***Title*: Routes into the homeopathic profession: witnessing, gender and subaltern therapeutics**

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**Abstract**

Homeopathy, along with many other alternative therapies, has come under severe attack from apologists for orthodox medicine. Given the cultural authority of medicine, what then provides the impetus for people to take up homeopathy as a clinical practice? This paper addresses this question in the context of homeopathic practice in New Zealand. Five focus groups were conducted with 22 homeopaths in five cities. The study found that it was common for to be drawn to homeopathy through witnessing in themselves, their family, friends, or animals, the positive effects of homeopathy, commonly after negligible success from conventional medicine. For many participants, all of whom were women, the opportunity to study homeopathy occurred when they were the primary carers of children, with homeopathy providing a possibility for a change in work trajectories. Many participants had previous occupations inside the conventional health system. Central to the appeal of homeopathy as a subaltern practice in New Zealand is the often dramatic impact of witnessing the effects of the therapeutic modality, which is conceptualised as analogous to an ‘event’ that tears at the fabric of the everyday (7708 words)

**Keywords**

Homeopathy; complementary and alternative medicine; subaltern therapeutics; gender; New Zealand

**Introduction**

In this article we are concerned with what draws people into homeopathic practice in the context of Aotearoa New Zealand, given the often hostile attitude that conventional medicine takes to homeopathy and other unconventional approaches to therapeutics. Homeopathy, along with many other unconventional approaches to therapeutics, has had periods of popularity and other times where it has come under sustained attack (Kaufman, 1971, Nicholls, 1988, Greenland, 2017, Picart, 1994). As a therapeutic approach homeopathy is in stark contrast to conventional medicine, even at the time of its founding in the nineteenth century. The founder of homeopathy, Samuel Hahnemann (1755-1843) identified four principles of the approach, the law of similars, the law of infinitesimals, the use of a single remedy, and the principle of the totality of symptoms. The law of similars states that substances that produce symptoms in a healthy person would relieve those symptoms in those who suffer from them. The law of infinitesimals states that the potency of a substance increases as it is refined by being diluted and succussed. The principle of the use of a single remedy proposes that a single medicine should be selected according to the totality of the patient’s symptoms. The principle of the totality of symptoms requires that consideration be given to the unique combination of physical, emotional, and mental symptoms of the patient. (Bivins, 2007, Raymond, 1993, Nina, 2005). This homeopathic approach to therapeutics was based in a view that the refined substances affect the health of the human organism through its vital spirit, rather than directly through the physiological mechanisms of the materialist medical approach. In contemporary times efforts to uncover biological mechanisms underpinning the theoretical understandings of homeopathy are given impetus by research on the effects of homeopathy on non-human systems like plants or cell cultures (Roberts et al., 2019, Endler et al., 2015, Jäger et al., 2010).

From the mid-nineteenth century in many countries the medical profession sought state patronage, in a process that would exclude rivals and determined what kind of therapeutic practices could be placed under the jurisdiction of medical practitioners who would have protected titles as doctors (Abbott, 1988, Duffy, 1979, Willis, 1983, Larkin, 1983). In doing so, what has come to be called biomedicine, was able to dominate alternative therapeutic practices. Other occupational groups, such as chiropractors and osteopaths, lobbied for similar state recognition with varying levels of success (Baer, 2001, Larkin, 1983, Dew, 2021, Baer, 2016). It has been argued that the development and dominance of biomedicine, with its “construction of the body as a physical system subject to expert intervention” intensifies a separation of the patient from the lifeworld (Schneirov and Geczik, 2003: 65)

One therapeutic modality that was impacted by these developments in the relationship between the state and the medical profession was homeopathy. Early adopters of homeopathy were usually medically trained, and were often attracted to homeopathy in order to help reform medicine (Nicholls, 2001). But in doing so they invoked strong reactions from their conventional colleagues, ultimately leading to the marginalisation of homeopathy. Efforts to marginalise homeopathic medical practitioners included excluding them from medical associations, so forcing them to set up their own associations (Nicholls, 2001).

