

“Trust Your Gut”

An Exploration of the Decisions of Vaccine Hesitant Mothers

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Abstract

This summer Professor Starr and I conducted research on vaccine hesitancy amongst mothers in Vermont with alternative lifestyles, a project that grew out of my personal history—growing up and attending a Waldorf school with many vaccine-hesitant families—and my academic interest in public health, especially regarding the recent global outbreak of COVID-19. Given the recent media attention to vaccines, especially the COVID-19 vaccine, I

wanted to talk to mothers who I knew had been vaccine hesitant before the pandemic in order to better understand their views and learn of any changes in their beliefs. As my prior reading of vaccine hesitancy in mothers had indicated, the mothers I spoke with all discussed concerns regarding the safety and efficacy of vaccines and expressed skepticism about being able to trust both mainstream general practitioners as well as pharmaceutical companies. They contrasted their distrust of biomedicine with their faith in alternative medicine and “natural living” practices. However, whereas previous literature on the issue of vaccine hesitancy typically concludes that it is a social problem where "communities" are the strongest influence on vaccine choice, the women I spoke with frequently invoked the concept of a “gut feeling” as a reason not to vaccinate, something I argue is inherently linked to a culturally particular understanding of an authentic self rooted in feelings and/or the body.

Introduction

The mothers I spoke to this summer make their decisions about their health based on factors other than science. Their lifestyles are centered around a complex idea of selfhood, with a focus on concepts such as natural living, wisdom of body, and freedom of choice. These women know what they know, and not due to public health announcements, doctor recommendations, or

fear mongering. Their knowledge is based on intuition which is rarely acknowledged in discussions about anti-vaxxers.

While vaccinations are some of the safest and most effective medical inventions, the decision to vaccinate is not always a simple one. Because society generally has trust in vaccines, some people who learn of a vaccine's severe, but rare side-effects, take a defensive stance, claiming that vaccines are too easily accepted by the general population due to people's inability to "have room in their brains for grey areas" (Lisa, 26.40). Many, parents in particular, feel that it is only those who "do their research" and decide to opt out, who are making conscious decisions while everyone else blindly follows the norm. By not vaccinating, many parents feel empowered and that they did the right thing.

As people learn, discuss, and decide for themselves, there is an assumed sense of personal knowledge that can be asserted as "this is what I feel is right". While culture and context are the strongest determinants of our belief systems, decisions can feel very personal because of the amount of time a person may spend thinking about them. The desire and belief that our values are reached via independent reasoning may contribute to a desire to take on beliefs outside the norm.

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For this research project I was curious to learn about how mothers came to know what they know. I wanted to understand what the path of doing "our own research" looks like and how personal experiences steer that ship of learning. Previous research on the topic either legitimizes the concerns of the anti-vaxx and vaccine hesitant for reasons of personal freedom, or dissects the arguments of those opting out of vaccinating and shaming and stigmatizing them for their beliefs.

I wanted to understand how these mothers came to their conclusions and how they felt about their choices given the science. For the purposes of this project I was not interested in how they would defend their position in regards to vaccines. I found that these mothers to be incredibly responsible, intelligent, and loving people who parent the best way they know how. Yet, they use parenthood's expectation of personal responsibility as an argument to make alternative decisions that would otherwise seem unsound, that is to say, "the gut feeling".

These mothers explained to me that their "gut feeling" told them that vaccinating was dangerous. This idea was often triggered by something they had read about vaccine safety or developed when they joined a community with a culture with principles in opposition to practices such as vaccinating. For these women, this introduction of vaccine fear became an irreversible "gut feeling". This "gut feeling" drove much of their "research", decisions, and interactions with medical professionals. Learning this helped me understand why the abundance of positive science proving vaccine safety was not enough to snuff out their fears, even if eventually they got vaccinated. I argue that this "gut feeling" is correlated to their roles as mothers who are exposed to an alternative health culture centered around the personal wisdom of the body, a belief system I was somewhat aware of as a child within the Waldorf school community where I was a student..

A Brief History of Vaccines and their Scandals

Since 2009, the CDC (Center for Disease Control) has recommended children receive vaccines for sixteen different viruses and bacteria. Since every child must be vaccinated to attend school, unless they have a valid medical exemption, this "recommendation" is essentially mandatory.

