotations for detailed discussions, and I will use the abbreviations H and OM instead of the terms homeopathy and orthodox medicine.

Table 2: Overview of the more common codes used in the study

| Legitimising Discourse | | | Delegitimising Discourse | | |
|---|--|------------------|--|--|------------------|
| Code name | Description | Frequency | Code Name | Description | Frequency |
| Experience of homeopathy changing one's views | Examples of how using homeopathy led to a view that H could be effective | 13 | Critique of homeopathic evidence claims | Criticising the types of evidence that H uses to claim its effectiveness or legitimacy | 22 |
| Critique of allopathic medicine | Criticism of the ideological position in orthodox medicine | 10 | Scientific explanations of homeopathy | Providing a scientific explanation of why H cannot work | 18 |
| Problems of explanation by RCTs | Discussion of the limited explanatory power of RCTs | 10 | Need for political control of homeopathy | Requirement for governments or institutions to prevent H from being practiced | 10 |
| Importance of consumer choice | Arguments around the role of choice in public healthcare and the importance of H within that range of choice | 10 | Criticising the right to choose Homeopathy | Arguing against the idea that there is a moral right to choose H as a treatment regime | 10 |

Analysis

Othering in homeopathy and allopathic medicine

A core feature of the postings analysed here was that there was a strong polarisation between those who supported and those who critiqued homeopathy. The majority of the contributors (79 posts in total) fell into the latter category, with less than half that number (36 posts) supporting homeopathy. A small number of posts were ambiguous in their orientation (11 posts). The remainder of this section aims to analyse in detail the discursive practices through which such positioning occurred.

Both legitimising and delegitimising discourse involved a strong process of 'othering' – that is, of characterising the other as being in opposition to themselves and, more specifically, as being irrational in their views. In the case of delegitimising strategies, this involved aspects such as categorising homeopathy an irrational form of belief system equivalent to practices such as witchcraft and primitive or pre-enlightenment belief systems. Within this we can see a dual process of enforcing an exclusive category distinction between H and OM, and of creating H as a 'stigmatised category' (Goffman, 1968). Post 51 provides an example:

belief in homeopathy may as well be belief in magic - it is unscientific, mystical garbage based on a ludicrous, impossible foundation. (51)

In this Post, through the phrase 'may as well', which is commonly used to make negative associations between one phenomena/action and another, the orientation to H is made equivalent to an orientation to magic. As a joint category, H/Magic are then described through two sets of paired adjectives, the first of which ('unscientific/mystical') categorises H/Magic while the second ('ludicrous, impossible') describes their 'foundation'. Further, the post makes a juxtaposition between 'belief' and evidence (implicated in the category 'foundation'), which further distinguishes H and its implied other of OM.

For homeopaths, the 'othering' strategies involved characterising OM as, for example, closed minded, doctrinal and based on vested interests (see post 101).

The scientific community seems to have taken a similar role to the early church in ridiculing/persecuting anyone who does not adhere/believe in their theories. (Post 101)

Post 101 creates a category link between the scientific community and 'the early church', which it portrayed as a stigmatised category as the members of it are regarded as 'ridiculing/persecuting' non-members on the basis of a lack of 'adherence/belief' in their theories. As with Post 51, it also invokes the idea of 'belief' as a means of relativizing the fact claims of the other as a set of 'theories' rather than facts.

The categories used to segregate H and OM can be understood as 'moral devices' (Housley and Fitzgerald, 2003) that (a) enforce an exclusive boundary difference

where the two are treated as separate domains and (b) stigmatises the 'other' category as being morally problematic. This stigmatised character was developed in both discourses through association with other categories that are portrayed as dubious (or at least as relative), and involved invoking a distinction between knowledge and belief, using the latter to relativize claims to fact.

The category of other was further problematized by characterising them not just as dubious but as actively dangerous. For instance, Post 109 points to beliefs as leading away from 'proper medical treatment' (delegitimising discourse), while Post 112 (legitimising discourse) referred to the 'harmful' and 'aggressive' nature of allopathic medicine.

