



Information Channels and Narratives: To Vaccinate or Not to Vaccinate, That is the Question

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ABSTRACT: The discourses surrounding the COVID-19 vaccination are extensive and have been prolific over the last eighteen months. There has been particular debate among groups of vaccinated and non-vaccinated individuals discussing health benefits and a sense of civic duty in order to protect oneself and those around us as well as considering the extent to which a state really can oblige citizens to uptake the vaccine through a vaccination mandate.

This study investigated the discourses regarding choosing to undergo the SARS-CoV-2 vaccination or otherwise and how these discourses are framed within the global and Italian contexts. The role of information channels, including the media, was also investigated along with the power balances revealed among the vaccinated and non-vaccinated individuals' discourses. An online ethnographic poll was designed and distributed through online channels and follow up focus groups using semi-structured interviews were recorded for transcription and linguistic analysis. Results show some interesting linguistic findings regarding potential discrimination due to the vaccination pass mandate along with the narratives that surround these.

KEY WORDS: Pandemic; Discourse Analysis; COVID-19 Vaccinations; Vaccine Narratives



INTRODUCTION

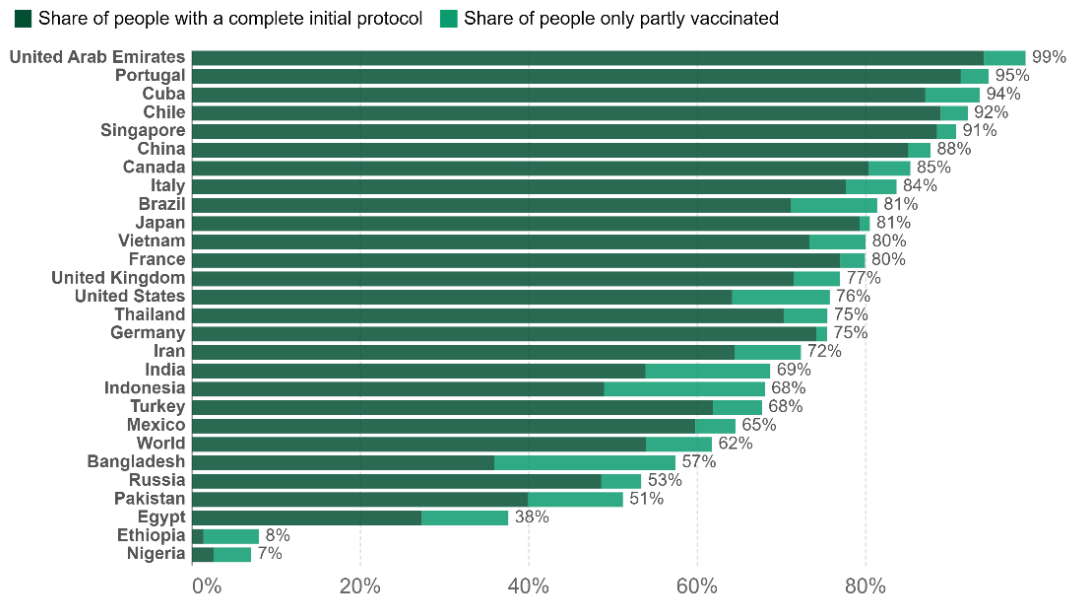
GLOBAL SNAPSHOT

The outbreak of the COVID-19 pandemic, as announced by the World Health Organization on 11th March 2020 (World Health Organization *Director-General*), brought about unprecedented changes on a global scale. While almost all nations were subjected to severe restrictions and/or periods of lockdown, the scientific and pharmaceutical communities developed a number of anti-COVID-19 vaccinations in order to contain the spread of the virus and to protect people's health worldwide. Soon after vaccine development, many high and upper-middle income countries were able to begin the rollout of their respective vaccination campaigns. However, at the time of writing, (February 2022) there is still significant vaccination inequality globally, particularly in developing countries (World Health Organization *Vaccine Equity*). The current targets for all nations, as set out by the World Health Organization, is that of 70% vaccination rates in all nations by mid-2022 through the implementation and careful management of contracts with COVAX and the African Vaccine Acquisition Trust (AVAT) in order to ensure fair delivery and donations (World Health Organization *Vaccine Equity*).

The current global vaccination figures clearly reflect the ongoing divide between upper-middle and high-income countries as, at the time of writing, nations with the highest vaccination rates (according to the nation's initial protocol) are the United Arab Emirates (94%), Portugal (91%), China (85%), Italy (78%), the United Kingdom (71%), the United States of America (64%) and at the lower end we see Egypt (27%), Nigeria (2.58%) and Ethiopia (1.3%). A more detailed snapshot is provided in Fig.1.



Share of people vaccinated against COVID-19, Feb 12, 2022



Source: Official data collated by Our World in Data
 Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries. CC BY

Fig. 1 Bar chart illustrating the current data regarding anti-COVID-19 vaccinations as of mid-February 2022 (Ritchie et al.).

INFORMATION CHANNELS

As the SARS-CoV-2 vaccination became gradually available from the end of 2020 onwards in upper-middle to high income countries, it was met with a great deal of enthusiasm along with trepidation. Therefore, the channels of information which divulge mainstream news in the different nations arguably held, and continue to hold, a great deal of responsibility in transmitting the most detailed and correct information regarding possible vaccinations. Indeed, adherence to the vaccination campaign by the general public was (and continues to be) fundamental for the control and containment of the virus (Piltch-Loeb et al. 2). Thus, it follows suit that the way in which information channels manage how they portray the level of risk related to the SARS-CoV-2 vaccination can be directly linked to vaccination uptake.

During the vaccination rollout period, information was widely available on traditional information channels (e.g., television, newspapers, radio) as much as it was on other channels such as social media. The veracity of the information available is paramount when the public is evaluating risk in terms of their own personal choice to undergo, or otherwise, the COVID-19 vaccine (Piltch-Loeb et al. 2). Indeed, there are several studies which indicate that social media as a source of information is that which leads to greater vaccine hesitancy than other information channels (Basch et al.; Arif et



al.; Ekram et al.; and Moran et al.). Furthermore, there are other studies that indicate that the greatest amount of misinformation available is that which is transmitted through social media (Krause et al. 1059; Puri et al. 4). In the case of the SARS-CoV-2 vaccine, examples of misinformation include conspiracy theories, that the virus was a government bioweapon and that it was connected to cellular networks to name but a few (Krause et al.).

