

**Emotional Cultures of Anti-Vaccine Websites: The Proliferation of an  
Unpopular Movement**

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# **Emotional Cultures of Anti-Vaccine Websites: The Proliferation of an Unpopular Movement**

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Despite growing public criticism, the anti-vaccine movement continues to influence certain parents in their vaccine-related decisions. This study analyzes three different anti-vaccine websites as tools of social movement organizations that are managed by social movement entrepreneurs who seek the proliferation of the anti-vaccine movement's preferences (McCarthy & Zald 1977). As tools, anti-vaccine websites are spaces where the normative emotional culture of the social movement is reproduced by the purposeful deployment of emotional framing. Incorporating social movement theory of emotional framing aids in the conceptualization of how and why certain parents may engage with the anti-vaccine movement. Emotional framing is the link that connects the movement, participants, and the larger culture in which the movement is embedded. The characteristics of emotional framing that may particularly resonate with participants are those that incorporate larger, symbolic cultural elements as well as elements that speak to the everyday lived experiences of certain parents. As revealed in my analysis, the emotional culture of anti-vaccine websites is characterized by different degrees of rationality, either independent or layered with negative emotions. The emotion of rationality, whether conceptualized as a lack of affect or communicated through credibility or neutrality, is the most commonly deployed emotion. Incorporating rationality, social movement entrepreneurs demonstrate their capacity to frame website content that resonates through cultural compatibility, using broader cultural symbolism. They also frame website content that may resonate with the daily, lived experiences of certain parents by incorporating guilt, persecution, anger, fear and suspicion. Social movement theory provides a structure to understand how emotions link people and movements together. The outcomes of this study provide additional insight into the current relevancy and proliferation of the anti-vaccine movement in the United States.

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## 1.0 INTRODUCTION

Childhood vaccines have made a significant impact on childhood mortality and morbidity rates in the United States. At this point, several generations of toddlers have grown into adulthood without the specter of infectious disease that plagued earlier generations. And while vaccination rates across the country have been maintained at safe levels overall, growing pockets of unvaccinated children have been identified in different states, with subsequent outbreaks of previously controlled diseases such as pertussis and measles (MMWR 2012). As reports of the rising rates of infectious disease surface, public outcry against the anti-vaccine movement intensifies. In various news outlets, celebrity figureheads of the movement are ridiculed and the movement as a whole is blamed for the spread of preventable disease, bringing anxiety and grief to communities across the United States.<sup>1</sup> If vaccination is a medically proven disease prevention strategy for children, then commentators presume that there is something wrong with parents who chose to forgo vaccinations.<sup>2</sup>

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<sup>1</sup> In recent Washington Post article, Jonathan Adler writes, "Despite a lack of any credible scientific support, the anti-vaccination movement continues apace. Boosted by celebrity "experts" Jenny McCarthy, RFK Jr., and Dr. Oz, the campaign to discredit vaccination has encouraged many parents to refrain from vaccinating their children, and now we are beginning to see the results" (<http://www.washingtonpost.com/news/volokh-conspiracy/wp/2014/09/25/the-consequences-of-anti-vaccine-activism/>). The April 6, 2014 edition of USA Today headlined "The Anti-Vaccine Movement is Giving Diseases a 2<sup>nd</sup> Life", a story focusing on the death of an infant due to pertussis (<http://www.usatoday.com/story/news/nation/2014/04/06/anti-vaccine-movement-is-giving-diseases-a-2nd-life/7007955/>)

<sup>2</sup> Writing in the *New Republic*, Julia Ioffe laments, "So thanks a lot, anti-vaccine parents. You took an ethical stand against big pharma and the autism your baby was not going to get anyway, and, by doing so, killed some babies and gave me, an otherwise healthy 31-year-old woman, the whooping cough *in the year 2013*. I understand your wanting to raise your own children as you see fit, science be damned, but you're selfishly jeopardizing more than your own children." (<http://www.newrepublic.com/article/115551/jenny-mccarthy-anti-vaccination-movement-blame-whooping-cough>)

Many members of the anti-vaccine movement built their argument on British doctor Andrew Wakefield's research connecting the MMR vaccine and autism, published in the esteemed British medical journal *The Lancet* in 1998. Wakefield's research was discredited by the revelation of significant conflict of interests and damning evidence of shoddy research practices, including falsifying data. Health officials may have presumed that Wakefield's subsequent loss of his medical license and the *The Lancet* taking the unusual step of issuing a full retraction in early 2010 would quell the movement (Mnookin 2011). However, the movement shows little signs of abating. In certain communities, parental requests for vaccine exemptions have grown and rates of vaccination remain a concern (Jones et al. 2012).

In many cases, an unvaccinated child is not an artifact of poverty or healthcare inequity, but is an outcome of purposeful parental decision-making (Smith et al. 2004). These decisions are not made in a vacuum, but significantly influenced by parental social networks and the media (Salmon et al. 2005). Unlike those in other historical time periods, parents who defy official vaccine recommendations tend to be well-educated and relatively affluent; ignorance and superstition hold little cachet their worlds (Smith et al. 2004; Jones et al. 2012; Prislin et al. 1998; Senier 2008). Yet these parents are not responding to the carefully conducted and clearly presented epidemiological studies that counter the gross misinformation found within anti-vaccine websites. They find fault with the plethora of scientific studies upholding the efficacy of vaccines and doubt the intentions of governmental agencies and pharmaceutical companies. Most of all, these parents seem to rebel against any entity or person who would challenge their parental authority over what they regard as their most precious responsibility: their children. What is it within the milieu of the anti-vaccine movement that connects and engages certain parents? As numerous professional associations and media outlets deride the movement for their willful and hurtful ignorance, how does the movement maintain a meaningful collectivity?

In this thesis, I attempt to answer these questions by examining anti-vaccine websites as a tool of social movement organizations. In their classic article,



McCarthy and Zald define a social movement as “a set of opinions and beliefs in a population that represents preferences for changing some elements of the social structure and/or rewards distribution of a society” (1977:1218). This conceptualization of a “movement of preferences” facilitates a broader inquiry into who subscribes to these beliefs, why, and to what extent. Social movement organizations are formal, structured entities that delineate their goals in alignment with social movement preferences (1218)

I employ social movement theory to analyze the content of these websites. Specifically, my research utilizes social movement theory on emotion work to structure a qualitative content analysis of anti-vaccine websites. Given recent research and my initial exploratory studies, using social movement theory’s cultural lens of emotion to interpret and contextualize website content yields a meaningful understanding of the anti-vaccine movement. I explain what it is about anti-vaccine messaging that might resonate with some parents and help anti-vaccine movements persevere despite castigation and invalidation by powerful social institutions.

My next section provides a background review of research on anti-vaccine websites. This is followed by a brief discussion about parents who defy vaccine recommendations. I then lay out my conceptual framework grounded in social movement theory, followed by a discussion of my research methodology. This will be followed by an extended presentation of my findings and a discussion of future areas for possible inquiry.

## 2.0 ANTI-VACCINE WEBSITES: A BACKGROUND

The relevance of anti-vaccine websites for parents who choose not to follow vaccine recommendations is embedded in the growing recognition of the Internet as a viable source of health information. The Internet is an increasingly popular source for health-related information, and those who access such information use it for health-related treatment decisions (Kata 2012).<sup>3</sup> The increasing frequency of people's accessing the Internet for health-related information coincides with the expanded web presence of the anti-vaccine movement. Like other activist groups with agendas that do not align with dominant societal beliefs, anti-vaccine movement groups have increasingly used the Internet to directly communicate with the public at large (Zoch et al. 2008). In his book *Power in Movement: Social Movements and Contentious Politics*, Tarrow (2011) acknowledges the impact of the Internet on social movements, conceptualized as going beyond communication and providing a platform for recruitment, fundraising, and development of a larger collective identity. Anti-vaccine groups have utilized the Internet more than other media to disseminate their perspectives on vaccines (Davies, Chapman, & Leask 2002:24). While it is virtually impossible to specify the exact number of anti-vaccine websites at any given time, a study published in the *Journal of Medical Internet Research* indicates that the anti-vaccine websites have a prominent Internet presence (Zimmerman et al. 2005). Recognizing that most people access the first ten websites presented from a search engine, Kata's study revealed that 71% of the websites found in a Google search using

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<sup>3</sup> The Internet plays "a substantial role in defining health and illness, detailing products and services designed to assist individuals in negotiating their health and well-being, and providing models for others with particular health concerns" (Cotton & Gupta 2004). A 2008 survey found that 74% of Americans pursue regular access to the Internet, and 75-80% of those search for health information (Kata 2010).

the keyword “vaccination” could be classified as an “anti-vaccine” website (2010:1710). Similarly, an earlier study found that 100% of the top Google results for “vaccination” displayed websites with some anti-vaccine content (Davies, Chapman, & Leask 2002:22).

Clearly, anti-vaccine groups have a solid Internet presence; it is an effective tool in the successful proliferation of anti-vaccine movement messages (Bean 2011). Recent research finds that Internet anti-vaccine messages are influencing the beliefs and behaviors of some parents. For example, Jones et al. found that parents who used the Internet as a source of vaccine-related information were more likely to have lower perceptions of vaccine efficacy and of disease susceptibility in comparison to parents who did not access the Internet (2012). “Internet users were significantly less likely to view healthcare providers, professional organizations, and governmental health departments as an accurate source of information” (Jones et al. 2012:5) Similarly, parents who seek non-medical vaccine exemptions are more likely to have accessed relevant Internet information than those parents who pursue vaccinations for their children (Salmon et al. 2005; Jones et al. 2012).

The impact of the anti-vaccine movement has been a targeted area of epidemiological study. Poland and Jacobson observe, “In measurable ways the anti-vaccine movement has impacted state and national public health policy, and jeopardized individual and societal health” (2001:2441). The general safety and efficacy of vaccines seems to be universally supported by all mainstream medical and governmental entities. However, ever since the first vaccine was used against smallpox, vaccines have experienced varying degrees of public opposition (Poland & Jacobson 2001). Because anti-vaccine groups have utilized the Internet more than other media to disseminate their perspectives on vaccines (Davies, Chapman, & Leask 2002), numerous studies analyze the content and presentation of anti-vaccine websites. These studies have not incorporated social movement theoretical frameworks.