There are countless examples of people being harmed by their belief in homeopathy and sometimes by the homeopathic product itself. One of the serious issues is the distrust of conventional medicine and doctors that homeopaths frequently engender. This can mean that people delay or forego possibly urgently needed medical treatment and that can lead to serious harm or even death. (Post 109)

I personally think that a lot of modern medicine is dangerous and more so because drug companies are allowed to test their own drugs and publish their findings when they obviously have a vested interest. (Post 112)

In Post 109, in addition to claiming that homeopathic cures could themselves be dangerous (this was unusual – most contributors argued that there could be no

harm as the substance was only water) the author also suggests that homeopaths (sic) enforce the binary of difference between themselves and 'conventional medicine' and hypothesise the possibility of harm leading from patients not seeking treatment from OM. Here, the idea of a binary difference is used not to show why homeopathy is problematic, but that H's own invoking of the binary is itself dangerous as it closes off treatment options for the patients. In this sense, H is described as maintaining itself as a closed category. As we shall see, this point was also raised in legitimising discourse.

In Post 112 a category 'modern medicine' (implicitly in contrast to H) is invoked and is associated with drug companies who are characterised as morally flawed in their practices. The characterisation involves describing this morally questionable category as breaching principles of bias, which of course is a central tenet of 'scientific methodology'. As we shall see, this use of scientific principles and procedures of action to de-legitimise *science* was a core aspect of legitimising strategies.

Belief and evidence

The distinction between belief and evidence was a core component of the othering strategies used in delegitimising discourse. Post 25 provides an example.

It is immaterial that some people believe [homeopathy] works when it is clearly unscientifically proven and if it were true, would overturn huge proven scientific certainties in other disciplines. (Post 25)

Here, the contributor describes the adherence to H in terms of a 'belief', which is juxtaposed against a second category of 'scientific proof' and truth. The contributor downgrades the former by invoking scientific proof as a requirement for how a claim would move from one category to another. It also injects absurdity into the ideas that homeopathic claims could move category by suggesting that they would have to overturn scientific proofs to do so.

The absence of orientation to evidence was critical to building H as a stigmatised category. Post 126 invokes a moral, causal relation between knowing how science works (e.g. the phrase 'read up on the scientific method'), following the principles of EBM 'we practice evidence based medicine', and having a professional duty of care to patients ('...doing the best for our patients'). Here, the duty of care can be seen to work as something like a 'category predicate' (Jayyusi, 2014) that is implicit in the notion of EBM.

For those people who dispute this saying that "it doesn't have to have clinical evidence for it to work", please go back to your science classes and read up on the scientific method. We practice evidence based medicine so that we can be sure that we are doing the best for our patients. To do anything else would be an affront to the oath that we took as doctors "first do no harm". Oh wait, silly me, Homeopaths aren't doctors. (Post 126).

The referencing of evidence over belief involves two interrelated claims – firstly, a call to evidence as a means of making judgement of effectiveness (and frequently, specifically, to evidence-based practice) and, secondly, an insistence on the ‘rightness’ of science as a logical schema of explanation. In terms of evidence, Post 19 epitomises many posts in pointing to the strong preference for *scientific evidence* and medical (clinical) trials as an evaluative marker, but also to the ‘proper’ evaluation of such evidence. The post specifies that particular kinds of evidence are needed - i.e. not just any ‘medical trials’ but trials that are ‘professionally conducted’. Here, the posts differentiate within scientific evidence between that which is professional/proper and, by implication, that which is not.

As far as I am aware, no professionally conducted medical trial has ever shown homeopathy to work at all. It has never been shown to be better than placebo. (Post 19)

Just as evidence is the core referent for undermining homeopathy, so it formed a key aspect of how legitimising discourse justified the validity of their claims. One of the common strategies for invoking evidence to legitimise homeopathy involved what I describe as a ‘revelatory tale’, where a contributor describes moving from a point of scepticism to one of acceptance through having tried the remedies. For example, Post 108 describes a change in attitudes to homeopathy as a result of observing its effectiveness.

I was all sceptical before and put down homeopathy as 'collective delusion' 'fake' everything , until I saw my uncle whose whole body was covered with warts...no effective treatment for him until he visited a homeopath and Thuja cured the condition completely within a few months. (Post 108).

Post 13 produces a similar story, describing a long-term health problem which improved and led to a change in attitude towards homeopathy and to allopathic medicine, again invoking the idea of OM as harmful by comparing it to 'engine degreaser'.