What is more, a further study carried out by Scanell et al. indicates, that as tweets containing misinformation were those which had a higher rate of retweeting than other official sources, it is clear that the role that social media has played in information dissemination is most likely one of the leading factors to have influenced decisions made regarding vaccination or otherwise. Indeed, the World Health Organization (*Infodemic*) has labelled this phenomenon an *infodemic* (i.e., there is too much information, which also includes false information) whereby the extensive use of information channels that have not been verified as providing reliable or trustworthy sources of information have been identified as actually intensifying or lengthening outbreaks due to the uncertainty that they create in populations.

VACCINE NARRATIVES

The narratives surrounding the anti-COVID-19 vaccination are extensive and from a linguistic perspective, the first point of note is the increase in frequency of the terms *vaccine*, *vaccinate* and *vaccination* between 2020 and 2021 as the various global vaccination campaigns commenced (Fig. 2).

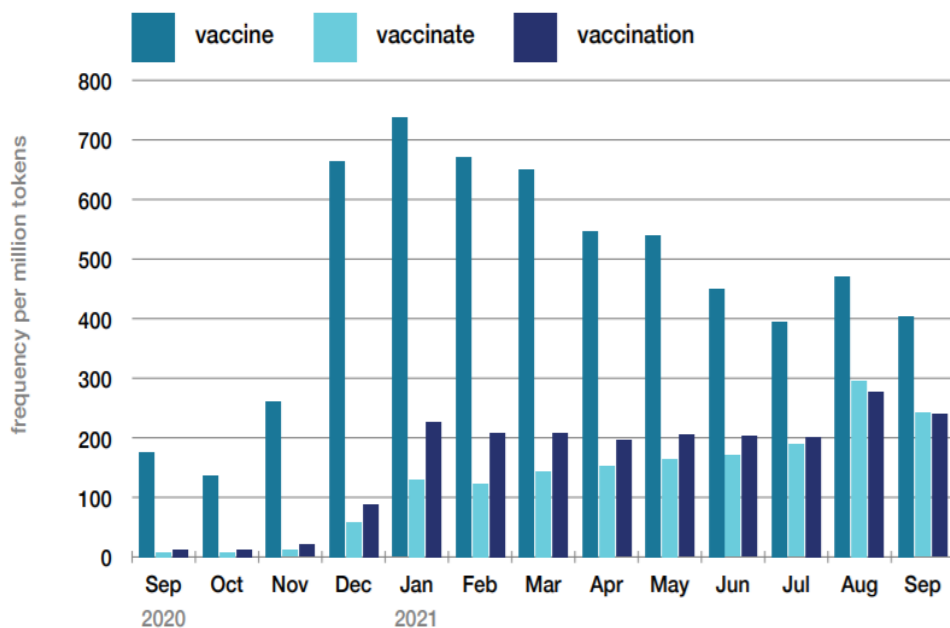


Fig. 2 Bar chart showing the frequency of the terms *vaccine*, *vaccinate* and *vaccination* as shown in the Oxford Monitor Corpus of English (Oxford University Press 5).



Oxford English Dictionary named the word *vax* as their word of the year in 2021 and also examined the variety of different collocations (co-occurring) terms which surround it, such as *doubled-vaxxed*, *anti-vax*, *pro-vax* to name but a few. The clear increase in frequency of these terms being used is indicative therefore of the amount of discourse which surrounds the vaccination itself (in this case only in the English language). Discourse regarding COVID-19 vaccinations has also been studied in terms of the use of metaphors (Semino) as well as studies which examine anti-vaccine discourses (Durmaz and Hengirmen). However, an area which has been investigated to a lesser degree is the discourses which surround the implementation of COVID-19 passes (Green Pass in Europe, NHS Pass in the UK and COVID-19 Pass/Passport in many other nations). Individuals who are unvaccinated are unable to obtain these passes (unless they have been infected with COVID-19) and important questions have arisen regarding infringement on personal choice, potential human rights as well as discrimination (Susi and Pajuste). The latter study further elaborated fears that the implementation of a “vaccination passport” may be perceived as leading to a “two-class society” placing those in possession of the pass in a position of power and privilege in comparison to those who do not have one.

Therefore, this study aims to investigate discourses surrounding COVID-19 vaccinations as well as the implementation of vaccination passes/passports while also investigating the extent to which information sources may or may not have influenced the decision to adhere to the vaccination campaign. In particular, the lines of enquiry seek to investigate the following research questions:

- What kinds of discourses exist surrounding choosing to undergo the SARS-COV-2 vaccination or otherwise and how are they framed within the English and Italian speaking contexts?
- How has the media dissemination influenced vaccinating decisions?
- What do discourses reveal about power balances (also in relation to COVID-19 vaccination passes)?

METHODS

THEORETICAL BACKGROUND

Ethnographic Survey

Ethnographic methodologies were adopted for this study in the form of an adapted online anonymous survey for quantitative analysis and online focus groups for qualitative analysis. Ethnography has been defined as an appropriate methodology for a wide variety of subject areas, including healthcare, as well as medical education (Goodson and Lee) and was thus selected for this study considering both the topic and its social importance (Agar). The ethnographic poll was designed in order to gain an overview of the demographics of the random sample as well as the participants’



position regarding the COVID-19 vaccination, the vaccination pass as well as information sources regarding the vaccine. The distribution of the ethnographic questionnaire in an online format followed up by consenting the participants for the focus groups was also in response to adapting practices during pandemic conditions as carrying out fieldwork continues to be limited (Forrester). While the total submersion within a particular community (Spradley *Observation*) or in this case (vaccinated or non-vaccinated) group was not possible, as per usual ethnographic methods, online methodologies made it possible for social practices, cultures and interpretations to be studied through the use of online semi-structured interviews (Spradley *Interview*).