Medical and public health researchers have published several design and content analyses of anti-vaccine websites (Nasir 2000; Davies, Chapman, & Leask 2002; Wolfe, Sharpe, and Lipsky 2002; Zimmerman et al. 2005). A major theme in these studies is

the significant presence of incorrect and unfounded claims regarding the safety and efficacy of vaccines. Other prominent themes researchers observed were the promotion of alternative or homeopathic medicine, concerns for civil liberties, and larger conspiracies promulgated by elite authorities (Nasir 2000; Davies, Chapman, & Leask 2002; Wolfe, Sharpe, & Lipsky 2002; Zimmerman et al. 2005). Regarding website design, one study found that about 55% of the anti-vaccine websites presented personal stories about children hurt or killed by vaccines; approximately 65% shared information regarding legally avoiding vaccine mandates; and 100% of the websites had links to other anti-vaccine websites (Wolfe, Sharpe, & Lipsky 2002). As these studies focused on website content of vaccine misinformation, I find that the authors support improved education of parents about the 'reality' of vaccines. The assumption is that if parents learned the 'real facts', they would accept the vaccination guidelines. However, I also find an underlying accusation of parental ignorance or dysfunction for believing the anti-vaccine websites' content.

One of the earlier studies to focus on content sought to examine how websites' perspectives on vaccines were framed in order to be attractive and credible (Davies, Chapman, & Leask, 2002). These authors identified various rhetorical appeals and explicit claims that are not easily refuted by peer-reviewed scientific research reports as well as a specific ideology of individualism upholding personal rights and freedoms (Davies et al. 2002:24). They recommended that effectively addressing the misinformation proliferated by anti-vaccine websites would require the recognition of "the wider social discourses from which these arguments generate their appeal" (Davies et al. 2002: 24).

Kata's research helpfully examines both the presence of vaccine misinformation and the larger discourses that facilitate the acceptance of such misinformation (2010:1710). While her research focuses on individual websites, she alludes to the re-signification processes inherent in social movements when she states, "anti-vaccination protestors make post-modern arguments that reject biomedical and scientific 'facts' in favour of their own interpretations" (2010: 1709). Kata identified three main discursive themes: a

belief in alternative health models; primacy of parental responsibility and autonomy; and suspicion of authority (2010:1714). She maintains that these themes connect with characteristics of post-modernism, such as a focus on values, the prioritization of risk over benefit, and the promotion of “the well-informed patient” (2010:1714). To Kata, post-modernism contextualizes the anti-vaccine discursive themes and provides the framework for vaccine related decisions.

A recent study updates previous content analyses of anti-vaccine websites, specifically “examining and comparing anti-vaccine websites for recurring and changing emphases in content, design, and credibility” (Bean, 2011). Bean found a subtle shift in the informational focus displayed on anti-vaccine websites. While there continues to be regular content regarding vaccine safety and efficacy, civil liberties, and alternative treatments, there was an increase in content regarding vaccine ingredients and conspiracy theories (2011:1877). Further, she identified new themes regarding the increased use of expert testimony and the perception that the threat of disease or illness outbreak is either manufactured or exaggerated (2011:1878). Bean concludes that anti-vaccine messaging shifts in response to the continued global success of vaccines and related trends in public health and therefore requires close monitoring. Interestingly, Bean also observes an ongoing disconnect between what she describes as vaccine protestors’ emotive appeals and the unsuccessful scientific educational response of medical authority. “Effective vaccine support may be better served by including more emotionally compelling content” (2011:1874). Bean and Davies et al. both recognize the presentation of emotion within anti-vaccine websites. But they lack the theoretical framework to dissect the presence and meaning of emotion content on the websites. Understanding emotion through social movement theory provides an efficacious structure to analyze website content. Through this theoretical lens, I can effectively explore what it is about the beliefs and opinions of the anti-vaccine movement that may connect with many parents. How do social movement organizations pursue this connection? What is the nature of this connection? What is it about this connection that helps to maintain the anti-vaccine movement, despite increasing public vilification?

### **3.0 PERSPECTIVES ON PARENTS WHO DEFY VACCINE RECOMMENDATIONS**

As the numbers of children who are not vaccinated increase, studies have attempted to learn more about the families of these children and how parents come to make decisions regarding vaccinations (Jones et al. 2012; Reich 2014; Smith et al. 2004; Senier, 2008). However, absent from these inquiries is the recognition that in most American households, the primary responsibility for all aspects of child health and well-being falls to the mother (Strong et al. 2011:356; but see Reich 2014). For example, when discussing parents who access the Internet for vaccine-related information, Bean incorporates gender-neutral terms until the end of her discussion: “A parent who has accessed information on the Internet may feel uniquely qualified to advocate for or against a recommended treatment of vaccine and may believe she is better informed than her physician” (2011:1878). In her research, Reich makes this fact very visible, noting that “Culturally, mothers are responsible for the physical, emotional, and psychological health of their children” (2014:681). Therefore, positive or negative health outcomes in children are seen in our culture as a reflection on the mother. Reich expands this conceptualization by incorporating Hays’ work on intensive mothering. The pervasive ideology of intensive mothering directs mothers to “put the child’s needs first, and invest much of their time, labor, emotion, intellect, and money in their children” (Hays 1996:130).

As an all-consuming project, intensive mothering is accessible only to those mothers who have the time and financial resources to pursue it. In its pursuit, good mothering is used from a privileged location and organized by mothers’ making the ‘right’ choices for their children. Thus the ideology of intensive mothering is connected to a neoliberal understanding of choice, whereby individuals are essentially responsible

to manage aspects of their own lives, and by extension, the lives of their children, avoiding “calculable risk through informed decision making” (Reich 2014:682). As Reich succinctly observes, “Mothers’ narratives of choice –about feeding, working, or vaccinating – highlight myriad ways neoliberalism infuses women’s sense of control in their personal lives, but also masks how privilege makes choice possible” (Reich 2014:684). Although some studies recognized the differential classed and racialized locations of parents who defy vaccine recommendations, Reich genders the process of making vaccine-related decisions. As I move through my analysis of what it is about the emotion work of anti-vaccine websites that connects with parents, my conceptualization of ‘certain parents’ is informed by this more focused recognition of social location. Where this conceptualization becomes analytically imperative is within my approach of the ‘informed parent’, discussed below.

#### 4.0 PERSPECTIVES ON EMOTION IN SOCIAL MOVEMENT RESEARCH

Tarrow observes that recent social movement studies have identified the capacity of movements to “reflect, capture and shape emotions” (Tarrow, 2011:143). Specific emotional cultures are purposefully pursued by movements in order to mobilize and direct movement participants to act and maintain solidarity. In her review of theoretical contributions in social movement emotion research, Ruiz-Junco conceptualizes an emotional culture as the patterns of emotions that are reproduced collectively within a movement, a macro-level outcome of micro-level emotion work, such as emotional framing (2013:49). These emotional patterns may guide how participants should “feel about themselves, and about dominant groups, as well as how they should manage and express their feelings” (2013:49). Anti-vaccine websites, as a tool of anti-vaccine movement organizations, create a specific emotional culture in its deployment of emotion work. My analysis dissects the components of this emotion work to ascertain the presence of a specific emotional culture that engages parents and sustains the movement. In this section, I will discuss recent scholarly developments of emotion in social movements, focusing on emotional framing and emotional cultures. I follow my review with a discussion of how emotion itself is conceptualized in social movement theory.

The effective incorporation of emotion into social movement theory has a tenuous past but is now generally accepted, with theorists recognizing that “Emotions can be strategically used by activists *and* be the basis for strategic thought” (Goodwin, Jasper, & Poletta 2001:9). Within the previous three decades of social movement study, there had been no significant recognition of emotion within the “rationalistic, structural, and organizational models...social scientists portray humans as rational and



instrumental, traits which are oddly presumed to preclude any emotion” (2001:1). However, this ‘rational vs. emotional’ binary orientation to social movement study has been effectively challenged in recent social movement scholarship. Theorists readily locate emotion in the functional processes of the different domains of social movement study, such as mobilizing structures, collective action frames, and collective identity (2001:6). In his extensive literature review on emotions and social movements, Jasper maintains that emotional components are present at all phases of movement development and that they have the power to promote or hinder movement mobilization, as well as the overall success experienced by movements (2011:286).

I take both a cultural and structural approach to emotions in my analysis. The former speaks to emotional social norms, beliefs, and values (Kemper 2001:59). This approach is visible in the study of emotion work, which frequently focuses on emotional framing (Ruiz-Junco 2013: 48). Benford and Snow’s original conceptualization of framing in social movement theory presents it as a process of signification. Framing describes the movement activity of being “actively engaged in the production of meaning” for those within and outside the movement (1998:198). Collective action frames are created as movement members negotiate a consensual understanding of meanings and beliefs; here, framing is that dynamic process of negotiation (Benford & Snow 2000). In specifically conceptualizing how emotions serve as causal mechanisms of collective actions frames, Jasper suggests that emotions are actually a form of information processing that assists individuals to negotiate the larger world (2011:289). As such, it is very useful to apply an emotional lens to one of the characteristic features of collective action frames, frame development processes (Benford and Snow 2000). Through frame development processes, movement participants articulate and re-work collective action frames. Strategic framing processes are a specific category of frame development processes that are purposefully deployed in order to create a connection between the interests and worldviews of the movement and prospective members (2000:624). This connection is experienced as resonance.

Frame resonance “describes the relationship between a collective action frame, the aggrieved community that is the target of mobilizing efforts, and the broader culture” (Noakes and Johnston 2005:11). Effective frames resonate in a way that “rings true” to an individual’s life experiences embedded within a specific cultural-historical context (2). While Benford and Snow previously mapped out various typologies of framing processes that structure resonance, subsequent research found that several of their categories could be collapsed (2005:12). Pragmatically, Noakes and Johnston identify three domains of frame quality that affect resonance: cultural compatibility, relevance, and frame consistency (2005:15). Cultural compatibility references Swidler’s notion of a cultural tool kit, a collection of symbols and themes shared within a specific culture. When the frame’s content significantly aligns with the “cultural stock” of the prospective movement members, “the frame can be considered culturally potent” (Noakes and Johnston 2005:15). Relevance also relates to an individual’s social context, but speaks to how a frame aligns with an individual’s daily, lived experiences instead of broader cultural themes. A frame’s relevance reflects “its capacity to make sense of what is happening in the lives of the target audience” (15). Frame consistency refers to the internal consistency between movement ideology, communications, and actions. To maximize each domain of frame quality increases resonance, strengthening the connection between social movement organizations and individuals. For my research, then, I am analyzing how anti-vaccine websites are used to purposefully communicate emotions that ‘speak to’ living in our culture and the lived experiences of some parents, and that seem to support an overall coherency in the messages.