I have suffered for years of scalp problems itchy and flaky until I switched to all natural. My hair glows now and I never touch engine degreaser again that actually adds to long term health damage. (Post 13)

The revelatory tale involves showing how new attitudes emerge from experience of using homeopathy, and of having been converted to this mode after using other kinds of drug treatments. Through this type of strategy, legitimising discourse displayed an awareness that appealing to experience breached a preference for 'scientific' evidence, and clearly undertook discursive work to build the case for their divergent position. This was also the case for the few comments that displayed less clear orientation to either a 'legitimising' or 'delegitimising' position, such as post 104.

I'm about to commence a 6 week course of herbal potions recommended by a kinesiologist for constant severe fatigue, headaches and IBS. I have an open

mind but probably more on the 'not likely' side rather than the "very plausible"! I am undertaking this as an option based on a year of watching a work colleague get cured of her migraines, and her husband finding a cure for his excema, and their friend finding similar success for her health issues. If this was all mumbo jumbo there wouldn't be a debate at all as no one would be getting better! Placebo? Maybe? Do I care? (Post 104)

Post 104 justifies their decision to take homeopathy with reference to seeing a work colleague being cured. In formulating this, the contributor displays an awareness of the binary debate between H's effectiveness, aligning themselves with scientific rationality ('more on the 'not likely' side'). However, later they orientate more explicitly to a defence of the possible value of H, saying 'if this was all mumbo jumbo there wouldn't be a debate at all'

What we see in these two forms of discourse is the production of different categories of evidence: in delegitimising discourse, evidence is equated with scientific evidence, particularly EBM, while in legitimising discourse it is commonly equated with the experience of using homeopathy. The revelatory tale builds a moral relationship between experience and rationality. Indeed, a particularly common critique levelled at critics of homeopathy was the absence of such experience, where the reliance on evidence abstracted from experienced is treated as morally problematic. I will return on to this point shortly.

Explanations

Both of the discursive forms used strategies to undermine the other's claims about the relevance of evidence. In delegitimising discourse, this involve re-interpreting the perceived 'successes' of homeopathic treatment by offering alternative scientific explanations. The central mechanism for this involved invoking the concept of placebo. Post 63 gives a useful example:

Homeopathy is not medicine. It is wholly unacceptable to present Homeopathy as a credible alternative to evidence-based medicine, when there is ample evidence that clearly shows that Homeopathy at its best only acts as a placebo; more commonly, it does not work and delays proper medical treatment. (post 63)

The post starts with a strong emphasis on the binary difference between H and OM and goes on to say that the evidence shows that H does not work, and acts only as a placebo, linking this with the idea that it can be dangerous in delaying 'proper' (orthodox medical) treatment. In some instances, it is homeopathic *remedies* that are described as placebos, and other times it is 'homeopathy' as a practice or discipline.

The function of the concept of placebo in general terms is to place the explanation for any health improvement on some cause other than homeopathic cures. The

alternative (scientific) explanations that were given for why homeopathy might work (or might be *perceived* as working) came in two forms. Firstly, several posts pointed to the possible benefits of water as a cleaning agent; post 10, for example, takes up a response of the ‘placebo’ critique raised in a previous post, which had highlighted that the placebo explanation could not account for the successful use of homeopathy in animals. In reply to this, the author of Post 10 notes that:

Would you believe me if I told you children and animals do benefit from the placebo effect. 6 month old teething babies like the sugar content in homeopathic pills, next time save yourself a fortune and buy sugar cubes. I dont know the medical history of your cat but I would assume that after all the eye-drops and other irritants your vet prescribed, 3 days of bathing with distilled water would do wonders for the moggys eyes. Homeopathy has a very good track record for treating things that would get better anyway... (Post 10)

In the final sentence, the author notes that the ‘cures’ claimed to be the result of homeopathy may be explained in terms of unrelated health improvements, what other posts characterise as a ‘natural healing process’. Here, the causal relation between homeopathic cure and health improvement is questioned, so that the notion of ‘effect’ is removed entirely from the treatment itself. The discourse of de-legitimation also involved critiquing the theoretical explanations that underlie homeopathy. The basic idea that was articulated by a number of posts involved arguing that to accept homeopathy involved abandoning scientific principles (e.g. post 76).

If it worked then substantial numbers of other well evidenced and well tested theories in physics, chemistry, biology and medicine all would have to be wrong. (Post 76)

Often, participants gave alternative explanations in terms of science as to why homeopathy's explanations cannot be right. For example, Post 1 notes that:

The molecules of any liquid are constantly being bumped by other molecules - what physicists call thermal fluctuations - so that they lose any 'memory' of their past configuration within a fraction of a second. (Post 1)

The critique of the concept of placebo effect was a key aspect of the discourse of legitimisation. To take Post 95 as an example, the contributor creates a general category of shared opinion ('most observers') that is used to set up a feature of the placebo effect being transient. This is then contrasted with the prolonged effects of homeopathy, removing the logical link between placebo and H.