The credibility of homeopathy is based on a way of ‘seeing’ that is different from conventional medicine or biomedicine. An argument has been made that homeopathy fell out of favour with medical practitioners in response to a new way of ‘seeing’ enabled by the therapeutic revolution in the development of pharmaceuticals based on the chemistry laboratory, where reactions could be made visible and seen. This ‘seeing’ contrasted with the ‘invisible’ treatments resulting from the incredibly dilute remedies used in homeopathy (May and Sirur, 1998). The new way of ‘seeing’ enabled by the therapeutic revolution was firmly linked to methodological approaches using clinical trials to assess efficacy, gaining particular strength in the 1990s with the evidence-based medicine movement, together providing the capacity for the state to increasingly oversee clinical practice (Scott, 1998b, Porter, 1995, Dew, 2018). Those medically trained practitioners who continued to take up homeopathy in the late twentieth century did so on the basis of their personal experience of the success of homeopathy, that is, drawing validity for its use from the “visible recovery” of their patients (May and Sirur, 1998).

The long history of the antagonistic stance taken by representatives of the medical profession continues today. More recent examinations of attacks on homeopathy have identified a number of tactics to marginalise the practice and its practitioners, including tactics of exclusion, denigration and censorship (Greenland, 2017). Broader hostile moves on complementary and alternative medicine, particularly in relation to courses taught in universities, have also become more prominent (Brosnan, 2015, Lewis, 2019). Homeopathy, and other alternative therapies, are characterised by their opponents, such as the sceptics societies throughout the world and the Friends of Science and Medicine in Australia, as being a pseudoscience, and the positive effects of treatment is simply a placebo effect (Penney et al., 2016, Jackson and Scambler, 2007). Those who believe in homeopathy are positioned as irrational and easily duped, and it is argued that state resources should not be wasted on such practices (Brosnan, 2015).

It should be noted that although there is much hostility towards homeopathy it is by no means universal from the medical profession or other healthcare professionals. New Zealand research has found that homeopathy is called upon at times by medical professionals. For example, in a study of Auckland GPs’ views of the diagnosis and treatment of depression it was found that some GPs would consider homeopathic remedies as a treatment option (Thomas et al., 2010). A New Zealand survey found that 62% of midwives referred women to homeopaths, the most commonly referred alternative medicine (Harding and Foureur, 2009). Referral from midwives is also a common practice in many other countries (Cottingham et al., 2017). In addition, a journalist’s secret shopper exercise found that pharmacy staff recommended homeopathic remedies and when doing so failed to comply with the New Zealand Pharmacy Council’s Code of Ethics by not highlighting the lack of scientific evidence for the recommendations (Hancock, 2019). And although not the most widely used unconventional medicine in New Zealand around 4 to 5% of New Zealanders have used homeopathy over a 12-month period (Pledger et al., 2010).

There is very little research on practitioners’ routes into the homeopathic profession. Early research by Sharma included interviews with 6 homeopathic practitioners in her cohort of 34 CAM practitioners, and she makes some general comments that applied to all practitioners, such as the high number of women practitioners and that a number had backgrounds as nurses (Sharma, 1992). But what drew practitioners into the professions has, to our knowledge, not been the subject of previous research. To help fill this gap we draw on research undertaken with homeopaths in New Zealand to consider the variety of push and pull factors that motivated practitioners to study and practice homeopathy.

**Theoretical Orientation**

As we analysed the data collected for this research two theoretical orientations provided insight into the narratives of the participants, one being the gendered analyses of healthcare practices and the other the hegemonic role of statist medicine in relation to subaltern therapeutic practices.

Sointu notes that both clients and CAM practitioners are predominantly women (Sointu, 2012). Most New Zealand trained homeopaths are non-medically qualified practitioners, that is, they do not have a conventional medical degree. In 2017 it was reported that there were 176 homeopaths in New Zealand who were members of The New Zealand Council of Homeopaths, a voluntary register. Of these, 93% were women and 66% practiced part-time (Cottingham et al., 2017). The high number of women practicing non-medically qualified homeopathy is common in other jurisdictions, such as in England (Scott, 1998a). In the Netherlands three quarters of the classical homeopaths are women who work part time and who started their practice later in life (Gijswijt-Hofstra, 2001). Other CAM modalities may also have high numbers of women, such as herbalism in the UK (Nissen, 2013).