Nowadays, however, there are religious exemptions in 48 states and philosophical exemptions in 18 states that allow parents to bypass the vaccine mandates (Null & Martin 2007, p. 27); obtaining these PBE (Personal Belief Exemptions) exemptions is not difficult. In fact, vaccine exemptions became so prevalent in California that in 2014 there was a measles outbreak, a disease which had previously been considered eradicated in the US. Since then California and other states have removed philosophical and restricted religious exemptions (Hotez 2021, p.2).

Opposition to and controversy around vaccinations has existed since their invention. In fact, one could tell a version of the history of the United States as an ongoing struggle between those advocating for medical ‘freedom’ and the ability to ‘choose’ versus governments and public health officials working to keep the public safe (and, as a part of this, mandating vaccines). The first vaccine was created by an English physician, Edward Jenner, in the late 1700’s. His experiments to create immunity against smallpox disease involved infecting a child’s open wound with the lymph from a cow’s cowpox blister. The experiment proved to be effective, and after syringes became available a half-century later, the method of introducing diseased material to create a minor infection for the body to fight off was used to prevent smallpox, cholera, rabies, and many more. This practice, being so new and radically different from other medical treatments, raised immense criticism from people citing a variety of reasons, including philosophy, politics, sanitation, science, and spirituality (Simonson 2020). Many believed the practice to be “unchristian” because (1) the sample came from a cow and (2) smallpox was

believed to be a result of decaying matter in the atmosphere and not something that could be cured through medicine. At the time, people were already skeptical of the safety of modern medicine and kept to their alternative methods of healthcare.

As the US government began to mandate vaccinations in the 19th century, concerns grew regarding the violation of personal liberties, a concern central to the anti-vaccination argument today (Mahrukh Badar 2021). Mandates loosened during the Civil War which allowed for more medical freedom but, at the turn of the century, when requirements were reinstated, pushback arose from certain communities who sought to mobilize power to resist. There was little resistance to public health mandates throughout the 20th century beyond libertarians who abstained from most civil duties and expectations. The health freedom movement arose in the 1990s as an extension of the National League for Medical Freedom, which “became an umbrella organization for supporting ‘homeopaths, the Eclectics, the Osteopaths, the Christian Scientists and other schools of Healing (e.g., ayurveda, chiropractic, faith healing, herbal folk medicine, naturopathy), the members of the AntiCompulsory Vaccination League and the Anti-Vivisection Society’” (Hotez 2021, p. 1). These leagues and societies began to take on court battles to repeal vaccination mandates and demand compensation for possible vaccine injuries. This was particularly important in the 1970s when controversies arose about the safety of the DTP vaccine, which protects against diphtheria, whooping cough, and tetanus, when allegedly thirty-six children recipients of the vaccine suffered neurological conditions. Because the public demanded a response from the government, in 1986 The National Childhood Vaccine Injury Act was created. Plaintiffs could make a case that vaccines caused them or their child an injury and could receive monetary compensation. In 2001, \$1.3 billion was paid in compensation for approximately 1,660 petitions (Null & Martin 2007, p. 26). In addition, the Center for Disease

Control started a Vaccine Adverse Event Reporting page where anyone can report side effects of a vaccine.

Rumors around vaccine safety circulate in certain communities and are one of the main reasons cited for vaccine hesitancy. For example, one of the most recent vaccine scandals occurred in 1998 over the MMR vaccine which protects against measles, mumps, and rubella. A British doctor, Andrew Wakefield, published a study in *The Lancet* asserting that the vaccine was not properly tested and caused autism. Unfortunately, this study received significant media attention sensationalizing the story, which, in effect, “exacerbated public hysteria” (Mahrukh Badar 2021, p. 329). Although the claim was disproven and the paper retracted in 2010, the damage was already done. In fact, Wakefield’s paper continues to be cited by anti-vaxxers as a main piece of medical research to convince others of their beliefs. Wakefield’s medical license was revoked, but the fear he created continues to grow, amplified by the rise of internet use (Guillemard 2018, p. 39).

Private schools and homeschooling have become a popular choice for vaccine hesitant parents because there are no or more lenient rules (the rate of PBE used in private schools is three times that in public schools (Sobo 2015, p. 382)). For example, the medical freedom movement and anti-vaccine movement have a strong presence amongst parents in many non-traditional school settings. These movements encourage resistance to government-dictated vaccine mandates, assuring parents that they have the right to make the choices they feel are best for their children.

Amongst private schools in the United States, Waldorf schools are known for having exceptionally high PBE rates (one California Waldorf school has a 51% PBE rate (Sobo 2015, p. 382)). Because Waldorf education is based on a philosophy and spiritual practice called anthroposophy, which promotes concepts like “natural living” and homeopathic practices, many

families are critical and fearful of vaccinating due to how it conflicts with the ideals of “natural

living” and fainted health.