Critical Discourse Analysis

The discourses surrounding SARS-CoV-2 vaccinations are intrinsically linked to the information channels utilised by the general public when making the decision to adhere or otherwise to the vaccination campaign. The personal choice of being vaccinated or not would not usually call directly for a critical analysis *per se* if it were not for the introduction of COVID-19 passes. The implementation of such passes has, in some nations, created categories or groups of individuals who are then able to participate or are indeed excluded from certain activities in society (entering public places, entering the workplace, taking public transport to name but a few). Therefore, vaccine passes could be interpreted as having created a level of inequality that merits investigation in terms of how their implementation may be enacted, reproduced, legitimated and/or resisted through text and talk (Van Dijk 466) in terms of how these groups are portrayed in both written and spoken discourses.

Van Dijk (470) suggests that in general terms, the majority of people have active control over their talk in their everyday lives whereas they are passive targets of public texts (i.e., mass media and other authorities). Furthermore, the interpretation of discourses regarding specific events (i.e., the pandemic and vaccinations) consists in the construction of a subjective model regarding the situation (Van Dijk 472) but the power of persuasion that mass media holds cannot be underestimated. Indeed, Fairclough (54) states that “the hidden power of media discourse and the capacity of [...] power-holders to exercise this power depend on systematic tendencies in news reporting and other media activities [...] the effects of media are cumulative.” Therefore, critical discourse analysis was selected for this study due to the multifaceted possibilities that it may reveal in terms of power balances, also influenced by the media.

STUDY DESIGN

A web-based ethnographic poll (Klok and Conners; Leeman et al.) was designed to be distributed via email, social networks, and other digital channels. The questions were



specifically conceived to investigate perceptions of anti-COVID-19 vaccinations, passes and sources of information.

The poll was live for a period of ten days from January 15th to January 25th January 2022 and was closed after having reached the pre-established number of responses (n = 100). The questionnaire was available in two languages (English and Italian) and informed consent was obtained from the participants for their answers to be used anonymously for research purposes. Participants were also asked if they would like to participate in online focus groups regarding the same topic, and those who consented provided a contact email in order to receive the details. The poll used a mixture of multiple-choice questions, Likert scale and open-ended responses. The questionnaire was designed to take participants on a different pathway of questions based on whether they were or were not vaccinated against SARS-CoV-2. The focus groups were recorded online and transcribed for qualitative analysis. Four separate focus groups were organised, two were conducted in English and two were conducted in Italian and for each language there was one group of vaccinated individuals and one group who was not. All participant information was held strictly confidentially, and any personal references were anonymised.

INCLUSION CRITERIA

The poll was distributed among channels (social media, email and other digital channels) which targeted any audience and was therefore random in sampling. Only adults were enrolled for the study and consent was obtained.

EXCLUSION CRITERIA

Respondents who only completed the questionnaire partially were excluded in order to maintain a uniform data spread.

RESULTS AND ANALYSIS

QUANTITATIVE SURVEY RESULTS

Participant Cohort

The respondents were mainly from Italy and the UK but due to sharing and reporting through social networks, there is a spread of participants from almost all continents including Europe, North America, Asia and Australasia as can be seen in Fig. 3 and their age range and gender are illustrated in Fig. 4.

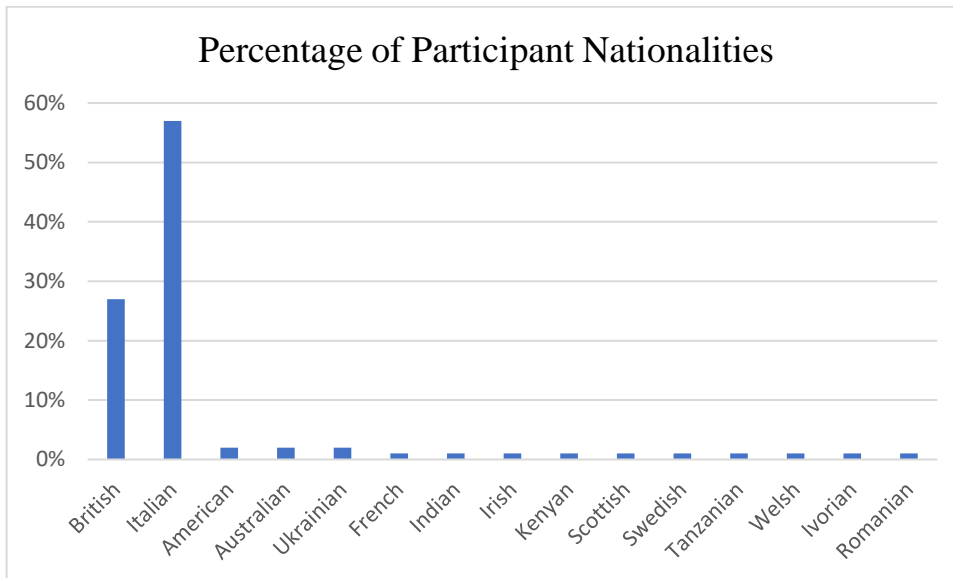


Fig. 3 Bar chart illustrating the nationalities of the participants.

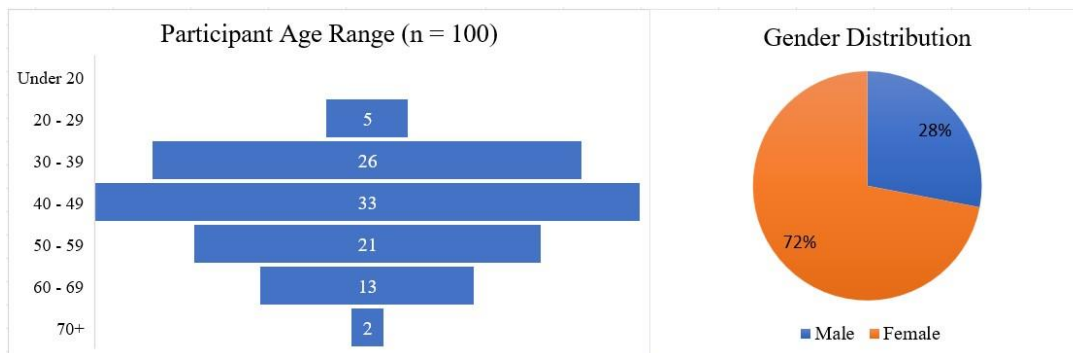


Fig. 4 Funnel chart and pie chart illustrating the participant age range and genders.