Most observers accept that that placebo effect is transient. This does not explain the effect of prolonged relieve after one or two homeopathic tablets given for chronic conditions. (Post 95)

A common strategy was to suggest that instead of working as an 'explanation' the notion of placebo actually functioned as a *belief*. Post 93 starts with a revelation about how homeopathy worked for them, made a claim to its lack of harm

compared to allopathic medicine ('doesn't poison my system') and a critique of the notion of placebo as a belief rather than an explanation.

It is clear to me that before taking my homeopathic remedy I was sick. It is obvious to me that after taking it my complaint improved at first and in time i was healed. It is clear to me that an inexpensive medication that makes me feel better does have my full attention especially if it doesn't poison my system in the healing process. It is obvious to me that I shall continue using this system of medicine and I shall recommend it to friends and family. Placebo? Feel free to believe what you will. But perhaps you would like to try it. (Post 93)

The final line in the extract of post 93 was itself a common device from the legitimising posters –i.e. criticising the 'rationalising away' of homeopathy without having experienced it. For example, posts Post 119 brings the concepts of professionalism and experience together as alternatives to scientific evidence.

Just because there is no "scientific evidence" doesn't mean that homeopathy doesn't work. It is sometimes a case of trial and error but a good experienced practitioner (and I am pleased to have known a few) will invariably get it right. I think the sceptics should try it before dismissing it out of hand. (Post 119)

Here the notion of scientific evidence is invoked as a problematic category through quote marks, and one that is relative and incomplete. In this way, the notion that

scientific evidence is the only resource for deciding matters of efficacy is problematized, and, in turn, broadening the category of evidence. In its place, the notion of professionalism in homeopathy is presented as a means of explaining how homeopathy may work.

Another quite different and much less common approach involved drawing on clinical trials to make claims that homeopathy can be seen to work, even in the terms of EBM. Rather than differentiating homeopathy, this strategy involved a common form of discursive positioning found in other forms of CAM (Barcan, 2011; Salkeld, 2005; Welsh et al., 2004) of fitting the homeopathic tradition into the EBM framework. In Post 3, the author uses a highly rational academic discourse to cite findings from clinical trials, using a conventional academic referencing form to show the sources of those claims.

44% of randomised controlled trials in homeopathy have reported positive effects, and only 7% have been negative. These data are similar to the findings of a comprehensive meta-analysis of placebo-controlled trials of homeopathy (Linde et al., Lancet 1997; vol 350: pp834–43), in which 48% of trials were positive. It should also be noted that different homeopathic remedies and different dilutions of the same remedy have been distinguished from each other using Raman and infrared spectroscopy, even though all should theoretically contain nothing but water (Rao et al., Homeopathy 2007; vol 96: pp175–182). Such findings may relate to complex processes such as the formation, during succussion, of colloidal nanobubbles that could contain the remedy source material. (Post 3)

EBM versus Choice

The moral claims to the appropriateness or otherwise of homeopathy extended to the NHS website itself. 18 of the delegitimising posts made a claim to the problematic nature of the NHS choice website. Post 70 exemplifies many of the other posts in its rhetorical structure.

Like many of the commentators here, I am disturbed by the anodyne and bland commentary you offer on homeopathy. Given your stated purpose of being a trusted and authoritative voice on matters medical, ignoring the wealth of trial data that show homeopathy to be -at best- no better than placebo is an abrogation of your responsibilities. It is difficult not to conclude that the recent press commentary stories alleging undue influence by vested interests are correct. NHS treatments spend taxpayers money. Only those treatments with a strong evidence base should be used. Spending NHS money on homeopathy is wrong. (Post 70)

The post begins by making a strong allegiance to the other critiques of the website by invoking the idea that the website should have ‘moral responsibility’ by being ‘trustworthy’, which in turn is linked to the category of ‘authority’. The post then refers to the presence of data refuting H’s effectiveness, again implementing the explanation of placebo. The post goes on to reference the media debates that I described earlier, and the claims that NHS had been corrupted. Finally, the post

invokes the idea that 'strong evidence' should be used to support the use of treatments.