Several studies have identified emotional causal mechanisms within the creation and contestation of social movement frames (Gould 2002; Robnett 2004; Shrock et al. 2004; Broad 2011). In her study of the emotion work of ACT UP, Deborah Gould identifies reciprocity between emotions and collective action frames, in that the re-signification of concepts within framing potentially elicits productive emotion work (Gould 2002). In their analysis of emotion work in transgender support groups and the framing efforts of related transgender social movement organizations, Shrock et al. focused in the importance of emotional resonance, defined as “the emotional harmony

and/or disjuncture between collective action frames and the emotional lives of potential recruits” (2004:61). Among other things, their study looked at “how SMO discourse created conditions ripe for emotional resonance” via specific motivational framing processes that “promises” to attend to emotional needs (65). The presence of emotional promises as incentives was also found in Broad’s study of how parental ‘coming out’ processes were incorporated in the motivational framing of PFLAG (Parents, Friends and Family of Lesbians and Gays) (2011:402). These studies demonstrate different avenues of successful deployment of strategic framing processes that strengthen the connection between a social movement and potential participants, operationalizing the conceptual importance of resonance for my own analysis.

In her study of the Student Non-Violent Coordinating Committee of the 1960’s, Robnett also focuses on emotional resonance, applying the conceptualization of Shrock et al., as a “key dimension of social movements, [interacting] with other cultural and structural dynamics to produce framing outcomes” (2004:195). Her outcomes emphasize Benford and Snow’s conceptualization of framing processes as dynamic and contentious. She found that member social location significantly influenced emotional resonance, impacting frame salience and frame development (2004:208). Specifically, she found that “what [emotionally] resonates is socially located, or culturally, racially, class, and gender specific. Social locations determine the degree of emotional resonance and thus the extent to which a proffered frame will be accepted or rejected” (210). In addition, Robnett also found that practices that may not align with societal norms and beliefs may still be emotionally resonant with prospective movement members (203). I think that these two outcomes are particularly relevant to the anti-vaccine movement. Many parents who align with anti-vaccine movement preferences as evidenced by choosing not to follow vaccination recommendations reside in a shared social location (Reich 2014; Smith et al. 2004; Jones et al. 2012).

My cultural approach to emotions in social movements focuses on strategic framing processes and resonance; this will address the significant presence of emotion work that creates an emotional culture specific to anti-vaccine movements. Kemper’s

structural approach to emotions provides an additional theoretical framework for analyzing the emotion work presented on anti-vaccine websites, stating that it is possible to “use the manifest emotions to read back to the power-status relations that give rise to them” (2001:68). His theory focuses more on relational than normative structures, and builds from the premise that a significant number of emotions derive from various outcomes of social relationships. These social relationships are primarily characterized by the reciprocal dimensions of power and status, and Kemper theorizes that the prevalence of certain emotions speaks to certain social structural conditions (2001:60). For example, he identifies that the presence of emotions such as fear and anxiety come from the experience of one’s power decreasing and another’s increasing (66).

This framework further informs my content analysis of websites, complementing the focus on emotional cultures. While website content is presumably created and read by individuals, conceptually, I am thinking about the strategic deployment of emotions by a specific movement organization for the benefit of a large audience that may hold several different and overlapping statuses, but that identify as ‘parents’, ‘mothers’, or ‘fathers’. All have the potential to engage with institutional settings on behalf of their children. Within institutional settings such as public education or the medical profession, power is translated into authority. Kemper explains that analyzing specific power dynamics embedded in authority is challenging “since authority holders and those subject to authority often disagree about the boundary between legitimate and illegitimate commands, and what constitutes coercion” (2001:60).

My research analyzes anti-vaccine websites to ascertain the emotion work that creates a common emotional culture in the anti-vaccine movement. Therefore, it is important to ground my research in a clear conceptual understanding of emotion. Understanding the deployment of specific emotions is a daunting task. Unless the content invokes a specific emotion, for example, “Get angry”, the process of identifying emotions from content may be seem to be a subjective experience. It is challenging to discern different emotional states. Indeed, in his theorizing of emotion in social movements, Kemper states, “Social movement researchers who are interested in

examining emotional elements of movement issues cannot be expected to be an expert both in social movements and in emotions theory” (2001:58).

In his work exploring the sociology of emotions in social movements, Calhoun speaks to this concern when he writes “so many sociologists fear any approach to emotions that depends on interpretation”; and continues with pointed reassurance, “Never mind that all knowledge depends on interpretation; it is less disguised in most serious work on culture and emotions than in other lines of sociological inquiry” (2001:46). Calhoun moves away from a psychological understanding of emotions as internal phenomena, stating that “emotions are both produced and shaped by social interaction and cultural understanding” (47), and then experienced within interpersonal relations. Within a culture, members have “characteristic ways of relating emotions to each other”, so that there is a shared understanding and expectation of social behavior (53). This premise connects with a movement’s strategic deployment of culturally compatible emotion work, in that movements can have a reasonable expectation of that certain emotional framing processes will be emotionally resonant for individuals that share a specific cultural-historical milieu. This premise also uses the social movement literature’s common incorporation of the social constructionist approach to emotions, the analytical understanding that emotions are “socially structured and structure social life” (Ruiz-Junco 2013:46).

The work of other scholars also assists in a more meaningful conceptualization of emotions. In his research on the Solidarity movement in Poland, Barker connects emotion and cognition as opposed to presuming they are mutually exclusive, asserting, “there are no emotions without ideas..., and no ideas without emotions” (2001:176). Further, he doesn’t approach emotions as nouns, as specific things like “anger” or “joy”, but as adverbs, “denoting *qualities* of action, speech, and thought [*italics my own*]” (2001:176). This conceptualization significantly aids my interpretative analysis of website emotional cultures, as it is easier to identify qualitative approximations of emotions, e.g words or phrases communicating suspiciousness towards a specific entity versus identifying a phrase that thoroughly and exclusively exemplifies suspicion.

In her work on the movements against child sexual abuse, Whittier describes how rationality is a specific strategy of emotional display (2001:246). Negative emotions seem easier to identify and engage with, but a distinct lack of emotions in content that reads as rational may be a successful strategic deployment. Whittier found that the movement's emotional labor was calibrated to respond to counter-movement and state actions and to balance the charges of hysteria and 'false-memory' manipulation by incompetent therapists. "The management of emotions to behave rationally, without affect, is a form of emotional labor, intended to provoke a rational response in the listener and to bypass the listener's potential fear [and] disbelief" (248). Upon initial review, anti-vaccine websites deploy similar strategies, presenting content that may read like a rational, neutral, medical journal.

## 5.0 RESEARCH METHODS, DESIGN, AND ANALYSIS

My research incorporates qualitative content analysis. Krippendorff defines content analysis as “a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (2004:18). Content analysis is commonly used as a quantitative research method, “with text data coded into explicit categories and then described using statistics” (Hsieh & Shannon 2005:1278). However, qualitative content analysis methodologically focuses on a “subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon 2005:1278). Hsieh and Shannon present three different approaches to qualitative analysis: conventional, directive, or summative (2005:1277). All approaches integrate seven steps of qualitative content analysis that includes formulating research questions, selecting the sample, defining the categories to be applied, outlining and implementing the coding process, assessing trustworthiness, and analyzing coding process results (2005: 1285). My research approach is characterized as directive content analysis, in that I use existing social movement theory to establish my initial coding schemes, such as emotions that incorporate the frame qualities of cultural compatibility and relevance. However, these coding schemas were subject to re-conceptualization as the data collection and analysis progressed (2005:1286).

My methodology is aligned with ethnographic content analysis (ECA), introduced by David Altheide in 1987: “ECA consists of reflexive movement between concept development, sampling, data collection, data coding, data analysis, and interpretation. [It] is embedded in *constant discovery* and *constant comparison* of relevant situations, settings, images, meanings and nuances” (1987:68). Altheide explains that ECA is

relevantly incorporated to identify and understand “the communication of meaning, as well as verify theoretical relationships” (1987:68). Literally and philosophically, the researcher immerses herself in ‘text’, pursuing analysis as ethnographic fieldwork. The process of discovery and comparison continues until saturation is experienced.

Bernhard, Futrell, and Harper used ECA in their study of anti-gambling social movement documents, looking at frame inversion over time. Their methodological approach also applied Altheide’s tenets, whereby “each textual interpretation is constantly compared against other textual interpretations, resulting in an iterative process” incorporating Glaser and Strauss’ Grounded Theory components (2010:17). In my analysis of the anti-vaccine websites, I used electronic comments as memos to assist comparative data analysis and to help identify and manage ‘researcher bias’ validity issues (Strauss & Corbin 1998).

The design strategies pursued in several of the previously mentioned content analyses acknowledge the challenges of using the Internet as the research focus. In his 2002 study of hate websites, Shaffer found that the full contents of the internet are not cataloged anywhere and search engines generate site listings inconsistently (2002:72). Therefore, researchers pursuing web content analyses must incorporate a purposive sampling technique (Schafer 2002; Gerstenfeld, Grant, and Chiang 2003); this was evidenced in previous studies of anti-vaccine websites as well (Nasir 2000; Davies, Chapman, and Leask 2002; Wolfe, Sharpe, and Lipsky 2002; Zimmerman, et al. 2005).

For my content analysis, I am incorporating strategies utilized in previous anti-vaccine website studies regarding a purposive sample selection. Content analyses of anti-vaccine websites usually begin with accessing a specific number of search engines and trying a variety of different search terms. For example, one study found that the search terms “vaccine”, “vaccinate” and “vaccination” yielded greater search results than ‘immunization’ or ‘immunisation’ (Davies, Chapman, and Leask 2002). However, since my study seeks to understand the emotional culture and related emotion work generated in anti-vaccine movement websites as opposed to measuring the actual



presence of anti-vaccine websites, using a keyword search of 'anti-vaccine' in the most popular search engine is sufficient.