Sointu suggests that the sphere of CAM, or more specifically in her research, the sphere of holistic health, is gendered. She suggests that the attributes of ‘care, empathy and acceptance’ (Sointu, 2012) are aligned with femininity in contemporary Western culture, and that these attributes are also aligned with holistic healthcare practices. Nissen, in her research on herbalists in the United Kingdom, concurs with this noting that health care constructed by women herbalists both confronts and fulfils traditional gender roles (Nissen, 2013). Through the consultation with herbalists, patients may reflect on the gendered body in ways that highlight tensions in women’s lives as well as facilitating self-care as opposed to the care of the other. An alternative or complementary reading to this is that many homeopathic practitioners can work on a part-time basis. Homeopathy, and other CAM practices, provide opportunities to have some control over the hours and timing of work, as practitioners are often self-employed. This aligns with the structural position of women in contemporary society who may still have the responsibility and duty of mothering that limits opportunities in many spheres of work (Folberg, 2020).

As noted, in New Zealand there is Council of Homeopaths that has a voluntary register. Their existence provides some oversight of homeopathic practitioners in New Zealand, but there is little in the way of linkage to the state. Unlike some other heterodox therapeutic practitioners, such as osteopaths and chiropractors, homeopaths are not included in the Health Practitioners Competency Assurance Act of 2003. This Act provides a range of mechanisms aimed at ensuring the competence of health and allied health practitioners, such as defining scopes of practice, requiring annual practising certificates, and so on, and through this the protection of the public. In return, the protection of titles is state guaranteed. Being placed outside of this Act positions homeopathic practice within the category of subaltern therapeutic practices, where is it not so easily ‘seen’ by the state.

The term subaltern therapeutics is used here to describe those practices that evade and distance themselves from ‘statist medicine’ (Hardiman and Mukharji, 2012). We are referring to statist medicine as both the practices of conventional medicine or biomedicine and the state regulatory apparatus in which it is embedded, including the legal requirements concerning the market approval of medications, state subsidisation of medicines, therapeutic claims-making, diagnosis and prescription. In the New Zealand context homeopathy is not embedded in the state regulatory apparatus (even though the profession has attempted to be included).

We can understand statist medicine in the context of a long historical process of simplification that James Scott argues is evident in high modernity, where we witness a process whereby what was once socially ‘messy’ and opaque is rendered intelligible and legible and therefore conducive to administration and centralised control. This process is achieved through rationalisation and standardisation. Scott gives the example of the measures necessary to promote various forms of statecraft, such as ensuring taxes can be collected, trade can occur efficiently, and military power can be enhanced. Measures have included the construction of maps to identify property, and the standardisation of weights and measures across regions so that trade could be undertaken with more surety (Scott, 1998b).

Scott refers to the ‘fiscal illegibility’ of premodern times (Scott, 1998b). Fiscal illegibility can be seen in the way land was used in premodern times. With premodern forms of land use, an outsider would be unaware of how rights to land use were determined, as a complex array of considerations would come into play. For instance, some villagers might have rights at some time of the year and not have rights at other times, rights might change during a drought, and joint owners of land could not necessarily state that any specific part of the land was theirs. For state purposes of taxation and procurement of food, such a system was obviously very difficult to administer. To allow for fiscal legibility, local practices had to be changed so that individuals could be associated with particular plots of land. Tenure needed to be simplified, even if it did not reflect how people used the land. We could consider, by analogy, a concept of ‘clinical’ legibility. Efforts over the last few decades have been made to overcome the diversity and variability of local clinical practices, to replace practical knowledge with formal systems – Quality Assurance (QA), Evidence-based Medicine (EBM), medical audits, clinical guidelines, priority settings and so on. The goal of such systems is to make the often messy and opaque clinical practices more quantifiable: they can be granted with ‘value’ and costed, and this therefore enables more centralised control over clinical activities. Processes of centralisation are facilitated through this transformation of complex phenomena into objects of quantification (Porter 1995). That is, by quantifying and standardising, the centralised state can oversee activities that were previously opaque or illegible. Just as the fiscal illegibility of Scott’s example is an outcome of variation in the local, contingent practice of those who own and work the land, clinical illegibility (from the point of view of those who wish to determine whether clinical resources are being used efficiently) is the consequence of the often complex and idiosyncratic interactions between clinicians and patients. In the context of the argument made here, the Health Practitioners Competency Assurance Act is a concrete manifestation of seeing like a state as it fosters standardising accountability mechanisms such as clinical audit, the use of guidelines, renewable practicing certificates on the basis of continuing education schemes and so on.