The data in Fig. 4 show that the participants aged between 40 and 49 years old represent the largest cohort while the 20 – 29 years olds and over seventies are less well represented. The gender is distributed at a ratio of 72% female participants to 28% male participants. The questionnaire was distributed randomly through social media networks and other online channels and therefore is representative of the first 100 respondents to the questionnaire. The question of gender is not of great relevance in terms of COVID-19 vaccination status (or at least should not be) as there is no



vaccination discrimination based on gender.¹ Age, on the other hand, was of great importance during the vaccination campaign as most countries proceeded with vaccinations for healthcare providers and keyworkers followed by the most vulnerable categories and this was most frequently based on age (Grego).

VACCINATION STATUS AND POSSESSION OF COVID-19 PASS

Participants were asked to share their vaccination status and to state whether or not they were in possession of a COVID-19 pass (Fig. 5).

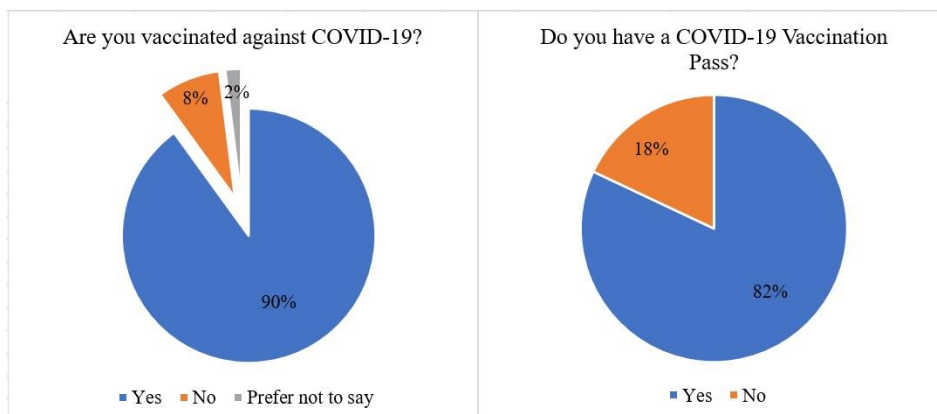


Fig. 5 Pie charts illustrating from left to right, the percentage of vaccinated individuals and of individuals in possession of a COVID-19 vaccination pass.

The data indicate that 90% of participants have been vaccinated² against COVID-19 compared to 8% who had not and 2% who preferred not to indicate their vaccination status. However, the number of individuals in possession of a COVID-19 pass is lower at 82% with a pass and 18% without one. This is also likely due to the legislation in place within the different nations. Most European nations have seen the introduction of the European Vaccination Green Pass which has been implemented on various different levels including making it mandatory to enter the workplace (as is the case in Italy) while in other nations this same implementation has not been applied.

¹ Grego (*COVID-19+*) is currently undertaking a pilot study examining issues of both age and gender during the SARS-CoV-2 which may lead to wider considerations into the role of gender (and not only age) in terms of vaccination and grouping of individuals.

² Individuals were considered as vaccinated if they had received a minimum of two doses of any recognised vaccination and/or they had received one dose and had contracted COVID-19.



MOTIVATIONS IN FAVOUR AND AGAINST VACCINATION

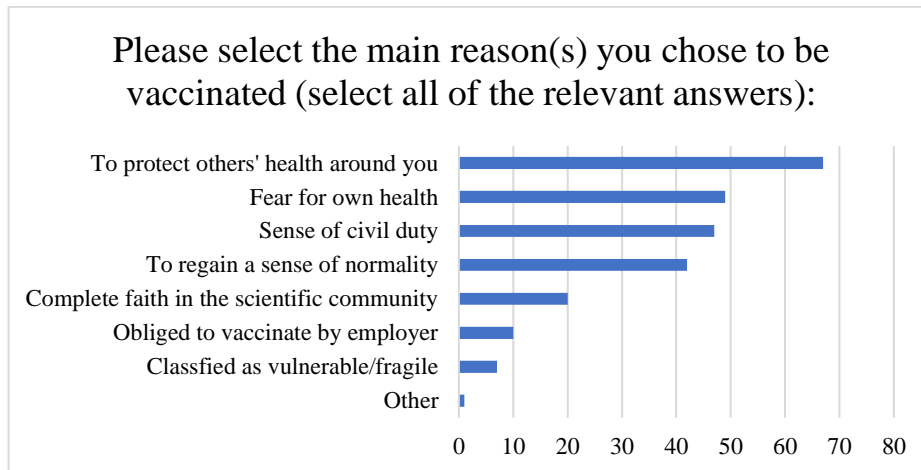


Fig. 6 Bar chart illustrating the main factors which motivated the participants to seek out the COVID-19 vaccination.

The cohort who responded that they had been vaccinated were asked to indicate their main motivations and were able to select more than one response (Fig. 6).

As can be seen in Fig. 6, the main motivating factor identified was that of protecting others' health, with 67 responses in that case, followed by their own health. An interesting response is also the sense of civil duty as the third motivating factor behind these participants indicating why they had chosen to be vaccinated. Therefore, in the top three responses, two of them were motivated by a sense of protection towards others before themselves. It is also interesting to note that there is not a great deal of faith demonstrated in the scientific community as there are only 20 responses for that possibility. Further comments regarding motivations for undergoing the COVID-19 vaccine indicate feelings of relief (Example 1), trepidation, confusion as well as conviction (Example 2) and even the intention to have a fourth booster dose if possible (Example 3):

[1] *It was a relief!*

[2] *In general, I was pretty unhappy at first about the need to get vaccinated. Gradually began to see it as a necessity. Now am very confused.*

[3] *I would like a 4th vaccine as my husband is classed as vulnerable.*

The first comment uses punctuation in order to emphasise the extent that the vaccination has brought about a sense of relief and the third participant clearly demonstrates complete faith in the vaccine by indicating that they would indeed have the fourth vaccine. However, it is evident that not all participants are entirely convinced and may also be confused, as we see with the second comment. It is also likely that the



sheer amount of information, i.e., the *infodemic* (World Health Organization *Infodemic*), as mentioned above, is a contributing factor to such a sentiment. On the other hand, the motivations behind why participants chose not to receive the vaccination are varied and are illustrated in Fig. 7.