Criteria for characterizing a website as "anti-vaccine" is predetermined in the previous studies, and revolved around content opposing vaccination for children (Wolfe, Sharpe, Lipsky, 2002); content encouraging vaccine refusal or a strong focus on vaccine dangers (Zimmerman et al. 2005); and opposing routine vaccination schedules for any reason (Nasir, 2000). All of these will serve as criteria for including a website in my analysis, and will be applied to the search results. Most studies included exclusionary criteria, as well. These criteria excluded websites that were solely listservs or newsgroup pages; news results or medical journals; book previews; sites focusing adult or veterinary vaccinations; and non-English sites. (Nasir 2000; Davies, Chapman, & Leask 2002; Kata 2010). From search results, I identified three prominent or popular anti-vaccine websites, based on their website listings and the application of inclusionary and exclusionary criteria.

Websites are "moving targets" of research study, and consistent content is important for effective data collection. McMillan emphasizes that similar to documenting a newspaper publication date, a web researcher should specify a timeframe of analysis. She also suggests the use of downloadable tools to capture a "snapshot of contents" (McMillan 2000:92). Sobo, Herlihy, and Bicker utilized this strategy, printing each page of a specific medical travel agency website for static storage for later review (2011:123). Garcia *et al* direct the researcher to specific programs that digitally records textual and visual data from websites. The recording of the researcher's website visit can then be "played back" at will. (Garcia et al. 2009:64). The researcher's reflexive interplay with the recording then becomes the focus of field notes, utilized to assist the researcher to "catalogue, describe, and develop theories from their observations and to record their reactions and subjective experiences" (2009: 65). This direction infers a significant yet unmentioned aspect of web-based content analysis: the inclusion and integration of text beyond the content and presentation of the written word, especially photographs. All of these components must be absorbed, with themes and meanings iteratively constructed

and coded as part of the qualitative content analysis process. To create website content “snapshots”, I converted each page of a website into a Word document and performed line by line qualitative content analysis.

Writing on content analysis methodology, White and Marsh acknowledge that analysis is much more a part of coding in qualitative content analysis than in quantitative (2006:39). Coding involves the ‘tagging’ of key textual components that correspond to the research questions, tracking others components that present important but unexpected, and the ongoing pursuit of iterative comparison of categories and constructs that emerge (White & Marsh, 2006:37). While my analysis started loosely with theoretical categories premised on social movement theory, my coding schema evolved as a result of data immersion. Patterns of strategic deployment of emotion became visible within the process of constant comparison of data. This process was structured by my research focus of why anti-vaccine movement preferences connect with certain parents, how social movement organizations communicate these preferences in ways that may resonate, and what it was that aided the proliferation of the movement.

## **6.0 SPECIFIC ANTI-VACCINE WEBSITES**

In my analysis, I approach anti-vaccine websites as tools of specific anti-vaccine social movement organizations (Zald & McCarthy 1977:1218). To better conceptualize the creation and wielding of these tools, I employ Noakes and Johnston's understanding of social movement entrepreneurs as, "people who exhibit strategic initiative in spreading the word about their cause and promoting its message" (2005:7). Significant to this study, multiple strategic framing processes are products of specific social movement entrepreneurs who make "practical decisions in response to the styles, forms, and normative codes of the target audience" (7). In this section, I provide an overview of the anti-vaccine websites accessed, and identify the relevant social movement entrepreneurs.

### **6.1 VACTRUTH.COM**

According to the website's "About Us" page, VacTruth.com was started in 2009 by Jeffry John Aufderhide, whose biography is significant for his service and honorable discharge from the Navy (5/116)<sup>4</sup>. However, like many other anti-vaccine social entrepreneurs, he is a parent whose child has experienced disability that he believes to be caused by vaccines: "In 2001 his first son, Brandon, was born. Twenty one vaccines later, his son stopped reaching his developmental milestones" (5/116). His brief biography is dominated by a close up head-shot of a white man in his late twenties,

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<sup>4</sup> This is my system to reference webpage content. Each website was saved as a Word file. The first number indicates the chronological page number, the second one refers to the total number of pages.

looking thoughtfully up and away from the camera. This photograph visually reinforces the sense of purpose described here, the closest example of an organizational mission statement: “Because parents are not given complete information by their doctors, his message and mission is to alert parents to investigate the information for themselves” (5/116). While the bulk of the website is devoted to different reports authored by various people in addition to Aufderhide, it is his “voice” that predominates in the messages.

## 6.2 THINKTWICE GLOBAL VACCINE INSTITUTE

The website Thinktwice Global Vaccine Institute is affiliated with the New Atlantean Press, publishers of books on holistic and alternative health practices that “stimulate thinking and promote an honest change of ideas”(7/131). The website was started in 1996, and its mission is: “To provide parents and other concerned people with educational resources enabling them to make more informed vaccine decisions. Thinktwice encourages an uncensored exchange of vaccine information, and supports every family's right to accept or reject vaccines” (7/131).

Thinktwice does not overtly identify a specific founder, director, or board of directors within its website. However, there are several sections of content that follow a question and answer format. While using the pronoun “we”, the writer seemingly speaks with a singular voice. In a heated posted exchange, the writer identifies personal characteristics, “I graduated from college with honors. I have a degree in psychology (where scientific research and courses in statistical analysis are required). I am also a member of Mensa” (75/131). I found subsequent question postings that inquired to ‘Mr. Miller’, and ‘Thank you, Neil’ that facilitated the connection to Mr. Neil Z. Miller, author of New Atlantean’s *Vaccine Safety Manual*. A biography of Mr. Miller found on the website after a specific search states that he is a medical research journalist whose journey began when his first adult child was born,

Mr. Miller began his crusade against mandatory vaccines when his son was born. Very little data could be found on this topic. His search for the truth led him to scientific journals. There he discovered numerous studies warning medical practitioners that vaccines are often unsafe and ineffective. His shock and outrage at the suppression of this information culminated in his passionate advocacy of health freedom and informed parenting options (<http://www.thinktwice.com/author.htm>)

### 6.3 NATIONAL VACCINE INFORMATION CENTER (NVIC)

The oldest, largest, and most formalized website I analyzed was NVIC. According to its accessible biography, this national, non-profit grassroots organization was started in 1982, and identifies itself as a United Way partner (5/107). Its stated mission is as follows:

The National Vaccine Information Center (NVIC) is dedicated to the prevention of vaccine injuries and deaths through public education and to defending the informed consent ethic in medicine.

As an independent clearinghouse for information on diseases and vaccines, NVIC does not advocate for or against the use of vaccines. We support the availability of all preventive health care options, including vaccines, and the right of consumers to make educated, voluntary health care choices (5/107).

As the co-founder and President of NVIC, Barbara Loe Fisher is a social movement entrepreneur. She has her own section on the website entitled “Barbara Speaks Out” where she posts regular reports and opinions. Her biography lists her extensive publications, both single and co-authored books and articles. This summary illustrates the very public nature of Fisher as the social movement entrepreneur:

Barbara has been quoted on the subject of vaccine safety and informed consent to vaccination in national news reports including the *New York Times*, *Wall Street Journal*, *Washington Post*, *USA Today*, *Time*, and *Newsweek*. Since 1993, she has debated more doctors on the subject of vaccination than any other American, including on NBC’s “*The Today Show*,” as well as on CNN, CBS, Fox, MSNBC, Al Jazeera America and National Public Radio. She has appeared in vaccine news reports on CBS “*Sunday Morning*

*News,* ABC *“World News Tonight”* ABC *“Nightline,”* PBS *“Frontline”* and CBS *“The Doctors.”*(104/107).

The summary also allows the prestige of these news programs and publications to bolster Fisher’s credibility. In addition, the website has no fewer than three pages listing links to her written testimony provided to federal committees related to vaccines covering the last two decades. Similar to Aufderhide and website content from parents who contact her, Fisher’s personal biography also includes the experience of a child with disabilities believed to be caused by vaccines. She shares her experience in a “Barbara Speaks Out” report entitled “Doctors Denying Vaccine Risks: An American Tragedy”:

Thirty years ago, when I took my healthy, precocious two and a half year old son into his pediatrician for his fourth DPT shot, I was told nothing about how to recognize a vaccine reaction. He had experienced an extremely severe local reaction after his third DPT shot but I did not understand the significance of that and neither did my pediatrician. So another DPT shot was given and I watched my child suffer a convulsion, collapse and many hours of unconsciousness shortly after his vaccination and did not realize he was experiencing a brain inflammation that would change his life and mine forever (32/107).

As will be demonstrated, as a social movement entrepreneur, Fisher is quite adept at “increasing the [emotional] frames’ intelligibility to potential constituents” by accessing both cultural symbols and the lived experiences of parents in the United States (Noakes & Johnston 2005:9).

## **7.0 DISCUSSION**

Through my analysis of anti-vaccine websites, I find the strategic deployment of specific emotions in emotion framing processes. Specific framing processes may resonate and engage with certain parents and may support the proliferation of the movement. In using social movement theory, I can effectively structure the outcomes of my analysis. The emotion of rationality, whether conceptualized as a lack of affect or communicated through credibility, neutrality, or patriotism, is the most commonly deployed emotion. Incorporating rationality, websites demonstrate the capacity to frame content that resonates through cultural compatibility, using broader cultural symbolism (Noakes & Johnston 2005:15). Rationality is also used to temper the potential negative emotions of suspicion, anger, persecution, fear and guilt. Incorporating these emotions, websites demonstrate the capacity to frame content that potentially resonates by being relevant to people's every day, lived experiences (2005:15). While resonance is an outcome of emotional framing that connects people to the movement and facilitates the continuance of the movement, a structural approach to emotions is an additional lens to understand the proliferation of the anti-vaccine movement. In the sections that follow, I present my findings.