In contrast to seeing like a state, subaltern therapeutic forms can draw on different epistemological authorities, such as the witnessing of specific events. These events, as will be outlined in the findings, may be unsettling and defy understanding within the formal systems of statist medicine.

This research on what motivates people to take up the practice of homeopathy is of particular interest given the hostility that homeopathy faces from apologists for conventional medicine. In considering the subaltern status of homeopathy, the gendered nature of the profession and its different means of being ‘seen’ by the state, and the different forms of seeing the nature of, and therapeutic response to, illness we hope to contribute to a better understanding about the ongoing attraction of a besieged healthcare practice.

**Methods**

The analysis here is drawn from a project investigating the responses of professional homeopaths to media representations and public understandings of homeopathy. Potential participants were recruited through the New Zealand Council of Homeopaths, the registration body for professional homeopaths, who forwarded an email to members inviting them to participate in the research. Those interested in participating contacted the researchers to attend a focus group at a pre-arranged place and time.

Data were collected through focus groups to optimise opportunities for the participants to be prompted by others in the focus group and to clarify and elaborate on their views. (Green and Thorogood, 2004) This provided the chance to draw on the expertise of the participants and not rely on the probing capacity and interview style of the researchers. From February to April 2019 five focus groups were undertaken in five cities in New Zealand – Auckland, Hamilton, Wellington, Nelson, and Dunedin. In total there were 22 participants (five each in three centres, four in one and three in the other). The number of participants is a substantial minority of practicing homeopaths in New Zealand given the Register has around 176 members. In addition, there is an unknown number of non-registered homeopaths. All the participants were women and the ages provided by participants ranged between 38 and 72. One was a current student and the others had been practicing between 18 months and 32 years. The focus group discussions were between 79 minutes and 106 minutes in length.

Focus groups were conducted by one of the authors (one by the first author and four by the second author) and audio recorded. Audio-recordings were transcribed. The analytic process consisted of the authors listening to the audio-recordings, reading the transcripts and organising the material into major themes (Gibbs, 2007). For the purposes of this paper the theme question of how participants became interested in homeopathy is the focus. The responses to this issue were read and re-read and the processes of driven to, drawn to and adding to were identified as well as a range of specific sub-themes such as the miracle moment, pregnancy, child-bearing and vocational change. Relevant literature on homeopathy, the gendered division of labour, subaltern therapeutic practices and related topics was revisited to provide further insight into the pathways into the profession. This research was approved by the Victoria University of Wellington Human Ethics Committee*.* In the following, participants in the focus group are identified by two letters identifying the city in which the focus group was conducted and a number e.g. WG2 in Wellington participant two.

**Findings**

Participants shared some common experiences or understandings that provided the impetus for the study of homeopathy. For most, several encounters with homeopathy would have occurred prior to them taking up its study.

For some, the role of acquaintances and friends was important. Friends might act as an entrée into different approaches to health, not necessarily homeopathy. WG1 had friends doing active birth in preparation for pregnancy, which she became interested in. This started her on a journey learning massage, then herbalism, then after having children she used homeopathy, and this inspired her to take a homeopathic course for babies and mothers before she formally studied homeopathy.

A number of features in addition to the influence of friends can be seen in this synopsis of WG1’s route into homeopathy. WG1 did not start her working life as a homeopath, which was, with one exception, the experience of the other participants in the research. Having children provided a double impetus to her for studying homeopathy, also echoed in the narratives of a number of other participants. Trying out homeopathy on children, and seeing its benefits, inspired further investigation. Many of these women participants were the primary carers of young children and so spent time at home in this role. In this situation they sought something else to stimulate their interests, finding that studying homeopathy could fulfil this.