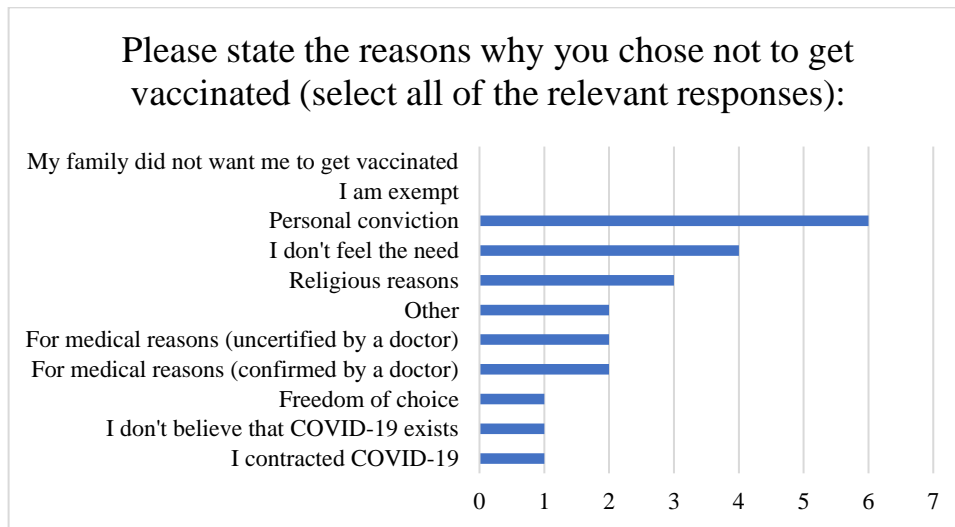


Fig. 7 Bar chart illustrating the main factors which motivated the participants not to seek out the COVID-19 vaccination.

The first motivation for not undergoing the vaccination is identified as being for personal reasons of conviction, followed by the sentiment that the vaccination is not necessary and also for religious reasons. One participant also indicated that they do not believe in the existence of COVID-19 and therefore of course do not recognise the need to be vaccinated. As an extra comment in the *other* section one participant stated (Example 4):

[4] *Sono convinzioni ed insieme ragioni scientifiche/mediche. Non sono d'accordo sulla modalità d'azione dei vaccini proposti in Italia, non voglio che le mie cellule producano la Spike della versione Alfa.* (They are both convictions and scientific/medical reasons. I do not agree with the management of vaccinations proposed in Italy and I do not want my cells to produce the Spike associated with the Alpha variant).

This participant clearly demonstrates their conviction regarding personal and medical reasons and also indicates their disagreement with how the state is managing the vaccination process. This participant also highlights their concern regarding the Alpha variant and uses the scientific term Spike. This would also indicate that the participant has not made this decision without careful consideration, and they have also researched (sources unspecified) how the COVID-19 spike proteins adapt.



SENTIMENTS TOWARDS VACCINATED AND UNVACCINATED INDIVIDUALS

The topic of being vaccinated and unvaccinated is currently an issue which is leading to (or has led to) the categorisation of individuals into groups of those who are vaccinated and those who are not. The very nature of this questionnaire (and the subsequent focus groups) was based on that very same premise. Therefore, considering the importance of this topic at a time when the pandemic is far from over, the question of resentment towards the “others” was posed and the responses can be seen in Fig. 8.

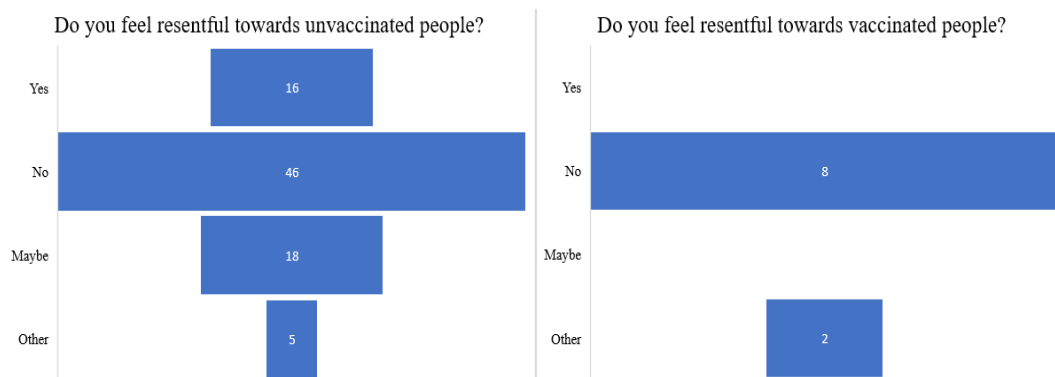


Fig. 8 Funnel charts illustrating the feelings of resentment towards unvaccinated individuals (on the left) and vaccinated individuals on the right according to the opposite group of belonging.

The most striking difference between the two groups is that while vaccinated individuals indicate a relatively high level of resentment towards unvaccinated individuals (n = 16), no resentment is indicated when the roles are reversed. Furthermore, for the vaccinated individuals who selected “other” as their response, they provided the following comments:

[5] *A bit. But I feel extremely resentful towards the people who created this disease, and fairly resentful towards the pharmaceutical companies and Boris.*

[6] *Sometimes yes, but I think it's important to direct my resentment towards those (people and groups) who spread misinformation about vaccines. Many unvaccinated people believe they are making the correct decision. The problem is that they're basing their decision on bad information. For this reason, most of my resentment is directed towards those who knowingly distribute bad information about vaccines for personal and/or political gain.*

[7] *At times yes but realise people are ultimately responsible for their own actions and decisions. Unfortunately, a lot of misinformation has let people believe their rights are being taken away from them.*



The above comments (Examples 5 – 7) are made by vaccinated individuals who wished to comment on their levels of resentment (or not) towards unvaccinated individuals. They clearly identify the key theme of information channels and sources (as outlined in the introduction) [Piltch-Loeb] and also indicate another fundamental issue surrounding vaccination, which is that of rights (and perhaps even human rights) [Susi and Pajuste].

On the other hand, non-vaccinated individuals made the following comments regarding their counterparts and whether or not they felt resentment:

[8] *Solo per chi offende.* (Only towards those who are offensive).