### **7.1 RATIONALITY AS EMOTIONAL CULTURE FOUNDATION**

All three websites worked very hard to present as rational spaces. I initially conceptualized rationality in alignment with Whittier as mentioned earlier, "without affect, intended to provoke a rational response in the listener and to by-pass the

listener's potential fear, [and] disbelief" (2001:248). The focus on the listener's response is significant, as parents who chose to defy recommended vaccinations have been targeted in the media, as evidenced in the Introduction. Those who are labeled as being part of the anti-vaccine movement are publicly labeled as unbalanced and misinformed, at best. Therefore, it would be very important to calibrate website messages so that new visitors are not unduly alarmed or fearful. While personally challenging, analyzing rationality as a deployment of emotion does not incorporate judgment as to the truthfulness or accuracy of statements, but focuses on tone and vocabulary use.

My understanding of rationality evolved to include the presentation of neutrality and credibility. The former communicates disinterested recognition of different perspectives, whereas credibility is communicated with the incorporation of quotes by credentialed individuals and references from scientific studies from recognized publications. For example, an article in Vac.Truth references a paper, "The Re-Emergence of Measles in Developed Countries" by a Dr. Gregory A. Poland. He is identified as a "Professor of Medicine" and the "founder and leader of the Mayo Clinic's Vaccine Research Group" (41/116). These are known and respected titles and organizations in our culture that provide a veneer of credibility. This content comes across as a rational, scientific article, with its inclusion of direct quotes from the study and the ability to access the full report with tables and references from the website:

*As illustrated in the Table, since 2005 these outbreaks have also occurred in the U.S. – with surprising numbers of cases occurring in persons who previously received one or even two documented doses of measles-containing vaccine. In fact, as of September 2011, the U.S. has had 15 measles outbreaks with 211 confirmed cases – the highest number of cases since 1996.*

Professor Poland acknowledged the fact that:

*Thus, while an excellent vaccine, a dilemma remains. As previously mentioned, measles is extraordinarily transmissible. At the same time, measles vaccine has a failure rate measured in a variety of studies at 2 –10%, and*



*modeling studies suggest that herd immunity to measles requires approximately 95% or better of the population to be immune.[7](42/116)*

All three websites incorporated numerous scientific studies in their content, whether as references or posted in its entirety. These studies are characterized by credentialed authors, statistical formulas, and scientific jargon that communicate credibility. This deployment of rationality connects to our larger cultural belief in and value of science as the arbiter of 'truth' and strengthens resonance.

As a social movement entrepreneur, Miller attempts to come across as rational and unbiased throughout the several question/answer format sections found within Thinktwice. Frequently, responses were presented as neutral and helpful, providing links to outside sources of further information. However, rationality demonstrated by accessing scientific studies become layered with anger and suspicion, as will be discussed later. Rationality was also displayed at Thinktwice by the section listing other anti-vaccine organizations and websites organized nationally, by state, and internationally. This listing went on for ten pages. Rationality communicated through credibility is discerned by the identification of sixty-three different entities. In a sense, the large number of related entities gives credibility to and normalizes the anti-vaccine message.

Rationality communicated through credibility was also found throughout NVIC, from its United Way partnership logo displayed on the homepage to its link to its own Advocacy Portal. The Advocacy Portal was extremely focused and organized, demonstrating an awareness of vaccine related legislation moving through the legislature on a state by state basis (46-48/107). The NVIC promotes its credibility at the federal level as well, citing congressional collaboration on the development of the National Childhood Vaccine Injury Act of 1986 (91/107) and providing links to the multiple testimonies to federal committees, as previously mentioned. Federal collaboration was also identified in the section regarding the Institutes of Medicine here:

The National Academy of Sciences (NAS) was established in 1863 under President Abraham Lincoln's administration [sic] to report on science to policymakers and the public. In 1970 the [Institute of Medicine](#) (IOM) was chartered as the health arm of the NAS to provide evidence to the government and private sector that would assist in informed health decisions.

Since 1982, NVIC has advocated that well-designed, independent, on-going scientific studies must be conducted to: (1) define the various biological mechanisms involved in vaccine injury and death; (2) identify genetic and other biological high risk factors for suffering chronic brain and immune system dysfunction after vaccination; and (3) evaluate short and long-term health outcomes of individuals, who use many vaccines, and those, who use fewer or no vaccines, to determine the health effects of vaccination on individuals and the public health. Below are links to selected statements by NVIC to the IOM in the accomplishment of these advocacy goals (87/107).

Here, credibility of the NVIC is promoted by its idealization of science and the presentation of an ongoing, working partnership with the Institute of Medicine on scientific vaccine-related endeavors.

What is also very interesting in the preceding example is its reference to Abraham Lincoln, historically known as the 'Great Emancipator' who freed the slaves. It is a powerful though unnecessary addition to the narrative, inserting a symbol of upholding the importance of individual rights and freedom. While NVIC was clearly the best at it, all three websites evoked the cultural symbols of rights, freedom, and choice that linked the anti-vaccine movement to our broader culture. These links are examples of cultural compatibility, a domain of frame quality that impacts resonance (Noakes & Johnston 2005). This emotional framing of rationality is an integral component of the emotional culture of all three websites. While patriotism can be minimized to sentimentality, I find the evocation of patriotic cultural symbols in the website content to be an application of rationality that presumes shared cultural beliefs and values.

“Regardless of people’s views about the safety and efficacy of vaccines, many people would agree that it should be an individual’s right to choose – or, in the case of a

minor, a parent's right to choose – which substances are injected into their body”(51/116). This quote from a report in Vac.Truth is representative of messages found in all of the websites. In its use of rationality, it communicates neutrality and patriotism along the lines of ‘no matter what you believe about vaccines, individuals should have the right to choose’. This statement also connects with Reich’s incorporation of choice as part of an intensive, neoliberal approach to mothering (2014) that will be explored further below. The above phrase “many people would agree” also connects with this later quote that references “many Americans” and “we knew”:

Recently, many Americans were outraged by the decision of officials from United Arab Emirates to mandate forced breastfeeding for the first two years of a child’s life. We knew that forcing someone to breastfeed, regardless of the benefits of breastfeeding, infringed on their personal right to make choices about their own bodies. Yet, some people fail to recognize that vaccination, the injection of foreign substances into one’s body, should also be a choice [5] (52/116).

This quote rhetorically embeds the opposing perspectives of having the right to choose and not having the right to choose within the conventional understanding of the UAE as an oppressive, sexist Middle Eastern regime and the US as mostly being populated by enlightened people that respect freedom of choice.

The concepts of individual rights and freedom are powerful cultural symbols, woven into the creation story of the United States and employed against the idea of oppression. The experience of oppression is distinctly communicated in the opening quote of the “Barbara Speaks Out” section:

“If the State can tag, track down and force citizens against their will to be injected with biologicals of known and unknown toxicity today, there will be no limit on which individual freedoms the State can take away in the name of the greater good tomorrow” (22/107).

The suggestion that citizens are “tagged, track[ed] down and force[d] against their will” is an evocation of oppression that destroys our culturally valued “individual freedoms”.

As social movement entrepreneur of NVIC, Fisher focuses extensively on rights, particularly the right to informed consent, as shown here on the opening page to the Advocacy Portal, “Achieving and protecting the right to informed consent to vaccination is more important now than ever before”(45/107). The dots further are connected, so to speak, in her emotional framing in this “Barbara Speak Outs” article:

The human right to informed consent to medical risk taking is a universal ethical principle that should be respected by doctors in every nation, especially in America, where we have a long history of respecting the right to self-determination (29/107).

More than the other websites, NVIC evokes patriotic symbolism in its enactment of rationality. Only NVIC uses the visual of the Statue of Liberty on the opening page of the ‘Cry for Vaccine Freedom Wall.’ This section of the website encourages people to share their stories of harassment related to their vaccine-related decisions. In addition to the picture of the Statue of Liberty, I also coded the use of the word “Wall,” as the imagery connects to the Vietnam War Memorial. With its cultural iconography, this page demonstrates cultural compatibility and also connects to the lived experiences of parents through its multiple posting of harassment stories, discussed below. A similar reference to the Vietnam War Memorial found in a section entitled ‘International Memorial to Vaccine Victims’ serves a function similar to the both moving and virtual Vietnam Wall.<sup>5</sup> Here, people can both search and post a memorial to someone who has experienced a vaccine-related death (43/107). The tagline “They had no voice. They had no choice” evokes oppression, the experience of a lack of freedom and rights.

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<sup>5</sup> From the homepage: “The Vietnam Veterans Memorial Wall in Washington DC honors those who died in the Vietnam War. Their relatives and friends leave letters, poems, and photographs at the Vietnam Veterans Memorial and on this web site. We bring the Vietnam Veterans Memorial to your home to help remember the families” (<http://www.virtualwall.org/>)

## 7.2 SUSPICION AND ANGER WRAPPED UP IN RATIONALITY

Many webpages demonstrate attempts to appear rational layered with feelings of anger or suspiciousness. Social movement entrepreneurs seem to realize that communicating such negative emotions independently could potentially disturb many people, so their messages are leavened with rationality. Interestingly, the original name associated with NVIC was Dissatisfied Parents Together, a “word play” of the DPT vaccination. It wasn’t until the incorporation of the more neutral National Vaccine Information Center that the organization experienced increased credibility as an accurate source of vaccine information (Salmon et al. 2005). Goodwin, James, and Poletta discuss how social movement participants purposefully manage negative emotion, “They work hard to present themselves to outsiders as rational, even instrumental: they are only responding in an objective way to real threats, outside of any personal bias or interpretation” (2001:15). Suspiciousness and anger all two emotions that connect to the concept of frame relevance, in that they have the potential to speak to the everyday, lived experiences of parents (Noakes and Johnston 2005).

I initially conceptualized suspiciousness more as a concern regarding something uncertain. However, within my ongoing analysis, my understanding of suspiciousness evolved. Website content evoked suspiciousness regarding the presence of hidden agendas, wrong doing, and the sense that someone was trying to ‘put one over on you’. As referenced above, suspiciousness was usually presented as an objective response to a real situation. For example at Thinktwice, Miller responds to a question about alternatives to vaccination, inserting suspiciousness of hidden agendas between medical and governmental authority:

However, most of the diseases are not as dangerous as authorities would have us believe. For example, chickenpox was always considered a tame illness until they invented the chickenpox vaccine and began marketing it. Now the authorities are warning us about the grave dangers of this childhood illness (78/131)

This content connects with the experience of families that had a mild experience with chicken pox, as well as the shared anecdotes of those that pursue “chicken pox parties”. For themselves and those in their social network, chicken pox is not a serious illness. Not only does their experience trump the warnings of authorities, their experience may ground the feelings of suspicion as to why chicken pox is now considered dangerous.