My Research

This project arose out of my personal history—growing up and attending school with many vaccine-hesitant families—and my academic interest in public health, especially regarding the recent global outbreak of COVID-19. I am from a small town in the Northeast known for its farms, nature, and ‘happy people.’ I attended a Waldorf school, an educational philosophy that values holistic natural living, independent thinking, and community. Very similar to what I described above, many of my classmates were not immunized according to the advised schedule and vaccine hesitancy was a topic of discussion at school. In fact, at my school, which enrolled about 200 students, only 66.5% of students had been vaccinated against measles in 2016 (Duffort & Rodrigues 2019), which according to public health statistics, is an incredibly low number, totally insufficient to protect against a measles outbreak and reason for concern. The students who were not vaccinated typically came from households where parents conscientiously made other alternative “natural” lifestyle choices such as co-sleeping, eating organic and non-GMO foods, not using sunscreen, strict limits on television and computer screen time, and avoiding biomedicine. Here is where my interest in vaccine hesitancy began and where I returned to gather data for my research.

Given the recent media attention to vaccines, especially the COVID-19 vaccine, I wanted to talk to families that I knew were vaccine hesitant before the pandemic to better understand their views and to see if anything had changed. After doing some initial research on past studies about anti-vaxxers, I reached out to Blaire, Lisa, Diane, and Tina (all pseudonyms) by email

asking them if they would be willing to talk to me about their views and experiences with alternative medicine, biomedicine, and vaccines. These women were the moms of some of my close friends and thus have all known me since I was a young child; we have shared spaces, conversations, and memories together as part of the same school community. I reached out to them specifically because growing up I had known that their children were either not on the recommended vaccine schedule or frequently used alternative medicine to treat ailments.

I wanted my conversations with the women to be casual so they felt comfortable sharing their experiences with me. In my initial email to them, after describing the nature of my project, I assured them that “I will not be interrogating you nor should you feel that you need to defend your beliefs.” I asked them questions such as, “If you and/or your children get sick, what types of remedies are you comfortable using?”, “In your ideal world, what would vaccinations look like in the U.S.?”, and “Do you view the Covid vaccine differently than other vaccines?”.

As I describe below in more detail, all my participants had either entirely or mostly vaccinated their children according to the CDC’s recommended schedule and all agreed that vaccines were important to public health. However, they have concerns regarding the safety and efficacy of the vaccines and all expressed skepticism about being able to trust the pharmaceutical companies that create and sell vaccines. To varying degrees, this has led them to not always follow the recommended schedule for their children and opt out of receiving certain vaccinations for themselves. All of the women talked about how they “researched” vaccines to come to their conclusions, selected alternative parenting material, charted their own graphs, and sought the opinions of homeopathic doctors. They told me a lot of stories of how they and their children have been treated at medical appointments and their visions for an ideal medical system which used knowledge from both biomedicine and eastern medicine. I am deeply appreciative of their

willingness to share their stories with me, their honesty about their ideas, and their enthusiasm for my project.

The Interviews

Blaire

Blaire and her family live in a co-housing community that values natural living and social support. She has a strong sense of independence and self-awareness and has a passion for what she calls healthy living. In her housing community there is a strong culture of holistic health, something Blaire really appreciates and respects. At the same time, Blaire is a nurse and thus experiences the worlds of both biomedicine and alternative medicine; she has an appreciation for both and values them for different purposes. In our interview, she was quick to point out the strengths of what she called western medicine but also the limitations of such an approach: “I think western medicine is awesome in terms of intensive care and ER, broken bones, heart surgery, all those things. But for preventive medicine I have always believed in a more natural approach, like a woman who has osteoporosis and takes a bone building pill versus doing weight bearing exercises and increasing calcium intake and that sort of thing.” (7.30)

When Blaire and her husband decided to start a family she took it upon herself to research the western medical interventions. She opted for a homebirth and decided on delaying all immunizations but tetanus. Blaire created a chart that included each vaccine, the risk of contracting the illness, and the rates and kinds of side effects of the vaccine in order to form her own decision. She felt that, “a little baby doesn't need all of those and it can hurt their development” (2.30). While Blaire is not “across the board anti-vaccine”, she feels that, “just too

many people's lives have been hurt and I would like to see them delayed and staggered a bit

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more for a young child" (3.50). She is fearful of the one-size-fits-all infant immunization schedule and talked of the potential for genetics screening for individualized treatment options.