AK1 has a similar story. She had been a kindergarten teacher and saw homeopathy “at work during a birth”. She then used it during her own labour and birth. When her daughter was seven months-old she started studying homeopathy. The importance of encountering homeopathic practitioners is seen in AK2’s response. She had started medical school but “ran away from home at eighteen…and gave up my place at medical school”. Years later when her youngest son was unwell, she took him to a homeopath and “I thought haha…now I understand why I never became a medical doctor, this is what I need to be doing”. In AK2’s presentation there is a sense conveyed of finding her way ‘home’ or discovering what she had been looking for.

HM2, who had worked in human resources, had some similar experiences. Like WG1 she wanted to learn something new when her youngest daughter was six months old. She had been taking homeopathic remedies to deal with “terrible morning sickness” and “it worked…it was brilliant”. She also had become friends with a homeopath, all this leading to her decision to study it. She used homeopathy on the family farm with dairy cows “with great results”. HM2 here emphasises both her own experience of the effectiveness of homeopathy and observing its effectiveness on family and animals. Seeing homeopathy work on animals could be a strong incentive. NL5 saw a homeopath “work amazingly with my animals” so she decided to study it. At a discursive level identifying positive effects in animals acts powerfully to counter critiques of homeopathy that it can only have placebo effects. Those placebo claims relate to humans and not to the animal world. Conventional medicine apologists who make the claim that homeopathy only works as a result of placebo effects would be troubled by any evidence that the therapeutic modality worked on animals.

For some practitioners the impact of homeopathic remedies on their own ailments provided a powerful spur to study and practice homeopathy. HM1 provides an account of her own experiences leading to her training. She had worked as an agricultural scientist. And when she had a ‘sense of depression’ that was never diagnosed a friend suggested Bach flower remedies and “within three days I thought oh my god, this must be what people feel like when they say I’m happy”. Later she saw a homeopath and after taking the remedy “that was kind of my second miracle experience”. She decided that her current job in science management was not going to be her “life’s work” and a friend suggested she study homeopathy.

HM3 has a PhD in computer science and mathematics and used homeopathy when she was raising her children “and it was just marvellous”. Later she “got quite depressed” and eventually saw a homeopath who gave her “magic remedies” so she decided to be a homeopath. AK3 had a similar trajectory. She said she did not realise it at the time “but I had post-natal depression”. She saw a homeopath and “the experience of eighteen months of feeling the way I felt changed overnight…and that blew my mind…and that became my passion”. She later did a degree in homeopathy.

As noted, the role of experience and observation is central to many of the participants’ stories about their route into homeopathy. Observing others’ use of homeopathy or other alternative approaches, using homeopathy on themselves and observing the effects, using homeopathy on children and observing the effects, and even using homeopathy on animals and observing the effects provided an impetus for studying homeopathy and considering it as a possible career path.

Participants spoke of different occupational backgrounds and interests before coming into homeopathy and for a number those backgrounds were health sector related. WG2, who was 72 at the time of the focus group, trained as a radiographer. After a period of not feeling “right” but not receiving a diagnosis a friend suggested trying out homeopathy or naturopathy. She consulted “some homeopathy books” and chose a remedy that her friend was able to provide her with and the next morning she woke up “and went wow, I feel amazingly better”. She then consulted a homeopath for her and her children and decided to study homeopathy as she “found what I wanted to be when I grew up”.

This theme of having a strong grounding in the world of orthodox medicine before experiencing its limitations was expressed by others. DNI’s first career was as a nurse before doing homeopathy. DN3 and DN4 were also nurses, and DN2 was a radiographer and a pharmaceutical rep before coming to homeopathy “through my own health”. NL3 had a background in health and decided to try out homeopathy for herself, and her first remedy was the turning point when she went “wow”. AK4 has a medical degree and worked as a GP. Her eldest daughter had been sick since birth. When she had eczema, she had conventional topical steroid treatment and “at that point I was desperate to help her” and went to a homeopath. It was not a quick fix but “she was finally taken off pharmaceuticals” and since then the family has used homeopathy and “we never ever” use pharmaceuticals. AK4 then trained as a homeopath. NL4 was a medical assistant then did nursing training but “I had a crisis and realised that orthodox medicine, as much as I respected it, didn’t have all the answers”. She got introduced to homeopathy during a naturopathy course and turned to homeopathy.