Miller also frequently uses the adjective “uncensored” to describe the information at Thinktwice, creating the feeling that other informational sources are in fact ‘censored’, as seen on his homepage following the welcome, “We offer an extensive selection of uncensored information on childhood shots and other immunizations” (2/131). What is left unsaid is who is doing the censoring and why. It is in this space that conspiracy theories may grow, if website content were to focus on specific power or monetary connections between such entities as the medical establishment, pharmaceutical companies, and government authorities. However, outright theorization of such conspiracies would be disturbing and off-putting, poor management of negative emotions on the part of an anti-vaccine organization. Therefore, I see the deployment of suspiciousness as purposefully avoiding a full, structural conspiracy perspective and making space for the ideas of smaller hidden agendas, incidents of wrong-doing, and the power play of being taken advantage of, or someone trying to “put one over on you”.

The suspiciousness at Vac.Truth tends to describe a feeling of wrong doing as well as hidden agendas. In a story about a man imprisoned for the death of his son following the infant’s Hepatitis B vaccine, the writer laces the tragedy of the death with suspiciousness:

When his little body finally gave up and he couldn’t take any more, crucial witnesses were prevented from giving evidence. Instead of being given the true facts of the case, the court was presented with not only a false confession (*mentioned by both Bryant and Dr. Al-Batati*), but also a misleading and incorrect coroner’s report (60/116).

Within this tragic narrative, there is a suspicious insinuation that legal authorities did something wrong. Vac.Truth also has an extended story regarding the popular blog *Voices for Vaccines*:

Perhaps you have seen the recent story hosted on the website *Voices for Vaccines* entitled, *Growing Up Unvaccinated?*

As you can probably guess from the title, it is a story of a mother who grew up unvaccinated. The woman in the story changed her mind in adulthood and decided vaccines were really beneficial to her health. [1] While this mother converted to the religion of vaccinology made headlines, there is an even bigger story underneath the surface if you just scratch at it a little.

If you haven't guessed by now, it has to do with the relationship between the *Voices for Vaccines* website and the pharmaceutical industry (81/116).

The story goes onto intimate covert relationships between the blog, the CDC, Emory University, and pharmaceutical companies. It could almost be construed as paranoid, or conspiracy oriented, except that it remains just abstract enough to avoid going that far. The authors only identify the presence of relationship connections. There are no explicit exchanges within the relationships that would work against others, just multiple connections that in is framed in suspicion.

Fisher is much more explicit in her communication of hidden agendas and wrongdoing, as demonstrated in this report:

Could it be that doctors with financial ties to medical trade associations, vaccine manufacturers and government health agencies are lobbying so hard to severely restrict or get rid of all vaccine exemptions because, every day, there are more and more Americans, who know somebody who was healthy, got vaccinated and was never healthy again? (29/107)

Here, Fisher paints a picture with suspiciousness that alleges collusion between the medical establishment, pharmaceutical companies, and the government to make sure that everyone continues to receive vaccines no matter what. In apparently ignoring the detrimental effects of vaccines, individual doctors, their professional associations,

and consequently vaccine manufactures can continue to make money the more vaccines are used. Fisher's explicit operationalization of suspicion is strongly conspiratorial in places, but is not pervasive throughout the website content.

But what Fisher excels in is her use of anger. I initially conceptualized this negative emotional content as adversarial or confrontational. This evolved to anger, and was seen to be directed towards the government, "big pharma", or the medical community. In a report about back to school vaccines, Fisher directs anger at both the American Academy of Pediatrics and Congress:

The American Academy of Pediatrics knows that vaccines carry serious risks for some children because AAP leaders successfully lobbied Congress to be exempt from vaccine injury lawsuits (8/107)

She expresses anger towards the AAP for avoiding responsibility for vaccine risks and to Congress for granting the exemption. In an extended quote, Fisher targets her anger against a specific person, the only social movement entrepreneur to do so. The deployment of emotion is impressive without shifting into 'irrationality', particularly because the angry accusations are presented with references:

One of those doctors paid a lot of money by Big Pharma is Dr. Paul Offit.<sup>14</sup> He creates new vaccines and has made a career out of denying vaccine risks and defaming people,<sup>15, 16, 17, 18</sup> who disagree with his unscientific opinions like his cavalier insistence that it would be safe to give a child 10,000 vaccines at once.<sup>19</sup> He delights in spreading misinformation about parents of vaccine injured children,<sup>20</sup> doctors helping those children,<sup>21</sup> and journalists trying to cover both sides of the vaccine safety debate.

Offit spent a large part of his new book demonizing me and NVIC with the half witted, zealous obsession of a stalker.<sup>22</sup> Just this week, a newspaper in Orange County, CA published a retraction<sup>23</sup> for printing Offit's defamatory accusation that veteran CBS journalist, Sharyl Attkisson, lied when she accurately reported in 2008 that Offit failed to inform CBS about exactly how much money he and his employer, Children's Hospital of Philadelphia, are paid by Merck. Merck is the manufacturer and marketer of Vioxx and a whole slew of vaccines, including Offit's rotavirus



vaccine and Gardasil, hepatitis B, chicken pox, shingles and MMR vaccines.<sup>24</sup> (30-31/107)

Fisher angrily accuses Offit of egregious actions. The credibility of the accusations is bolstered by numerous citations. This section was also coded as “vindication”, anger that was characterized by righteousness. Her narrative describes how Offit personally defames her for her work and beliefs. There is a sense of vindication when Offit’s work is subject to a newspaper retraction. This emotional content resonates with the lived experiences of parents who feel their point of view regarding their children’s health is ignored or negated by doctors (Bean 2011:1878). Sometimes vindication is experienced within a different health care setting or within the milieu of the website itself.

A significant portion of Miller’s anger is directed towards seemingly anonymous posters in the section “Angry Comments”, a place for “Some people [who] strongly disagree with our perspectives and oppose the free exchange of uncensored vaccine information”(57/131). Here is a follow up question and response in an exchange that seems to go on for some time:

Q. My documentation is the CDC and the NIH. I'm a medical student. I've done lots of research. "Dangerous to humanity"? Like poliovirus?

A. Once again, I ask where is your documentation? The "CDC" and "NIH" is not documentation. List your studies and sources. Otherwise, a rational discussion cannot occur. You say that you are a medical student. Are they teaching you compassion, because I detect a self-righteous and arrogant attitude, and this may inhibit your ability [sic?] to effectively minister to the public.

Regarding polio, over 95% of the population can be exposed to the poliovirus and will not contract polio. This indicates that the poliovirus is not responsible for the illness that is associated with it. The health of the organism is the more significant factor. Doctors should be more concerned with promoting health than pushing drugs.

If you are so sure that you have all the answers, then disregard this email. However, if you can overcome the "emotional buttons" that are directing your actions, accept my offer: I have documentation that can alter your perceptions on this topic -- hundreds of studies from medical and scientific journals (Lancet, BMJ, etc.) -- all in one packet. This information was compiled by an Australian research scientist. This is information they aren't teaching you in class because it doesn't support the vaccine theory being promoted. Yet, all of the studies and information may be found in journals that you and your cohorts have come to respect. If you'd like, I will send this information to you as a gift. Just tell me where to send it. By the way, I am aware of numerous medical doctors who refuse to support the vaccine theory. How do you suppose they came to accept this controversial stance? You will be a much wiser (and compassionate) healer when you have a fuller understanding of the real facts (57-58/131).

With this and other exchanges, Miller communicates anger towards members of the medical community; at times expressing anger that connects with parents who feel they have been treated poorly by doctors with an arrogant lack of compassion. At the same time, with his insistence that scientific documents must be cited to support a "rational discussion", Miller imbues the emotional frame with rationality that tempers the angry content. In addition to suspicion and anger, the emotional framing that also connects directly with the lived experiences of parents relates to persecution, fear and guilt.

### **7.3 RATIONALITY, PERSECUTION, FEAR, AND THE "INFORMED PARENT GUILT"**

As with suspicion and anger, fear and persecution are layered with rationality so to temper the message. My analysis related to fear and persecution is separated from that of suspicion and anger, though, because

they are embedded directly into the experience of parents. Fear is conceptualized as a fear of a real or actual threat of harm or death. Whenever the social movement entrepreneur shared a parent's relatively graphic account of a child death, the emotion of fear was framed in such a way that could potentially be experienced by another parent. For example, Miller has a section of "unsolicited" personal stories that includes this passage:

For ten days Harley's behavior changed. He barely slept, hardly ate, and seemed to be getting worse. On May 17 at 9:00 a.m., my husband got up, checked on Harley, and yelled out, 'Bonnie, get up, call the ambulance. Harley is dead!' (23/131)

To some extent, all three websites presented tragic narratives of child death or injury. The fear of such occurrences ties closely with guilt.

Another avenue of the deployment of fear is in the delineating of warning signs or symptoms of vaccine adverse effects. All three websites emphasized the adverse effects of vaccines, communicating that they were severe and frequent. In the following passage, Fisher inserts a provocative phrase that specifically serves to engage mothers:

- **Convulsion or seizure** symptoms include eyes fluttering and rolling back in the head; twitching, trembling, jerking, shaking or sudden rigidity of one or more parts of the body.  
**High Fever** between 103 and 105 degrees F. or more.
- **High Pitched Screaming**, also known as the encephalitic cry is described as a shrill scree, shriek, or wail that goes on for hours. *Mothers often say they have never heard this type of crying before (italics mine)*. Sometimes babies arch their backs while screaming, which can be a sign of brain inflammation.
- **Collapse/Shock**. The child may be pale, have bluish lips and suddenly go limp and appear to be unconscious.
- **Excessive Sleepiness** is when the child sleeps deeply without moving for hours after vaccination and does not respond to noise, touch or light and cannot be easily awakened to eat.