The pandemic did not have a large effect on Blaire's private life, but it did on her professional life. She works as a nurse in an assisted living facility and the staff had to be extremely cautious due to the older age of the residents. As a nurse she felt compelled to get vaccinated for Covid, although "getting the vaccine I was scared, I was scared of how fast it was and how unstudied it was. I knew I had to do it, you were allowed to say no at my work but everyone who said 'no' was talked about and a little bit ridiculed. It's a little painful to see that, typical in my profession.

I knew I had to get in my role or leave my job, and I don't want to leave my job" (21.30). So Blaire got vaccinated for public safety and to keep her job, but for her own private health she did not feel comfortable or safer for it and kept that fact to herself. Near the end of our conversation

Blaire expressed empathy for new parents making this decision in the current climate when private lives are made so public due to social media. She was able to make her decision quietly and privately and without the lived experience of a pandemic. She admitted that it was a privilege to be allowed to think, research, and live this way. "Are we allowed to think individually if there

is public safety?" (29.30) she asked. This was a turning point in her tone. She shared that, "Sometimes I wish I didn't feel the way I felt, like oh gosh why don't you just go along with the crowd and think what everyone else thinks? It would make life so much easier. Not that it was hard. I just sometimes wish I didn't, but there is no possible way in my heart of hearts. This is how I felt and I didn't want to knowingly hurt my children." (12.45). To me, Blair's words reveal

that some part of her knows that she and her children would, like others, have been safe and

healthy if they had been vaccinated. However, a feeling in her “heart of hearts” prevented her from being comfortable with vaccinating her

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children. Blair demonstrated a lack of trust in and fear of fear vaccines that no medical training or experience could shift.

Lisa

Lisa, like Blaire, has always had an affection for healthy living and ‘natural alternatives.’ She is very drawn to a natural-minimalist lifestyle that values good health and wellness. She has worked at two different private schools, one being Waldorf, which provided the community that helped foster her beliefs.

She birthed her children at home and did a lot of her own reading about parenting. She became quickly aware of possible vaccine injuries when she became pregnant and sought out answers through her local community. Lisa also has a family friend who suffered from a vaccine injury. Because her father-in-law had polio as a child, Lisa had conflicting and “compelling imagery on both sides for wanting to make a safe choice for my kids” (8.45).

Lisa’s eldest child had two adverse reactions to the pertussis portion of the DTP vaccine and her doctor recommended that she find the DTP without pertussis. She also decided to delay hepatitis B and not give her daughter the Gardasil vaccine. When Lisa’s daughter was eighteen she took advantage of Lisa being away on a trip to get her missing vaccinations. Lisa is very sensitive as to how she is treated by both conventional and alternative doctors. She felt like conventional doctors were “sometimes jerks” to her. Lisa commented that, “I don’t like the patriarchal attitude of doctors who say, ‘I’m going to tell you this and you have to blindly accept

it'. Maybe that's why I question things, I don't know" (14.30). While Lisa had negative experiences with practitioners of all kinds, she clearly felt more heard in alternative medical spaces.

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In addition to Lisa's unease with doctors Lisa was skeptical of pharmaceutical companies' financial incentives in pushing vaccines. She also suspected that the infant immunization schedule was timed for doctors' convenience rather than ideal infant health. "There is a lot of wisdom we write off in our culture, like old wives tales, when there is truth to some of those things. I like the idea of doing what's natural if that can happen, for me it feels safer and more in tune with nature" (21.30). Lisa thinks that perhaps those who do not vaccinate have stronger bodies and immune systems. But she is willing to turn to biomedicine when issues become more serious.

It is clear that Lisa has put a lot of intention into her decision not to fully vaccinate her children. She explained that, "As a parent of a new baby I felt like oh my God my role on this planet is to protect this baby!" She continued with, "What would be good for the society was not my top priority at that moment, even though now with the pandemic I see that of course it is people's jobs to protect the whole community, it's their top priority" (6.10). She recognizes that as a parent she could only think of her health and that of her children and that arguments for public health did not resonate with her as they do now.