WG4 was the only participant who went straight to homeopathy from school. For her the preference appeared to be to get accepted into a medical school as a first choice, but after being accepted into a homeopathic school she started from a sceptical position but “I’ve become more and more of a believer”. Others started out with a sceptical stance. NL2 wanted to be an herbalist but started a homeopathic course and was “really sceptical”. She then used homeopathic remedies during pregnancy and “had such a magical time and I saw everybody else struggling”, the struggling referring to other women giving birth around the time she did.

For many participants homeopathy became an option when they needed to change career direction. NL1 had been a teacher but it was “time to move on to something else”. She had two friends who were involved in homeopathy, and she had worked on organic farms and wanted to work with people. Homeopathy ticked the boxes for her, but without her talking of personal experience of it.

For some participants there had been a very long history of encounters with homeopathy going back to their childhood. DN5 had her first encounter with homeopathy as a teenager to deal with headaches. She was then treated homeopathically for allergies when she was nine. Her sister had homeopathic treatment for recurring tonsillitis as the conventional system did not work. DN5 is now studying homeopathy while she does her medical degree. WG3 had been taken to a homeopath when a teenager after getting heat rash in India. Later in her life course her son had ‘funny turns’ and her orthodox doctor suggested he would grow out of it, but for WG3 “he was growing into it”. She took her son to a homeopath and he did “really well”. Later she took her son to a homeopath when he had asthma and since then “I’ve never looked back”. One feature of WG3’s route is that her encounters with homeopathy arose from advice from family members, such as her uncle in India, then her brother when her son had asthma. Male relatives appeared to give her some authority to try these things out.

**Discussion**

There are clearly identifiable factors that provide the impetus for people to take up homeopathy in Aotearoa New Zealand that can be summarised as being driven to, being drawn to, or adding on. For any individual these are not mutually exclusive but might be combined.

Being driven to homeopathy is associated with those who have a powerful and life-changing experience in the use of homeopathy, either applying to themselves, their family (and usually children) or to animals. Other researchers have also found that a personal health problem, which was resolved through using a complementary or alternative therapeutic approach can be a catalyst for people to consider becoming a practitioner in that healthcare modality (Roichman, 2020).

The practitioners’ narratives noted here also provide a counter to the discursive position taken by opponents of homeopathy. There is a strong focus on homeopathic remedies having a positive effect on them personally, sometimes after many years of poor outcomes from conventional medicine. This narrative turns the critique that homeopathy is ineffective on its head, pointing at the ineffectiveness of conventional medicine.

Another potent element in the counter narratives is the observation of positive effects of homeopathy in babies, children, and animals, countering the commonly made critique that homeopathy acts only as a placebo. Babies and animals certainly are not expected to respond to the workings of placebo as are more mature human beings. The commonly cited occupational backgrounds of practitioners as being in the health sector or having had a scientific career before taking up homeopathy counters the image of practitioners as easily duped people susceptible to irrationality.

Being drawn to homeopathy is associated with those who have come to a point where options are being considered for a future path in life, and homeopathy becomes an appealing possibility. Being drawn to can apply to anyone, but we see this commonly in mothers who are considering how to exercise their brains with young children around or who are working out how to accommodate their career choice whilst juggling other responsibilities, such as being a primary family carer (Maddox et al., 2020).

For some participants cultural and social capital were resources that could be drawn on in their decision to take up homeopathy. For some they had already encountered homeopathy as children in their families, and for some social connections to others interested in homeopathy provided legitimacy for their own exploration of the approach.

What was absent in these narratives was talk of being drawn to the philosophy of homeopathy as a motivation for its study. Rather, where the philosophy or principles of homeopathy were inferred in talk, participants expressed scepticism about it prior to seeing it working and taking up study. The positive response to homeopathy was a pragmatic one based on its effect, not one based on its philosophy, nor discouraged by the oft quoted lack of scientific research evidence. The holistic philosophy could become appealing once study was initiated, but it was not mentioned by participants as a driver to take up the study of homeopathy.