- **Brain Inflammation**, also called encephalitis or acute encephalopathy, has been recognized as a very serious complication of vaccination since the first vaccine for smallpox. Symptoms can include convulsions, high-pitched screaming, collapse, and hours of unconsciousness.
- **Encephalopathy** or chronic brain dysfunction can include physical and mental regression, dramatic personality and behavior changes, loss of muscle control, speech and other abilities, or the child may be unable to continue to meet developmental milestones. (9/107)

Most of the time, the websites and the literature do not disaggregate “mothers” from “parents”. In this specific use of “mother”, not only is parent gender visible, this content connects with the expectations of intensive mothering (Hays 1996) and is part of the ‘informed parent guilt’ analysis below.

The emotion of persecution actually evolved in my analysis from the identification of sadness. Narratives evoked a sort of sad sympathy that in its reiteration, shifted to persecution. This new conceptualization is based on the absence of an emotional connection to loss and a more common focus of being the perceived victim of targeted misunderstanding, prejudice, or discrimination. In his FAQ pages, Miller provides parents with a ‘platform’ to share stories that illustrate persecution, such as this:

My daughter never had a vaccination. I have recently been informed by my brother's wife that she feels my daughter is a danger to her 2-month-old son, and does not want her around for the first 18 months of his life. Her pediatrician told her that my daughter was a "disease carrier" and could give it to anyone around her (9/131).

Here, as social movement entrepreneur, Miller connects the presented persecution of the parent to a similar experience of a doctor. Here the parent and doctor are connected by the anti-vaccine movement’s preference:

When I told my doctor that I am not going to have my children vaccinated, he (she) became very angry and told me that he will not treat them, and that I am no longer welcome in his office. Do you have a list of doctors in my area who will respect my decision to not vaccinate and still treat my children? [[Sample Letters](#)]

- A. Your situation is not uncommon. Many pediatricians refuse to treat children when their parents object to the shots. This is just one tactic doctors employ in an effort to intimidate moms and dads into vaccinating against their will. You should be thankful that this dysfunctional relationship with your health practitioner has been terminated.
- I'm sorry, but we do not maintain a directory of "sympathetic" pediatricians, and are unaware of any such list. You might try searching for a naturopathic, homeopathic, or chiropractic doctor in your yellow pages. By the way, why do you need a baby doctor? According to Dr. Robert Mendelsohn, MD, very few childhood conditions truly warrant medical attention. This world-renowned pediatrician was ostracized from the medical community for writing a bestselling book teaching parents how to look after their children's health. **How to Raise a Healthy Child...In Spite of Your Doctor** will provide you with the confidence necessary to assess many childhood conditions on your own (8/131)

As stated earlier, the emotional framing of persecution is one that may resonate in the everyday lived experiences of parents. The above examples relate how a parent felt targeted by a doctor and then a family member and numerous examples could be found in all of the websites. Fisher's presentations of persecution are a bit more "emotionally" charged, as seen here:

Distraught parents are contacting NVIC and telling us that pediatricians are dismissing their child's vaccine reactions as unimportant and refusing to make a report to the federal vaccine adverse events reporting system. Mothers describe how pediatricians are screaming at them if they decline a vaccination or simply ask for fewer shots to be given to their child on the same day (6/107)

Again, Fisher employs a gendered version of “parent” when she describes how mothers are being essentially verbally assaulted by doctors; while “parents” perspectives are ignored and invalidated by unreasonable doctors. Here, Fisher layers persecution with anger:

It is getting uglier and uglier out there, as angry, frustrated doctors inside and outside of government work overtime to foster fear and hatred of parents making conscious vaccine choices for their children. The latest political dirty trick is to brand parents, who send their children to private schools, as selfish and a threat to their communities because some private schools have higher vaccine exemption rates (27/107)

Here, “parents making conscious vaccine choices” are the obsessive focus of “troll-like” doctors who are targeting these parents with accusations of selfishness and medical irresponsibility. In this narrative, as parents rationally pursue “conscious vaccine choices”, doctors’ behavior is framed more irrational, almost desperate in their persecution.

A specific emotional intersection of fear and persecution that may resonate with the lived experiences of parents is the specter of being accused of child abuse; such content was found on all three websites. Vac.Truth presents a report from this year provocatively entitled “Vaccine-Induced Tissue Scurvy Globally Misdiagnosed as Child Abuse”; the headline is accompanied by a photo of a young toddler in what seems to be a hospital bed, alarmingly covered with scabs and bruises.

The father of the child in our published photo was jailed for life for child abuse. Many of you looking at the terrible injuries on this small child will immediately assume, as did the doctors who examined him, that he was viciously attacked and it was right to jail his father.

However, what if I told you that it was later proven that this child had in fact been suffering from Kawasaki disease, otherwise known as tissue scurvy, and that his father was innocent?

Well, that is exactly what happened. Due to the wonderful work of Dr. Michael Innis and a team of experts brought in by the

family to help, he is well and happy and back home with his family after his father was released from jail as an innocent man (61/131).

While the picture communicates fear of child injury or death, the narrative communicates fear of wrongful accusation of abuse. And while the presented story had a happy ending of sorts, the persecution of this father occurred due to a fearful misunderstanding of vaccine effects.

Fisher incorporates a rather lengthy, formal study entitled “Multiple Vaccinations and the Shaken Baby Syndrome”, by F. Edward Yazbak, MD, FAAP in her FAQ section. This study incorporates various data tables and extensive medical, scientific jargon and casts significant doubt on the existence of the Shaken Baby Syndrome diagnosis, citing the culpability of vaccines instead. The introduction communicates threats of fear and persecution:

Child abuse is a terrible crime and the failure to recognize it is unforgivable. An erroneous diagnosis of inflicted head trauma is just as tragic and the resulting destruction of a family is one of the gravest injustices of modern times. Many have recently questioned the existence of the so-called “Shaken Baby Syndrome” and the concept that the last caretaker must have been guilty. Careful reviews often uncover relevant findings that were missed or ignored. Recent pediatric vaccinations have been suspected as precipitating factors. A recent combination of seven antigens is the focus of this investigation (63/107)

The fear and persecution that characterize accusations of child abuse are embedded in and strengthened by the rationality of a scientific study. Fisher also presents the experiential threat of having a baby “taken” from parents in a FAQ, layered with other adversarial emotions here:

*I have refused to consent to give my newborn a hepatitis B shot at birth and am being threatened that child protective services will be contacted and I will be charged with child medical neglect or child abuse if I don't vaccinate my child. Is this legal? Am I in*

*danger of having my child taken from me or going to jail?*  
(84/107)

NVIC receives many reports of harassment from new parents, who do not want to give their baby certain vaccines, including hepatitis B vaccine at birth, and are being bullied and threatened with charges of child medical neglect or child abuse. They are worried their child will be taken from them by state social services agencies.(84/107)

While Fisher eventually responds to the inquiry with guidance in contacting legal representation, it is interesting that before she validates parental exercise of informed consent, she emphasizes the persecution frame. In the uncertainty of whether or not a child could be “taken” under the circumstances of refusing a vaccine, Fisher highlights a connection between deeply held fears and vaccine related persecution.

The most common reference to parents found in all the websites is within the phrase “informed parents”. While it may function as a description, such as on Vac.Truth’s ‘About Us’ page, “Click on the button below and begin your journey on [sic] becoming an informed parent” (3/116), it usually serves as an exhortation, a reminder or calling of how parents are *supposed* to be. As such, these phrases and images are coded “informed parent guilt”. This goes beyond Kata’s post-modern conceptualization of informed parent mentioned earlier, and connects with the overlapping concepts of Hay’s intensive mothering (1996) and Reich’s neoliberal mothering (2014). In the discourse of anti-vaccine websites, an informed parent is essentially a “good mother” whose child-rearing project encompasses the total well-being of her child, who “embrace neoliberal discourse as they describe their consumption choices as evidence of their responsible management of their children’s health without vaccines” (Reich 2014:694)

As noted in its mission/purpose, Thinktwice seeks to “provide parents and other concerned people with educational resources enabling them to make more informed vaccine decisions” (7/131). This relatively benign, rational phrase stands in stark contrast to the conceptualization of informed parent found here:



Note to all moms and dads: YOU were chosen as the stewards of your child's welfare, and YOU are responsible for investigating all matters related to your child, and for making decisions that are in his or her best interest. Other people, including family members, friends, and medical "experts," may try to direct you down a certain path, and they may sincerely believe that path is a good path or the only valid path for you to take. But YOU must sift through the conflicting information, the coercive tactics of your well-meaning human contacts, and your own doubts regarding YOUR ability to take full responsibility for YOUR child (14/131).

Both examples elide the fact that in our culture, mothers are overwhelming responsible for the health and well-being of their children (Strong et al. 2011). So whether the gender-neutral message to be an informed parent is presented within a supportive context, as see in the first Thinktwice example; or in an inflammatory, accusatory context, as in the second Thinktwice example, the audience who pays attention to this message is mothers.

Fisher also emotionally frames informed parent guilt within her article on back to school vaccines:

It is even more important for parents to do their own research. If your child is getting back-to-school shots, you should know how to identify symptoms of a vaccine reaction (8/107).

It is really important to find an intelligent, enlightened doctor you can trust, who treats you with respect and your child with compassion. Plan to spend at least as much time empowering yourself with information and carefully thinking about vaccines and diseases as you do when you buy a new car or a new home (10/107).

The last sentence in the second example is clearly an admonishment from Fisher as social movement entrepreneur, directed towards parents who have not experienced a presumed vaccine-related medical incident, but who should engage with the movement to learn more. It is also imbued with gender and class-related messages regarding priorities and values: good mothers are expected to spend her time learning everything

about her child's health and well-being. Further, in incorporating the language of purchasing a car or house, positive health is conceptualized as a choice to be consumed.

Visual aids, such as the logo on Fisher's FAQ page that shows the message "What you need to you know" (13/107) echoes NVIC's "Know the Risks" campaign for vaccine information (18/07) and translates into the perspective that mothers are responsible for knowing everything. This specification of informed parent guilt may be experienced as empowerment, as presented here:

If you, as a parent, are concerned that continuing vaccination would harm your child and a doctor is insisting more vaccines be given without your voluntary consent, you should contact another trusted health care professional for a second opinion. If your child has experienced health deterioration after previous vaccinations, it is important listen to your intuition and be totally comfortable with a vaccination decision for your child before proceeding with more vaccination (75/107)

This passage communicates the gendered dynamic that mothers already have intuitive knowledge that would benefit from being bolstered from a second health care opinion, presumably from a male doctor.