The pandemic had a great impact on Lisa's opinion on vaccination, more than any other participant I spoke to. Lisa remarked that, "Public health versus person health hit home a lot more with an active threat like the coronavirus versus polio or hepatitis B, because I knew my delaying (polio and hepatitis B vaccines) would not get anyone sick, but with Covid all you had

to do to get it was to breathe and if we didn't have it we could still be a threat to others. I felt much more community responsibility than with the other vaccine preventable diseases we talked about earlier" (38.45). Lisa willingly got her COVID-19 vaccine to protect the community and herself. She even volunteered at COVID-19 vaccination clinics. "Living through the pandemic

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has given me a different sense of public responsibility, like I may get my flu shot for the first time next year!" (44.00)

When asked about whether Lisa felt remorse for not approaching COVID-19 in a more natural or alternative way, Lisa shared that "with Covid, the people who were putting out alternative ideas, to me looked like idiots. Like don't get a vaccine and don't wear a mask...just take zinc. I guess I got more black and white about it than I had before because I realized that this group that I thought I was connected to sounded like quacks. Not wearing a mask took away all their credibility." (36.25) The debate around vaccines seemed to simplify a lot for Lisa in terms of COVID-19 and she no longer felt a gut feeling of fear about vaccines.

Diane

Diane prefaced our interview by stating that she was not very interested or knowledgeable on the topic of vaccines. She did fully vaccinate her children and herself but struggles with conflicting feelings of regret for her choices. She feels that doctors "pushed [vaccines] on me", and that she "allowed it to happen and struggled with that afterward" (3.10).

Diane was first exposed to vaccine hesitancy and alternative medicine at the Waldorf school. Although she occasionally used alternative remedies, she was the least involved in alternative health of all of my participants. Diane fears the side effects of learning disabilities,

allergies, and death from vaccines. She wishes that vaccines were “better” or that they could be customized (delayed or with different plans) to fit individuals or that we just had treatments to illnesses instead of vaccines. It appears that a lot of her beliefs around this come from the lack of fear of diseases that are for the most part eradicated and do not feel like a threat.

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Diane talked mostly about her emotional response and role as a parent. Because she is unsure of her stance on issues regarding medicine she often seeks the opinions of friends and family. She is humble and open which means that she finds herself caught between opposing beliefs, unsure of whose to trust. She explained that she did not know how to put all the pieces together when reading medical journals, and therefore chose to “go by my gut” (3.20).

Diane talked about being “MommaBear”, implying that like animals, mothers feel an instinct to protect. She talked of fellow parents who suspected that their child had suffered an injury due to a vaccine. She feels a lot of empathy for these parents and said that if something similar had happened to her child she would be anti-vaxx. It seems that Diane’s empathy and gut feeling to protect her children overwhelms decision making and although her children are healthy and safe she fears that she could have made the wrong decision. I interpreted this as saying that if you have a serious emotional experience then that is enough to believe something is wrong. This centers the emotional experience as a factor when making a medical decision.

During the pandemic Diane decided to focus on herself and invest in her creative passions. She is not confident that the vaccine is safe, but finally chose to get it because she really needed “her life back”. She said that in the case of COVID the threats were clear and she feels an urgency to protect the community in a way she had not before. Diane would have preferred though to not

have to take the risk and get vaccinated. “I’m really torn actually. If I were to identify myself I would be a vaccine person. I choose the ones that are necessary to be in the public and do the right thing. But when it is just affecting me, I would choose not to” (13.35).

Diane feels an intense motherly obligation to do the right thing and the rumors and fears around vaccines have left her torn. Her “gut feeling” that vaccines are risky makes it difficult for her to differentiate between truth and pseudoscience and she cannot ignore the stories she hears,

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although she admits to not being very interested or knowledgeable on the topic. Diane talks about the role of the mother as an emotional and instinctual experience, one that knows best and will always do the best they can to protect. For Diane, that fact, paired with the possibility of vaccine injury, could be justification not to vaccinate, and yet, she and her family all have followed the recommended vaccine schedule because she feels that getting vaccinated is the right thing to do for the community.

Tina

Of all the participants in my study, Tina had the most alternative views. She does not trust the safety nor the necessity of most vaccines. She believes that they carry toxins and heavy metals and is concerned with the link to autism. Tina relies heavily on homeopathy, energy healing, and acupuncture for medical care and would only use biomedicine for injuries resulting from something “urgent” like a car accident or allergic reaction.

Tina mostly vaccinated her kids until they were due for HPV vaccine which she decided to delay along with the second dose of Varicella, the vaccine for chickenpox. She does not like that young children are prescribed immunizations and felt that doctors were pushing it on her. Joining

the Waldorf school was when she “really started to live more alternatively” (7.00). She is attracted to alternative medicine because she feels that they “heal, rather than just medicate” (11.50) and because she feels safer and more respected as a patient of alternative medical practitioners.