[9] *Solo verso chi si accanisce contro i non vaccinati.* (Only towards those who turn against those who are not vaccinated).

This is the first glimpse of how non-vaccinated individuals feel regarding the actions (and insults) that they seem to have experienced. It is implied that they have already been offended (or know of people) for not having been vaccinated and, in that case, they feel resentment towards vaccinated individuals (Examples 8 and 9). Indeed, the same cohort of non-vaccinated participants made the following open comments regarding their feelings towards vaccinated individuals:

[10] *Mi dispiace la loro ignoranza (comune alla maggioranza purtroppo, proprio nel campo degli studi in generale), nel NON volersi informare per bene sui siti ufficiali, e per non aver letto le quasi 60 pagine di consenso informato. Sono tutti convinti che il vaccino sia sinonimo di PROTEZIONE, invece non lo è affatto e viene detto chiaramente (vedi consenso). Da lì avrebbero forse fatto scelte differenti.* (I feel sorry for them and for their ignorance (which is a common factor for most of them, specifically in terms of studying in general) in NOT wanting to use official websites to inform themselves and for not having read the informed consent which is almost 60 pages in length. They are all convinced that the vaccine is synonymous of PROTECTION however it is not at all and this is written very clearly (see consent form). In that case, they would have made different choices).

[11] *Mi preoccupa per la loro salute.* (I am concerned about their health).

[12] *Alcuni convinti la gran parte obbedienti molti costretti. Hanno un lasciapassare che li espone a rischio.* (Some of them are convinced, the majority are obedient, and many are forced. They have a permit that puts them at risk).

What emerges in these comments is what seems to be a degree of genuine concern towards vaccinated individuals regarding their health and risk (Example 11) while in the first comment we see an expression of resentment (as well as conviction) in terms of vaccination (Example 10). The first participant believes that those who are vaccinated are ignorant (and potentially not well read) as well as being ill informed regarding the risks, and if they had been better informed, they would have made a



different decision on the whole. Example 12 instead clearly illustrates how they perceive the vaccinated individuals as having a special permit, which gives them special rights, despite the fact that they have unduly exposed themselves to risk.

COVID-19 VACCINATION PASSES

As outlined in the introduction, vaccination passes have been implemented in various nations, and to various degrees, in order to contain virus spread, incentivise those who are unvaccinated to seek out the vaccination as well as for the overall safety and health of the general public (Puri et al.). The use of vaccination passes in order to incentivise (and/or restrict) non-vaccinated individuals has been subject to much public debate in terms of human rights and the extent to which a state can force a vaccination mandate (Susi and Pajuste). Thus, in line with such a debate, Fig. 9 provides an insight as to whether the participants in the study believe that people who possess a vaccination pass are in a position of privilege or not.

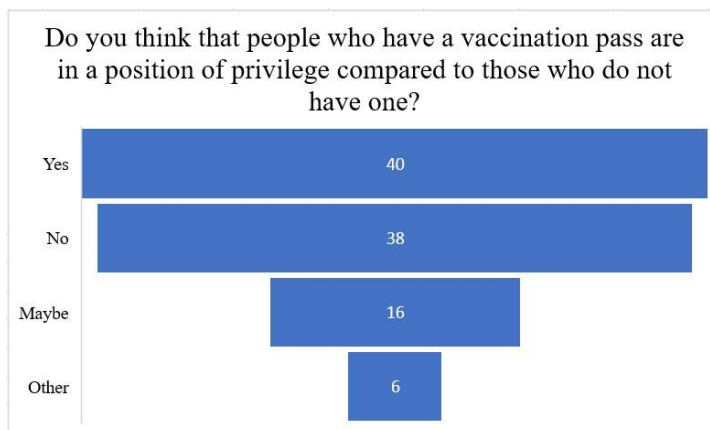


Fig. 9 Funnel chart illustrating whether participants believe individuals in possession of a vaccination pass are in a position of privilege or not.

Those who are in possession of a vaccination pass (as illustrated in Fig. 5) do not all form part of the vaccinated group. Indeed, there were also 5% of non-vaccinated individuals who indicated that they were in possession of the pass due to the fact that they had previously contracted COVID-19 and therefore had acquired a level of immunity against the virus. Thus, the vaccination pass was not reserved only for vaccinated individuals. What is of most interest, however, is the almost even divide regarding a position of privilege (or not) in terms of those in possession of a vaccination pass. From a critical discourse perspective (Van Dijk), the very existence and implementation of the vaccination pass could be interpreted as inequality however the participants show a relatively even divide in that sense. The open comments regarding this topic are therefore worthy of further investigation:



[13] *Safeguarding everyone.*

[14] *There are lots of vaccinations, some people are vaccinated some are not. I don't see this as different.*

[15] *Why should the unvaccinated have special rights? But I'd be okay with some other evidence that they were covid free when entering the workplace.*

[16] *People should not have to choose between going to work or being exposed to a potentially dangerous disease. If there are proper exemptions for people who cannot be vaccinated because of health reasons, it seems correct to require workers to get vaccinated. It keeps everyone safer. It also helps businesses and institutions avoid the logistical problems of having many workers not come to work because they got covid.*

[17] *Infringement of individual rights.*

[18] *Again, vaccination should be a free choice.*

[19] *There shouldn't be a mandate in a democratic society where any part of the population are discriminated against due to health/medical factors.*

[20] *È una violazione dei DIRITTI UMANI e una violazione dei DIRITTI COSTITUZIONALI. (It's a violation of HUMAN RIGHTS and CONSTITUTIONAL RIGHTS).*

The selection of comments show the division in the discourses surrounding the COVID-19 vaccinations, the potential for a vaccination mandate as well as the mandatory implementation of vaccination passes. The comments show that for some, it is a question of civil duty (Example 13) and protecting others around you while for others, the infringement of freedom of choice and rights is paramount and comes before any other question of health (Examples 14 – 20).

The potential for those in possession of the vaccination pass to find themselves in a position of privilege and power in comparison with those who do not possess one is noteworthy. Despite the obvious benefits to all nations uptaking the vaccination in order to fight the pandemic and reduce the numbers of infections and related deaths, it is possible that the vaccination mandates (even if through coercion via a vaccination pass) create a societal divide which is unprecedented in modern times and democratic nations. The division between vaccinated and non-vaccinated could quite easily lead to discrimination towards the minority group (in this case non-vaccinated individuals). Non vaccinated participants were therefore asked if they believed that they had been discriminated against and their responses are illustrated in Fig. 10.