Messages that are emotionally framed with informed parent guilt emphasize neoliberal privilege and responsibility within the process of making vaccine-related choices. While this perspective is found in the Thinktwice example above, it is made more explicit in the following example from Vac.Truth:

Understand this very important point: If you vaccinate your child, you are on your own. Doctors and pharmaceuticals are protected by law if your child is injured or killed by vaccines (6/116).

VacTruth.com's mission is to help you find information on vaccine ingredients and reactions. Why? Being an informed parent means you can be free from fear (6/116).

The informed parent guilt being framed here communicates that parents, specifically the mother, are responsible for any horrible thing that happens to your child; you must be an “informed parent” in order to protect your child. The level of guilt and fear communicated in the first example is so high that it negates the promise found the last sentence of the second example: given all of the expectations to know everything about the health and well-being of the child, a mother will never be free from fear.<sup>6,7</sup>

#### **7.4 “PARENTS” WITHIN SOCIAL RELATIONS: POWER-STATUS DYNAMICS ON WEBSITES**

Kemper’s structural approach to emotions “reads” the manifest emotions to ascertain the characteristics of the social relations between entities (2001:68). In the following examples from Vac.Truth and Thinktwice respectively, there is a lot going on emotionally:

Families should not be forced to inject their child with toxic substances. They should not be forced to receive a vaccine that is ineffective and dangerous. They should not be forced to give up their preferred choice for quality, early childhood education and care programs in order to avoid forced vaccination. Families should be allowed to make the choices for their health and well-being that are best for their family (53/116)

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<sup>6</sup> Senier’s study of parental decision does not acknowledge the gender of the research subjects, though it confirms this fear, “[She] articulates the possibility that a decision that she made on behalf of her child may have irreparably damaged her child’s ability to become a fully functioning social human being...was so horrible to her that she was willing to ignore official recommendations about vaccination” (2008:221).

<sup>7</sup> Similarly, outcomes reported in Smith et al connect with my observation that many people who align with anti-vaccine movement preferences experienced some sort of loss that they attributed to vaccines, “In a survey of parent’s beliefs and practices regarding vaccinations and autism, siblings in families in which there was an autistic child were three times more likely to be unvaccinated” (2004:193). As health care decision makers, mothers who attribute autism to vaccines would attempt to protect any subsequent children by choosing to forgo vaccine recommendations.

It is sad that the government does not care about our babies. They do not care that an innocent child is dead because of their neglect, and desire to pretend everything is okay. Our son is not able to rest in peace because of the bureaucratic red-tape. Harley has been dead for more than two years. When will the government stop running our lives, even after death? What is next? (24/131)

Kemper's theoretical framework utilizes a table delineating the power-status dynamics that connect with specific identified emotions (2001:66). More than other negative emotions listed on Kemper's table such as depression, shame, or guilt, these examples above exemplify fear and anxiety. In the first example, fear is introduced in the idea that families are forced to "inject their child with toxic substances"; anxiety is embedded in the notion that families are prevented in making their own health care decisions. In the second example, fear characterizes the suggestion that the death of a child could have been prevented; and anxiety regarding an unfeeling bureaucratic entity permeates the narrative. With this assessment of fear and anxiety, social relations characterized by differential power relations are indicated. According to Kemper, when one's own power decreases, fear and anxiety are observed, "since it warrants that one is more vulnerable to the power moves of the other actor" (2001:63).

This example from NVIC's 'Cry for Vaccine Freedom Wall' illustrates the erratic social relations between parents/mother/father and their child's local school. As an authority, a school's institutional power is "delimited by law" and contested by those who are subject to its authority (2001:61)

Our daughter is 6 years old and we have chosen only a few vaccines for her for very specific reasons. We chose NOT to vaccinate her for chicken pox and she is now being excluded from school for 21 days because she does not have the vaccine. We do have an exemption form signed by a local doctor, however, the state department of health has issued a policy this year apparently stating that if there is an "outbreak" children without the varicella vaccine may be excluded from school. There is only one case of varicella in our school and community. This is an outbreak? To get her back into school we can vaccinate her or wait 21 days (assuming there aren't more

cases). We have no idea what to do and how to proceed. We believe strongly in our decisions but we don't want our child to suffer and miss school whenever one other kid comes down with something. So frustrating and confusing!!(53/107)

Using Kemper's theoretical framework, I assess anger and resentment within this post. The parents ("we") perceive the definition of "outbreak" to be arbitrary and punitive. Anger is also evidenced as a response to the school's rules that places them in an untenable position, wedged between their principled decisions and their child's school attendance. Using a structural lens, the anger and resentment here is a result of the parents feeling that the school has withdrawn or failed to accord sufficient status (2001:66).

Within her 1997 testimony to the National Vaccine Advisory Committee entitled "The Moral Right to Conscientious, Philosophical and Personal Belief Exemption to Vaccination" Fisher presents several layers emotion:

It is very hard for people to trust government officials who track and hunt children down to ensure compliance with mandatory vaccination laws that are now equating chicken pox with smallpox and hepatitis B with polio. It is terrible when Americans live in fear of state officials who show up on parents' doorsteps with subpoenas charging them with child abuse for failing to vaccinate; who threaten parents for refusing to vaccinate their surviving children with the same vaccine that injured or killed another one of their children; who strip, handcuff and imprison a teenager for failing to show proof he got a second MMR shot; who deny children the right to go to school; who deny poor pregnant mothers the right to get food or welfare unless all their children are vaccinated with all government recommended vaccines. How can the people believe or want to do what public health officials say when they live in fear of them? (56/107).

Applying Kemper's framework, I assess the manifest emotions of contempt and disgust in Fisher's multiple refrains of injustice. While an analysis of this excerpt using a cultural lens of emotion could readily ascertain the deployment of anger,

suspiciousness, persecution, and fear in its emotional framing, a structural lens provides additional understanding of a movement's social relations with other entities. The contempt and disgust assessed here speak to status relations between those that align with anti-vaccine movement preferences and the government. Contempt and disgust from movement participants are "directed to other who claims more than deserved status"; here, the government is claiming much more status than it deserves (2001:66). Fear is also made explicit, and indicates an inverse relationship of power dynamics within social relations (2001:66)

Exploring the social relations based on observed emotions is helpful to contextualize the reciprocal dynamics between social movements and other entities. A structural lens may make certain relationships visible, and assist with appropriate intervention where needed. While a cultural lens identifies the emotional culture of a movement that is reproduced in the enactment of emotion work such as framing, a structural lens highlights relational dynamics that helps to explain the proliferation of the movement. For individual parents dealing with the unequal power-status dynamics with government agencies, schools, and representatives of the medical establishment, finding a space where perhaps your anti-vaccine preferences align can be a very powerful experience. From the positive feedback posted on all of the websites, a refrain that was consistently and frequently observed is along the lines of "Thank god you are here".

## 8.0 CONCLUSION

Social movement theory provides an effective tool for analyzing anti-vaccine website emotion and moving researchers towards a better understanding of what is happening at these Internet websites. My initial goal was to make sense of how the anti-vaccine movement survives when it seems that, each week, a study is published that discredits anti-vaccine rhetoric. Yet at the same time, the numbers of unvaccinated children in certain communities across the country are growing. What is happening here? While there have been numerous studies that analyze the content of anti-vaccine websites, none of them have incorporated social movement theory of emotion work in its analysis.

In my study, I organized my approach of anti-vaccine websites as tools of social movement organizations that are managed by social movement entrepreneurs who seek the proliferation of the social movement's preferences (McCarthy & Zald 1997). As tools, anti-vaccine websites are spaces where the normative emotional culture of a social movement is reproduced by the purposeful deployment of emotional framing. Incorporating social movement theory of emotional framing in particular aids in the conceptualization of how and why certain parents may engage with the anti-vaccine movement. Emotional framing is the link that connects the movement, participants, and the larger culture in which the movement is embedded. The characteristics of emotional framing that may particularly resonate with participants are those that incorporate larger, symbolic cultural elements as well as elements that speak to the everyday lived experiences of certain parents. As revealed in my analysis, these three anti-vaccine websites deployed specific emotional framing processes that fulfilled both of these tasks.

The emotional culture of anti-vaccine websites is characterized by different degrees of rationality, either independent or layered with negative emotions such as persecution, suspicion, fear, anger, and guilt. The emotion of rationality, whether conceptualized as a lack of affect or communicated through credibility or neutrality, is the most commonly deployed emotion. Incorporating rationality, social movement entrepreneurs demonstrate their capacity to frame website content that resonates through cultural compatibility, using broader cultural symbolism (Noakes & Johnston 2005:15). They also use rationality to temper the potential negative emotions of suspicion, anger, persecution, fear and guilt. Incorporating these emotions, social movement entrepreneurs demonstrate the capacity to frame website content that may resonate by being relevant to people's every day, lived experiences (2005:15). Resonant material connects people to the movement and thus facilitates the continuance of the movement.

A specific outcome of my analysis is the further clarification of the social location of certain parents who defy vaccine recommendations. While new studies are coming out that further explore this, particularly in regard to gender and class, this clarification assists in understanding why certain prominent emotions may resonate more than others. While rationality was the most commonly framed emotion, "informed parent guilt", with its embedded messages regarding intensive and neoliberal mothering ideologies, was almost equally prevalent. Research analyzing anti-vaccine websites needs to further interrogate the gendered, classed, racialized, and sexualized meanings of "parents" found within website content but that for the most part invisible. As demonstrated by Fisher in NVIC, the uncommon, specific "calling out" to mothers in its content has the potential to make a powerful point.

Future research can build on this initial application of social movement theory to anti-vaccine website content. Using the methods described, content analysis of other websites beyond this small sample of three may open the door to other lines of inquiry. Social movement theory provides a structure to understand how emotions link people



and movements together, and further study into how potential movement participants respond to the emotional framing processes of anti-vaccine websites would be very helpful.

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