Tina has had some very frustrating and scary experiences with biomedicine. For example, her father’s medical doctor prescribed un-recommended amounts of medication close together and did not administer a test for Lyme disease when asked. Tina felt that she had to accompany

her father to his appointments because her mother could not “stand up for my dad, she couldn’t advocate for him” (14.00). Her mother passed away from a brain bleed caused by a stroke preventing medicine. Tina said, “I’ve lost a lot of faith in that kind of world...we are so quick to medicate because people don’t understand how the body works and they are looking for a quick fix and it’s a money maker (17.50).” Her disappointment and fears around biomedicine have brought her to be quite extreme in her beliefs around medical science and these have translated into her opinions about COVID-19.

Tina has a passion for both alternative health and for talking about her fears of following a conventional path. She used to post a lot on FaceBook, but stopped because others were upset by her posts. She has been involved in numerous public events discussing vaccines and the philosophical and religious exemptions. When asked if she identifies as an anti-vaxxer she said “I don’t consider it an anti-vaxx movement, I consider it vaccine educated...when you label something anti-vaxx it’s derogatory and it gives a meaning that people automatically dismiss this person as a wacko. I prefer vaccine educated because we have all looked into the history of vaccines (23.30).” She wants to make clear that she and others have been fighting for this cause

long before Trump's presidency or the pandemic.

Tina does not fear COVID and believes it was planned. She is very skeptical of Dr. Fauci and Bill Gates and believes that their email correspondences regarding timing and anticipation of the pandemic are proof that they were planning it. She commented, "there's actual hard evidence, so that's exciting!" (26.40). Tina is "also against wearing masks, which real science shows they don't do anything. That's been known for years, that it causes lung damage" (20.35).

Tina's family members all got their COVID vaccines as soon as they were eligible. Tina wished they had just waited until the fall to "see how it plays out for the people who volunteer to

get it" (35.00). She does not seem to understand the rush or need for people to get their "lives back" so to speak. She expressed frustration and confusion: "I feel like people are hesitant to get together. I don't know what happened. I don't know how to explain it. People aren't engaging" (33.05). Tina could not relate to the public's needs and desires to mask and distance and therefore could not empathize with people's fears of interaction and therefore enthusiasm for a vaccine. She stated that, "Personally, I am never going to take their poison, I am not going to give my power over to them and I am going to maintain autonomy over my own body" (40.25).

Analysis

In this section I will focus on certain themes that emerged through my discussions with these women and the relevance of their beliefs and experiences to existing literature about anti-vaxxers. Firstly, all four women discussed their distrust of biomedicine, which they contrasted with alternative medicine as well as with "natural living". "Natural living" refers to opting for practices that resemble those of other animals and distancing oneself from

synthetically produced goods. There is a consistent trend in people's usage and approach to alternative medicine. For example, parents will opt for an alternative that is homeopathic, eastern, and herbal, for initial treatment at the onset of an illness or injury, and only use biomedicine if the condition worsens. When parents who strive for a "natural" lifestyle use biomedicine they still treat it as unfavorable or even unnecessary. The inconsistency in the intentions for use and actual outcome are quite drastic, and parents are often found defending their alternative beliefs despite their normative actions. There appears to be a disconnect between parents who are both defending their alternative beliefs while taking normative actions to treat a medical situation. Perhaps this is due to the fact that biomedicine and alternative medicine are

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viewed in opposition, and consequently individuals feel they must pick a side? Perhaps there is an aesthetic or cultural value that urges parents to first opt for the alternative treatment when in the end, they rely on biomedicine for help, all the while continuing to deny biomedicine's valuable role and efficacy.

This is particularly interesting when we explore the accusations made of biomedicine, more specifically vaccines, in relation to alternative medicine. I say this because vaccines are one of the safest and most effective medical inventions. As vaccines only require a few doses, the profit gain is actually quite small in comparison to other pharmaceutical drugs. Furthermore, the alternative medicine industry is worth \$34 billion with no oversight or extensive and expensive testing, allowing alternative medicines to be sold directly to consumers. While there certainly are financial incentives in the creation of vaccines, it is not fair to demonize the pharmaceutical companies for their financial gain while ignoring the massive corruption found in alternative medicine.