Post 70 encompasses many of the points we have seen already, but extends the claims by making the case that not only is homeopathy morally problematic, but the website itself is operating in a morally corrupt way, specifically, by failing to use evidence to display the position that there is no evidence that homeopathy works. This argument mirrors the ideas of EBM that clinical trials are the most appropriate evidence source for judging appropriateness. In terms of category work, 'appropriate' care is made equivalent to 'evidence-based care'.

This contrasts strikingly with a different discursive practice that involved emphasising diversity in choice as a mechanism for making decisions about treatment. The notion of choice was invoked as a means of describing a pluralistic health service and was often tied up with the notion of the limits of EBM as a form of evidence. For instance, Post 112 begins by discrediting criticism that are not based on personal experience, and then invokes the notion of choice (as present in the title of the website) as a way of describing plurality in healthcare, and of course giving some authority to this idea by linking it to the website itself. This notion of patient choice was commonly invoked and often in the same way as in Post 112, i.e. by linking it to a discrediting of scientific explanations.

I am disgusted in the way homeopathic medicine is being discredited by people who have probably not even tried it. Also I thought this website was called NHS Choices (Post 112)

Finally, in the small number of posts that made a less strong orientation towards a critique or defence of homeopathy, choice was the common discourse used to justify an orientation to homeopathy.

I like to use a combination of medical and complementary healthcare but have never been quite sure about the principles of homeopathy. I think it's great that the NHS have laid out all the facts about homeopathy simply and clearly. Not sure I believe it can really work but it's good to have all the evidence to hand to make up my own mind. VA (Post 12)

Post 12 is typical of such contributions, which tended to display a sensitivity to the spoiled identity of homeopathy in terms of its breaching scientific knowledge (as in 'never quite sure about the principles of homeopathy'), but then used the notion of individual choice as a means of signalling a possible (although here, not disclosed) orientation to homeopathy. Again, very often, these kinds of claims were also bolstered through a revelatory tale to show why homeopathy had been used in spite of the lack of scientific evidence.

Conclusions

The analysis presented above shows that the relationship between homeopathy and orthodox medicine was constructed by the participants in the forum as a

'schism', where the differences in practice and ideology were stigmatised on both sides. In the negotiation over the 'heretical position' (Jones, 2004) of homeopathy the concept of evidence played a key role, operating as an unstable category as participants invoked different conceptions of what was to count as evidence: namely, EBM in delegitimising discourse and experience (through a revelatory tale) in legitimising discourse. Contributors with less clear orientations to either position tended to present explicit preferences for EBM and scientific evidence, but often also invoked notions of experience to justify using homeopathy.

The practice of 'assimilation' that has been identified in other forms of CAM (Degele, 2005; Salkeld, 2005; Welsh et al., 2004) was not strongly present within the forum analysed here. Instead, contributors who defended homeopathy tended to do so by enforcing a category distinction between their practices and those found in orthodox medicine. Contributors did, however, make reference to scientific principles (particularly bias and objectivity) as a means of stigmatising orthodox medicine, so that scientific principles were mostly used not for assimilation, but to further stigmatise science as a 'hypocritical' category. Further, the critiques of EBM found in the medical community (Friedson, 1988; Goldenberg, 2006; Greenhalgh, 2006; Kirmayer, 2012) were not present in the ways that delegitimising discourse dealt with evidence. Instead, EBM was employed as an ideological device to criticise an alternative evidence framework.

Ultimately, the substantive issue for the NHS is whether or not to continue funding homeopathy as an integrated part of healthcare practice. A question emerges about what kind of evidence may be useful to help the NHS to address this

question. In the debates around the clinical evidence for or against homeopathy it is common for people to call for more clinical trials to establish its levels of effectiveness (Mathie, 2015). An implication of the analysis presented here is that, given the different interpretations and definitions of evidence that the contributors provided, public opinion (and practice) may not be substantially altered by clinical trials alone. In part, this is because the model of rational choice informed decision-making and the conceptions of evidence that underlie it bear little relations to the discourse practices analysed in the previous section. The forum contributors were engaged in a process of ideological positioning in which the very category of 'evidence' was used divergently.