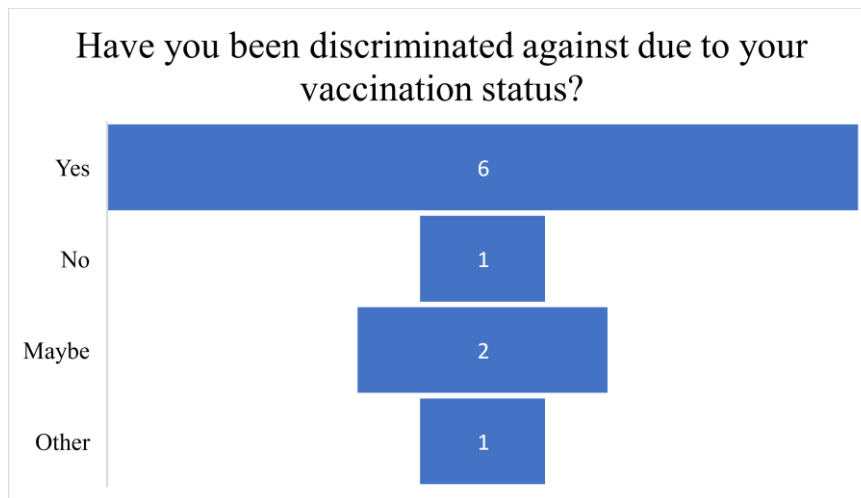


Fig. 10 Funnel chart illustrating the number of non-vaccinated individuals who feel they have been discriminated against due to their vaccination status.

The funnel chart shows that the majority of non-vaccinated participants feel that they have been discriminated against and this further demonstrates the divide which is caused by vaccination status and pass possession. The participants shared the following thoughts regarding how they perceive their discrimination:

[21] *People are being very rude and sometimes it costs pressure to communicate with those who are strongly convinced that vaccine works and necessary.*

[22] *Viene negato l'accesso a negozi o servizi anche primari (es. Posta). (Access to shops and services—also primary ones—are denied e.g. the Post Office).*

[23] *Sono stata isolata a lavoro più volte, sono isolata dalla società e dallo stato, che impedisce a chi non è vaccinato di usufruire della sua libertà data per grazia divina e non per concessione di un tiranno umano, e impedisce di accedere a servizi col ricatto di un vaccino non che protegge dall'infezione. Si ricordi che chi concede a qualcuno con un atto scritto l'obbligo a farsi iniettare una sostanza sperimentale, perderà il controllo del consenso sul proprio corpo a vita. (I've been isolated at work several times, isolated by society and also the state who do not allow those who are not vaccinated to make use of the freedom given to them by divine grace due to human tyranny and they ban access to places through using the vaccine as a kind of bribe that does not protect you from infection. It's important to remember that whoever gives written consent to have an experimental substance injected into their body, will lose consent over their own body and life)*

[24] *Tampone ogni due giorni, limitazioni ai miei diritti costituzionali. Ho vissuto mesi sotto ricatto sentendomi definito sorcio, disertore, untore. (COVID-19 test every two days, limitations on my constitutional rights. I've lived for months being blackmailed and having to be defined as a rat, a deserter and a plague spreader).*



Examples 21 – 24 highlight the extent to which not being in possession of a vaccination pass has caused isolation, personal insults as well as limitations on movement and access to primary services.

QUALITATIVE ANALYSIS

Participants who consented to online focus groups were invited to elaborate their responses in the survey through semi-structured interviews. For brevity, only some of the salient areas will be exemplified in line with the aforementioned arguments.

COVID-19 vaccinations were developed first and foremost as a way to contain and reduce virus spread and therefore in turn, reduce mortality rate and eventually bring an end to the pandemic (World Health Organization *Coronavirus disease*). The benefits that these vaccinations could bring is generally recognised in the focus groups:

[25] *Mainly for my own health, but then also I have my mom in mind so mainly for myself and my family to protect everybody else or the fact that I was exposed quite a lot at work that was a big factor for me.*

These kinds of sentiments, of protecting loved ones (Example 25), were shared on the whole within the vaccinated focus groups while they were starkly contrasted in the non-vaccinated groups as shown below:

[26] *[...] che il covid sia mutato in una malattia molto più benigna. Io l'ho contratto, devo dire che è stata un'influenza.* (Covid has mutated into a much more benign illness. I caught it and I have to say it was like having the flu).

[27] *Quindi è stata esagerata la mortalità del Covid. Lo dico per esperienza [...] È stata dipinta come una malattia mortale. Cosa che non è.* (Covid mortality rates were exaggerated. I speak from experience. It was portrayed as a mortal disease, but it isn't).

[28] *Io ho cercato la malattia come un disperato come un sacco di gente. Che me ne frega, lo dico. Io non ho paura del Covid.* (I desperately sought out infection like a lot of other people did. I don't care, I'll say it, I'm not afraid).

These sentiments (Examples 26 – 28) could be interpreted as negating what the scientific community and the media has shared with the general public and therefore as minimising the gravity of COVID-19 or, on the other hand, these could be interpreted as personal and true narratives as these participants perceive the truth. Van Dijk (473) states that regardless of the information that media outlets portray, individuals interpret the information in their own way and create a subjective opinion, as is arguably the case here.