The relationship between the doctor and the patient appears to be the catalyst to a patient's trust in the treatments offered. When asked about their experiences with biomedicine and alternative medicines, the participants in my study all shared details about their relationship with their medical practitioners. Each of these parents cared about how they and their children felt during their appointments. Tina explained that with her naturopathic practitioner she was respected and listened to and, “I knew I could be safe talking to him” (7.45). In the West alternative medicine is valued because it has been practiced for many generations; in Tina’s words, it is, “the original medicine” (13.30). The practice of alternative medicines in the West is based on a strong bond of trust between the patient and the practitioner. Although alternative medicine is not supported by science, its success is due in part to the expertise of the practitioner

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and the practitioner gaining the patient's trust. There lies a blanket of innocence and subjectivity around alternative medicine. In the West it is valued for its old age, as Tina said “it is the original medicine” (13.30). The practice of alternative medicines in the West is based on a strong bond of trust between the patient and the practitioner. Since it is not supported by science, it is reliant on the expertise of the practitioner and therefore contingent on gaining the patient's trust. This fact makes alternative medicine more appealing than a general practitioner check up.

Second, it was abundantly clear that for all these women community beliefs were very influential in their decisions around vaccines. Elisa J. Sobo conducted and analyzed qualitative and quantitative research titled “Social Cultivation of Vaccine Refusal and Delay among Waldorf (Steiner) School Parents”. Sobo is interested in understanding how parents used anthroposophy (the spiritual and philosophical foundation of Waldorf education) in their vaccine decision

making. They hosted focus groups where parents answered and discussed questions regarding their beliefs. Generally, parents said that vaccines are unnecessary, toxic, developmentally inappropriate, and profit driven. Most mentioned homeopathy as a household and health practice and spoke highly of a life “in line with nature”.

The parents agreed that not vaccinating is the norm and typical of Waldorf parents. Waldorf schools tend to be heavily involved in the life of the child outside the classroom and this 360 degrees approach carries mechanisms that “reinforce vaccine refusal and delay” (p. 393). Sobo argues that, “this seems an instance of ‘cultural cognition,’ defined as when people match their ideas to those of valued in-group members to avoid cognitive dissonance and demonstrate solidarity” (p. 383). To me, Lisa’s approach appeared to be an example of the “cultural cognition” that Sobo described. She feels a deep connection to her community which in her early

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years of parenthood meant forming similar beliefs with one another, and which now have evolved into a strong sense of public health and responsibility towards others. Sobo concludes that social relations and community are the strongest influences on vaccine choice and that “social relations themselves are paramount drivers of vaccine refusal and delay” (p. 395). Sobo credits Waldorf schools as bubbles of information that foster many parents’ alternative beliefs. Sobo’s paper demonstrates “how social settings can serve as incubators or crucibles, intensifying essentialized or defining group tendencies or values regarding vaccination”, yet it does not go deeper to understand how these parents form their shared beliefs. If it is not anthroposophy, as Sobo hypothesized, then what is the justification or incentive to not vaccinate beyond “natural living”?

Anti/Vax, written by Bernice L. Hausman, is a book about reframing the vaccination controversy

by showing “that vaccine skepticism is linked to various beliefs and practices that are actually not that unusual in American society” (2019, p.13). Hausman explores public versus private health, the media’s representation of anti-vaxxers and “social anxieties about modernity” (p. 60).

What they do well is illuminate how inaccurate and judgmental the public’s view of vaccine hesitancy tends to be and how unproductive the current conversation is around this issue.

Hausman concludes that “the problem of vaccine skepticism is not a scientific problem so much as it is a social one” (p. 219). Hausman, like Sobo and the Waldorf study, agree this issue is deeply entangled in community and social circles. They make the important point that the focus of conversations around vaccines do not need to be about communicating science better, but instead to address a social concern. Their research shows that it is not a lack of information, science literacy, or intelligence that is found amongst the vaccine hesitant. Hausman writes, “In this book, I have tried to show that doubling down on the side of science does not address-or

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even acknowledge- the beliefs and concerns of those who question the triumphal vaccine narrative... ‘science as truth’ is a failure” (p. 212). While Hausman does not believe vaccine hesitancy to be a form of science denial, they do discuss the limits of science in addressing the health and emotional concerns of parents.

My analysis of Blaire’s experience feels very reflective of the main case Hausman made in *Anti/Vax* in regards to educated and health conscious parents not feeling like biomedicine and vaccines address all the concerns they have regarding health. Blaire has multiple value systems that she uses to make decisions, one of which is the fear in her heart she felt when she became a mother. Blaire recognizes the practical and philosophical complications of not vaccinating, but uses her expertise and privacy as justification.