Adding on is where someone is already engaged in health-related employment, and homeopathy is something that can be added as another tool in their health intervention toolbox. This ranges from WG1 adding on homeopathy to her use of active birth and massage to NL1 who runs a small organic gardening business in the morning and runs her homeopathic practice in the afternoon. Those adding on may also be driven to or drawn into homeopathy.

These opportunities to take up homeopathy are clearly not gender neutral, with women dominating the homeopathic profession in Aotearoa New Zealand. Given the structural positioning of many of these women as primary care givers, homeopathy offers an opportunity to gain some control over their working life in a way that aligns with their experiences and their values. It is also achievable, in that homeopathic training can be done in a way that allows caregivers and others with competing responsibilities to undertake the training. So, it can be a fit for women making the most of options in a societal formation that does not facilitate the career paths of carers (Folberg, 2020).

However, homeopathic practice in New Zealand is often not financially viable and many homeopaths either rely on the income of another family member or undertake additional work. Increasingly online practice options are also pursued to access broader client markets, especially by taking advantage of being available for consultations during night hours in other parts of the world.

Given the cultural dominance of biomedicine there is still a question to be answered on the motivation to take up homeopathic practice. What is the basis for giving credibility to a practice that its medical establishment opponents claim is unsupported by science?

Going ‘wow’ is an expressive response to witnessing change. It is a product of seeing or observing. As with the GPs who use homeopathic remedies in May and Sirur’s study (May and Sirur, 1998), the credibility given to witnessing visible change is not one that conforms to the credibility required of statist medicine, where the ‘seeing’ of the individual is undermined through the demands to see through state-sanctioned research methodologies like randomised controlled trials. The ’seeing’ requirements of the state, and of statist medicine, are then greatly different from the seeing and witnessing of those who observe or experience dramatic therapeutic improvements. The evidence that one witnesses before one’s eyes is not legitimated unless evidence is also gained through these state sanctioned methodologies (Dew, 2018). The subaltern positioning of homeopathy further allows for an alignment between seeing and witnessing its effects and being able to undertake training in the therapeutic approach for women who are responsible for child caring and rearing and for others who desire to ‘add on’ this approach. The educational forms of part-time enrolments are accessible, as opposed to the less accessible forms of those approaches that have been given state sanction through such means as the Health Practitioners Competency Assurance Act. The ‘witnessing’ provides an impetus for many of our participants and the subaltern form of homeopathy provides opportunities for them to access education and credentials.

As such we argue that there is a structural alignment between the subaltern position of homeopathy and the affordances it offers to people who are unlikely to have the time and financial resources to train in statist medicine. The ‘witnessing’ of change as an epistemological foundation for credibility is aligned with the gendered aspects of child rearing practices in New Zealand. Witnessing is an allowable source of credibility in subaltern practices. But it is also called upon within statist medicine, despite biomedicine giving epistemological preference to what is derived from clinical research. As pointed out by Atkinson, who carried out research on the training of medical practitioners,

The clinician who appeals to his (sic) personal knowledge does so not by reference to his (sic) uncertainty, nor the uncertainty of his (sic) colleagues. Rather, he (sic) bases his (sic) actions and decisions on what is taken as a bedrock - the certainty - of direct experience (Atkinson, 1997).

In Atkinson’s example this position is available to the experienced clinician, it is not suggested by Atkinson that it is the basis of biomedicine’s privileged relation with the state, and is in contrast or even conflict with the standardising processes shaping and increasingly underpinning statist medicine. As such statist medicine and subaltern practices are not subject to an absolute epistemological divide. However, where biomedical practitioners can retain their privileged positions even though they may draw on non-sanctioned ways of knowing, subaltern practitioners are not able to access that privileged status through their own ‘witnessing’.