Another key argument addressed in the focus groups is where participants obtained their information and how they evaluated it for reliability and trustworthiness



(Krause et al). The vaccinated individuals showed an awareness regarding information channels that could be considered as trustworthy (Example 29):

[29] *I think the media has a central role at the moment [...] choosing what is a reliable source is super important.*

However, although vaccinated individuals are compliant in terms of the vaccination campaign, there were a number of uncertainties to having the vaccination and also where to find the right information:

[30] *I found it quite difficult to get information to be honest it wasn't that much other than a blanket yep yep it's great it works.*

This last statement (Example 30) is an example of a relatively common sentiment throughout the corpus and emphasises the importance that mass media play when transmitting key information. Fairclough (54) and Van Dijk (473) highlight the power of the media in persuasion and this seems to be indicated in the participant's response particularly through the adjective *blanket* to indicate that the same message reverberated from all information outlets. What is of note in the non-vaccinated focus groups is that the participants demonstrate a great deal of awareness regarding information outlets and recognised that social media do not always disseminate trustworthy information:

[31] *I social non ne parliamo proprio [...] infatti dicono già tutto proprio anche il sito del Ministero della Salute, i bugiardini stessi, il consenso informato, quindi non sento il bisogno di informarmi altrove. (Let's not even mention social media...everything can be found on the Ministry of Health website, on information leaflets, on the informed consent so I don't feel the need to find information elsewhere).*

The non-vaccinated participants demonstrate a level of reading and online research (Example 31) which is not evident in the vaccinated group, and they indicate a lack of trust in mainstream news channels, who they deem to be untrustworthy and contradictory. However, what also seems to be evident is that they reinforce their own narratives and messages using official sources of information with an interpretation that suits their convictions.

A further key point for investigation is that of the power balance between those who are vaccinated (and possibly in possession of a vaccination pass) and those who are not. The non-vaccinated individuals made the following observations:

[32] *You have to be sort of privileged, sometimes, unfortunately, here, to have vaccines and tests.*

[33] *[...] but with regards to it being mandatory no I don't I don't really agree with it, I think that it should be...people should have their own choices.*



The participants show a clear awareness regarding the potential for vaccinated individuals being perceived as privileged (Example 32) and also state that they believe that vaccination (and therefore vaccinations) should be a free choice (Example 33). However, other participants are also perplexed about non-vaccinated individuals' reasoning and believe that the vaccination is for the good of everybody (Examples 34 and 35):

[34] *To be honest, I just thought it was great [the vaccination pass] I thought it was really good I was like well, I can be in here now, knowing that everyone's been vaccinated.*

[35] *I don't understand the reasoning for not having it, she's got four children [...]so I find it unbelievable that in this day and age, somebody would avoid the vaccine and she believes that the number of deaths were fabricated.*

The concept behind the fabrication of numbers, which appears to be a reason for confusion for vaccinated individuals, is confirmed as a clear conviction (Example 36) in the non-vaccinated group:

[36] *Persone che morivano di altro e risultavano positive venivano date come morte di Covid. Però, facciamo finta che sono tutti morti di Covid.* (People who died due to other causes were registered as having died due to Covid. So, let's pretend that they all died because of Covid).

In terms of discrimination, while the vaccinated group recognise that they may be perceived in a position of privilege, this is not a sentiment that is necessarily shared by the non-vaccinated group. There are clear indications against the state that their constitutional rights are not respected in terms of the Green Pass (the European vaccination pass) but they do not identify as being directly discriminated against in all cases (Examples 37 and 38):

[37] *Persone che si dicevano amiche sono scomparse quando hanno scoperto che non mi volevo vaccinare. Quindi sicuramente una discriminazione.* (People who said they were friends disappeared when they found out that I didn't want to get vaccinated. So, that's definitely discrimination).

[38] *La verità è che sono discriminati gli idioti che si fanno la vaccinazione, scusa il termine.* (The truth is that the idiots who get vaccinated are those who are discriminated, excuse my terminology).

[39] *Discriminato è non chi non ha, ma chi ce l'ha il Green Pass, perché quella povera persona ha accettato di non essere un essere umano.* (Those who are discriminated against are not those who don't have a Green Pass but those who do, because that poor person has accepted to no longer be a human being).



[40] *Il Green Pass è assolutamente una misura dittatoriale, anticostituzionale.* (The Green Pass is absolutely a dictatorial and unconstitutional measure).

There is clear sentiment that the imposition of the vaccination by the state is perceived as a violation of constitutional rights by the non-vaccinated group (Examples 39 and 40). This concern has also been expressed in terms of human rights and also restrictions on freedom of movement within Europe by Susi and Pajuste. From a critical discourse perspective (Fairclough; Van Dijk), not possessing a vaccination pass does represent a status of inequality within society as it precludes the possibility of participating in activities that were previously possible to all citizens. However, as indicated by healthcare providers who participated in the study, the vaccinations have been proven to contain the virus and the implementation of a vaccination pass does incentivise people to undertake the vaccination. Therefore, the extent to which this is a justified unequal power balance requires further investigation.

A final point for consideration which became apparent during the focus groups with the non-vaccinated individuals is that they do not perceive themselves as isolated from society due to their status but indeed they have created their own network of support with elevated numbers (Example 41):

[41] *Ci sono dei gruppi, sicuramente parliamo tra di noi, ci confrontiamo. Anche all'interno di questi gruppi ci sono persone che comunque difficilmente fanno come ragionare e quindi cerchiamo di indirizzarle in maniera corretta, quindi è importante sostenersi soprattutto quando si è pieni di paure [...] stanno nascendo delle reti.* (There are groups, and we talk among ourselves and share our thoughts. Also, within these groups there are people who need support in making decisions and we guide them in the right direction. So, it's important to support one another, especially when people are very afraid [...] networks are starting to form).

Therefore, it would seem that although non-vaccinated groups could be considered as in the minority and potentially victims of discrimination, they themselves do not perceive it as so. They have organised support communities which are available online as well as in person and these groups pull together in order to ensure a sense of unity and kinship.

CONCLUSIONS

In conclusion, this study provides a snapshot of COVID-19 vaccination discourses from a principally Italian and British angle with some international participants from further afield. The discourses explore different perspectives according to vaccination status while also demonstrating a certain degree of mutual understanding among the different positions. The influence of information channels and media is undoubtedly paramount in these unprecedented times, and it emerges that all parties are aware of searching for reliable information. The non-vaccinated subjects stated that they use



official sources of information but have little trust in mainstream media outlets due to what they describe as contradictory in nature. The power balance or even imbalance and potential discrimination that vaccination passes could create is recognised by all parties and is arguably cause for concern from a human right's perspective moving forward. Nations who have taken a hard line regarding vaccination pass mandates cite doing so in order to contain the virus and incentivise vaccination uptake however where to draw the line within democratic societies is delicate in order to not incentivise marginalisation and infringement of people's rights as well as additional discrimination. Further investigation following this initial study is planned and will aim to broaden the global snapshot along with a greater variety of focus groups.

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