Finally, in addition to a distrust of biomedicine and a deep appreciation for community, the women all referenced—either directly or indirectly—a part of their decision making that has not been addressed in the literature: a “gut feeling.” The concept of the “gut feeling” comes with an understanding and consideration of an authentic self. Sobo’s participants discussed how the “Waldorf pedagogy takes an ostensibly non-interventionist approach to learning” (2015, p. 384) and how “alternative choices were taken to symbolize one’s capacity for independent thinking” (p. 389). These parents considered themselves conscious decision makers and admirable for not following the norm. They were enthusiastic and passionate about the choices they were making.

The authentic self is rooted in a sense of individuality. This individuality is that which gives form to our inner drivers, in a sense our desires and cravings. It is not that we do not have individually unique desires that are part of our nature, but that they are not any more a voice of reason than is a preference for raspberries over blueberries. The gut feeling that a wild berry is

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poisonous is formed from a place of reason not instinct. Therefore, the justification of an action in response to a gut feeling bares little validity in the eyes of many.

Tina’s journey to alternative medicine is a story of empowerment and independence. From standing up for her father at appointments, resisting a government recommended injection, and finding treatments through sources that feel respectful and emotionally supportive, she has identified a movement that promotes self-driven decision making. Tina’s experience feels deeply emotional and about self-expression, she is determined to exercise her freedoms and maintain her individuality. For her, medicine is a part of her everyday health and wellness. Alternative medicine is a safe and healing space where Tina can be herself and honor what feels right in her

gut.

Hausman discusses a “something else” as an unknown factor in educated and well meaning people’s choice not to vaccinate. That “the ‘something else’ is how vaccination controversies point toward fundamental questions about human flourishing and the meaning of illness in healthy lives,” (p. 219) that in the vaccine debate, like most other debates, it is a matter of science and “something else”. This “has to do with understanding in a deep way the cultural mechanisms and beliefs that support our lives and make them meaningful” (p. 219). This “something else” is outside the realm of arguments around science and public versus private health and has to do with the uniquely personal and emotional side of the human experience. Hausman’s analysis stops there. What I found in my research is that there is indeed a “something else”, and that is the “gut feeling”, the internal instinct that drives us to make independent decisions.

Many of my participants' hesitations around vaccines were formed as new parents. This is a critical piece of information as much of their experience with this “gut feeling” relates to their

roles as mothers and the ultimate protector of another being's life. This position of parenthood brings an incredible amount of complex emotion to the conversation of private health versus public health, and one I cannot understand as I am not a parent. I mean not to imply that my participants opted out of vaccinating solely due to a “gut feeling”. I do however argue that it was often fear and this “gut feeling” which initiated their hesitancy and guided them in their personal research. I believe that their “gut feeling” unfortunately clouded their judgment and led them to make alternative choices that could have had negative effects on themselves, their children, and others.

The women I spoke to considered their feelings of attunement and confidence in an “inner wisdom” and selfhood to be instinctive. While there is little known about human instinct in parenthood, this concept is given varying degrees of credibility depending on context. In the case of my research its credibility surpassed other models of knowledge such as science and reasoning. It is impossible to convince a parent to allow something dangerous to happen to their children, even in the name of greater good (is this motherly instinct....?. Therefore, if a parent believes vaccines to be dangerous it is impossible to convince them otherwise.

That same parental need to protect is that which fuels the fire of one’s “gut feeling”. How can a parent unlearn assumptions made from that “gut feeling” and change their opinion on a matter to the point where they can vaccinate their child with trust and without regret? Parents deserve to feel comfortable and confident when their child is injected with a vaccine. Addressing the “gut feeling” is important in our understanding of parenthood, as well as why smart people make such unrecommended decisions, and how to change the minds of anti-vaxxers.

Conclusion

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People trust their guts because they are seeking answers and solutions. The cacophony of information is overwhelming regardless of one’s stance regarding vaccines. While the general view is that vaccines are tested and safe and do tremendous amounts of good, it is a lot to ask someone to ignore a hunch they have. There is a sense of innocence in opting out where one cannot be blamed for simply abstaining. That logic does not hold very well especially in the case of vaccines where their efficacy is reliant on herd cooperation. There is a sense of safety in remaining unvaccinated and not introducing new factors that may create change. If people feel

safe, happy, and comfortable, why would they take risks to prevent a future that will not likely occur? Vaccines have become so routine and implemented into regular medical check-ups that most people do not question and may not be able to outweigh them for public health and less likely for private health for themselves. This is the struggle of vaccines, and where many find themselves torn and turning to their gut feeling to find their answers.

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