A key reason for the instability of the category 'evidence' is that through its provision by the NHS, homeopathy is given institutional legitimacy, not just as a healthcare practice, but as an alternative evidence framework. This was evident in the way that the members of the forum held the NHS accountable to competing definitions of evidence and information. While clinical trials are of course valuable forms of evidence, in the context of homeopathy, enforcing one mode of evidence over another may be insufficient; perhaps a key issue here is not just 'what is the evidence' but also 'what do people understand by evidence' and 'what do people *do* with evidence'.

One of the limitations of this paper is that it has dealt with a tiny population of people in a very transitory online space: as other researchers have argued (Fischer et al., 2014), very little is known about public attitudes towards homeopathy, and further study of this is critical to understanding the extent of the types of

phenomena reported here. However, to follow one of the arguments that is central to the methodological framework of conversation analysis, attitudes are a fundamentally different order of phenomena to social *practices*, and exploring how populations *feel* or *talk* about homeopathy is a poor guide to understand their practices of engagement. From that point of view, a further limitation of this study and of much research in CAM is that it reports not on what people do with homeopathy, but on their construction of attitudes, be it in public or private spheres. If the NHS really wants to understand the lived realities of pluralistic healthcare, then explorations of how people use homeopathy will be a critical source of evidence.

References

- Armstrong N, Koteyko N and Powell J (2012) 'Oh dear, should I rally be saying that on here?': Issues of identity and authority in an online diabetes community. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 16(4): 347–365. Available from:
- Barcan R (2011) *Complementary and Alternative Medicine: Bodies, Therapies, Senses*. Berg (ed.), London.
- Borlescu AM (2011) Being a homeopath. Learning and practice in a homeopathic community. *Journal of Comparative Research in Anthropology and Sociology* 2(2): 11–31.
- Broom A, Meurk C, Adams J, et al. (2013) Networks of knowledge or just old wives' tales?: A diary-based analysis of women's self-care practices and everyday lay expertise. *Health* 18(4): 335–351.
- Collyer FM, Willis KF, Franklin M, et al. (2015) Healthcare choice: Bourdieus capital, habitus and field. *Current Sociology* 63(5): 685–699.
- Cucherat M, Haugh MC, Gooch M, et al. (2000) Evidence of clinical efficacy of homeopathy. *European Journal of Clinical Pharmacology* 56(1): 27–33.
- Degele N (2005) On the Margins of Everything: Doing, Performing, and Staging Science in Homeopathy. *Science, Technology & Human Values* 30(1): 111–136.
- Donelle L and Hoffman-Goetz L (2008) An exploratory study of canadian

- aboriginal online health care forums. *Health communication* 23(3): 270–281.
- Ernst E (2016) Current Popularity, Acceptance, and Regulation of Homeopathy. In: *Homeopathy-The Undiluted Facts*, Springer, pp. 17–20.
- Fischer FH, Lewith G, Witt CM, et al. (2014) High prevalence but limited evidence in complementary and alternative medicine: guidelines for future research. *BMC Complement Altern Med* 14: 46.
- Frank R (2002) Integrating homeopathy and biomedicine: medical practice and knowledge production among German homeopathic physicians. *Sociology of Health & Illness* 24(6): 796–819.
- Frankford DM (1994) Scientism and Economism in the Regulation of Health Care. *Journal of Health Politics, Policy and Law* 19(4): 773–799.
- Friedson E (1988) *Profession of Medicine*. Chicago: University of Chicago Press.
- Giles D, Stommel W, Paulus T, et al. (2014) Microanalysis Of Online Data: The methodological development of ‘digital CA’. *Discourse, Context & Media*, Elsevier: 1–7.
- Goffman E (1968) *Stigma: Notes on the Management of Spoiled Identity*. Middlesex: Penguin.
- Goldenberg MJ (2006) On evidence and evidence-based medicine: lessons from the philosophy of science. *Social science & medicine (1982)* 62(11): 2621–32.
- Gonzalez Korzeniewski MA, Salvia VV and Marina Conzalez A (2006) La construcción de legitimidad a través de una revista. lucha por el reconocimiento jurídico de la homeopatía en buenos aires (1933-1940). *Question: Revista Especializada en Periodismo y Comunicacion* 1(10).
- Greenhalgh T (2006) Narrative based medicine in an evidence based world. *British Medical Journal*: 323–325.
- Hall M and Gough B (2011) Magazine and reader constructions of ‘metrosexuality’ and masculinity: a membership categorisation analysis. *Journal of Gender Studies* 20(1): 67–86.
- Hansen K and Kappel K (2010) The proper role of evidence in complementary/alternative medicine. *The Journal of medicine and philosophy* 35(1): 7–18.
- Hart J (2018) Complementary and Alternative Medicine Use and Initiatives in Europe. *Alternative and Complementary Therapies*, Mary Ann Liebert, Inc. 140 Huguenot Street, 3rd Floor New Rochelle, NY 10801 USA 24(1).
- Hoffman-Goetz L, Donelle L and Thomson MD (2009) Clinical guidelines about diabetes and the accuracy of peer information in an unmoderated online health forum for retired persons. *Informatics for health & social care* 34(2): 91–99.
- Housley W and Fitzgerald R (2003) Moral discrepancy and political discourse: Accountability and the allocation of blame in a political news interview. *Sociological Research Online*, Sociological Research Online 8(2).