As opposed to seeing like a state our participants invoked a witnessable event. Jay, who is referring to historical events, suggests that an event can be considered a pivotal moment in a meaningful story, or alternatively an event is something so profound that “no coherent story could contain it” (Jay, 2013). The witnessable event can provide a challenge to the “system” as it is incommensurable with it, a disruption to it. Arguably, the witnessing of personal transformation or transformation in others understood as an outcome of a therapeutic intervention is analogous to such events. The event cannot be understood in relation to the dominating structures but troubles them. In recounting the event, the witness takes an incontrovertible stance against other epistemological positions, the ones that dominate in statist medicine. Witnessing the event cannot be contained in the story of statist medicine that desires to render visible not the witnessable singular event, but the probabilities of outcomes across a system or population. The event can be understood as “an unusual and profound thing that opened up a tear in the fabric of everyday or mundane life” (Jay, 2013). The event is a kind of impossibility. The event is a discordant note that cannot be harmonised. These ways of approaching the ‘event’ in history illuminate the witnessable event in the narratives of our participants, and the profound impact it could have. The therapeutic event could not be reconciled with standard explanations provided by statist medicine. This can be seen in the language used by participants that suggests breaches of the mundane, such as having a ‘miracle’ experience, the ‘magic’ of the remedies, and that their impact ‘blew’ their mind. Schneirov and Geczik (2003) also refer to the centrality of accounts of experientially based encounters that users of alternative approaches to health narrate in providing understandings of the new meanings and relationships established through CAM. They refer to the concept of aura, in which prior worlds interrupt experience creating an epiphany through which new interpretations of the world and therapeutic practices are made. This auratic experience, in their research on a natural living group and the Committee for Freedom of Choice in Cancer Therapy in the US, is focused on the ‘natural’, hence the temporal dimension of ‘prior worlds’ that are closer to nature being recovered. The auratic experience and the concept of epiphany has parallels with the witnessing and wow experience of our participants. AK2 talks of finding her way ‘home’, that could suggest recovering some experience of prior worlds. But for others the wow event was not a return home, but something that demanded new understandings that were ultimately explained by principles not previously encountered. The subaltern provided a vehicle for the event’s incorporation into a different world of rendering therapeutic impacts visible and different bases of credibility than statist medicine provided through its search for repetitions in the form of experimental designs and RCTs. The event undermines conventional meaning.

The deeply gendered nature of the event of witnessing can be understood in relation to various components of the gendered stratification of the health professions and the gendered division of labour. As noted in the introduction, midwives are one healthcare occupation that draws on homeopathic approaches. The majority of midwives in New Zealand are willing to refer those in their care to homeopaths. As most pregnant women have a midwife involved in their care very many of these may take up the opportunity of supporting their care with homeopathic remedies. Women then, are more likely to be introduced to homeopathy than men, as we know of no health care occupation or any other occupation that provides the same opportunity to encounter homeopathy for men, although men may come into the orbit of homeopathy as their partners are referred to homeopaths.

The child-rearing division of labour reinforces the gendered nature of affordances for under-taking homeopathic education. A number of our participants spoke of child-rearing being a time where a shift in their occupational trajectory could occur. At this time of change, for some, homeopathy could be turned to so that intellectual stimulation could be maintained, and new working opportunities could be explored.

The subaltern nature of the homeopathic profession in New Zealand made it an available option for training for many participants. As it stood outside of statist medicine and its certification demands, training establishments could offer more flexible options for women to train on a part-time basis whilst continuing with child-rearing.

An outcome of the witnessable wow event can then be understood in relation to the gendered division of labour. And so, as an outcome there is an extreme gendered patterning to the profession of homeopathy in New Zealand. Subaltern practices also provide opportunities for those in statist medicine, such as nurses, to find or experiment with a therapeutic approach that gives them more autonomy in practice.

The very high proportion of women in the homeopathic profession speaks to the structured character of healthcare occupations in Aotearoa New Zealand. The structured complexion of the gendered division of labour acts as an incentive for many women who are drawn into homeopathy. However, based on these interviews and supported by the literature, it is the life changing experiences with the use of homeopathic remedies that has driven them towards homeopathic practice. Arguably, these experiences must have been highly compelling, and tore at the fabric of the everyday, otherwise it would be difficult to explain why, despite the ongoing attacks on homeopathy and the limited financial rewards, these women have gone into the profession and are continuing their practice in an often openly hostile societal environment.

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