- Housley W and Fitzgerald R (2009) Membership categorization, culture and norms in action. *Discourse & Society* 20(3): 345–362.
- Jayyusi L (2014) *Categorization and the Moral Order*. Routledge.
- Jones RH, Chik A and Hafner CA (2015) *Discourse and digital practices: doing discourse analysis in the digital age*. Routledge.
- Jones RK (2004) Schism and heresy in the development of orthodox medicine: The threat to medical hegemony. *Social Science and Medicine* 58(4): 703–712.
- Kirby E, Broom A, Sibbritt D, et al. (2015) Suffering , recognition and reframing : Healthcare choices and plural care pathways for women with chronic back pain. *Current Sociology* 63(5): 652–668.
- Kirmayer LJ (2012) Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science and Medicine*, Elsevier Ltd 75(2): 249–256.
- Lambert H (2006) Accounting for EBM: notions of evidence in medicine. *Social science & medicine (1982)* 62(11): 2633–45.
- Lupton D (1997) Consumerism, Reflexivity and the Medical Encounter. *Social Science & Medicine* 45(3): 373–381.
- Mathie RT (2015) Controlled clinical studies of homeopathy. *Homeopathy*, Elsevier 104(4): 328–332.
- Nationa Health Service (2015) Homeopathy. Available from: <http://www.nhs.uk/conditions/Homeopathy/Pages/Introduction.aspx> (accessed 14 September 2017).
- Ong CK, Bodeker G, Grundy C, et al. (2005) *Who Global Atlas of Traditional, Complementary and Alternative Medicine*. Kobe, Japan.
- Sacks H (1992) *Lectures on Conversation*. Oxford: Blackwell Publishing.
- Saks M (2003) Bringing together the orthodox and alternative in health care. *Complementary Therapies In Medicine* 11: 142–145.
- Salkeld EJ (2005) Holistic physicians' clinical discourse on risk: an ethnographic study. *Medical Anthropology*, Routledge 24(4): 325–47.
- Shang A, Huwiler-müntener K, Nartey L, et al. (2005) Are the clinical effects of homoeopathy placebo effects ? Comparative study of placebo-controlled trials of homeopathy and allopathy. *The Lancet* 366(8487).
- Stommel W and Koole T (2010) The online support group as a community: A micro-analysis of the interaction with a new member. *Discourse Studies* 12(3): 357–378.
- Turner A (2017) Evaluating the UK House of Commons Science and Technology Committee's position on the implausible effectiveness of homeopathic treatments. *Theoretical Medicine and Bioethics*, Springer Netherlands 38(4): 335–352.
- Vallance AK (1998) Can Biological Activity be Maintained at Ultra-High Dilution? An Overview of Homeopathy, Evidence, and Bayesian Philosophy. *The Journal*

of Alternative and Complementary Medicine, Mary Ann Liebert, Inc. 2 Madison Avenue Larchmont, NY 10538 USA 4(1): 49–76.

Villanueva-Russell Y (2005) Evidence-based medicine and its implications for the profession of chiropractic. *Social science & medicine (1982)* 60(3): 545–61.

Waisse S (2017) Clinical research in homeopathy : systematic reviews and randomized clinical trials 122 Silvia Waisse. *Revista de Homeopathia* 80: 121–133.

Welsh S, Kelner M, Wellman B, et al. (2004) Moving forward? Complementary and alternative practitioners seeking self-regulation. *Sociology of health & illness* 26(2): 216–41.

Willis K, Collyer F, Lewis S, et al. (2016) Knowledge matters: producing and using knowledge to navigate healthcare systems. *Health Sociology Review* 25(2): 202–216.