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CONTEXTUALIZING ANTI-VACCINATION MOVEMENTS

The COVID-19 Trauma and the Biomedicalization Crisis in the United States

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INTRODUCTION

Undoubtedly, the system of healthcare in the United States is an issue that provokes numerous disputes and overtly political tensions. On the one hand, the USA is a global leader in the biotechnology and pharmaceutical industry, investing billions in the development of the most sophisticated 'hospital-industrial complex,' to quote Wendy Simond's (2017) apt term. On the other hand, the American healthcare system is inefficient in terms of its social inclusiveness and the general affordability of high-tech solutions in biomedicine. Although it is beyond the scope of this article to discuss these problems in greater detail, our argument begins with an insight into a process that paved the way for the current character of the American healthcare system. The process of epidemiologic transition focuses our attention on the pivotal role of modernization processes in the prevalence of certain types of diseases and the overall character of challenges that a healthcare system faces (Omran 1971). The notion has been coined to conceptualize a developmental leap from societies in which infectious and parasitic diseases are the main sources of health-related concerns to societies whose major source of health anxieties is the increasing prevalence of chronic and degenerative diseases, such as cancer, cardiovascular diseases, or autoinflammatory diseases.

Post-transition healthcare systems are organized to effectively cope with chronic medical conditions, which requires the use

of sophisticated biotechnology, life-long treatment schemes, society-wide disease prevention plans, and the popularization of health-related issues via mass media. At the same time, processes of epidemiologic transition eradicate many imminent dangers (e.g., poor sanitary conditions, reoccurring epidemics) and focus individuals' attention on imperceptible health risk factors (e.g., cancerogenic substances in food, maladaptive gene mutations). As a consequence, post-transition societies are susceptible to processes of biomedicalization; that is, the extensive colonization by biomedicine and biotechnology. Processes of (bio)medicalization are socially and culturally productive in a way that they promote, to refer to Neil Postman's (1993) terminology, a kind of 'technopoly' in which the discourse of biomedicine fosters new forms of normative regulation and individual and collective identities, thusly redefining communities in overtly biological terms.

This article aims to discuss the negative impact of the COVID-19 pandemic in terms of structural tensions implicit in the system of biomedicalized healthcare in the United States. Rather than focusing on the political polarization of American society in the wake of the outbreak, the paper sees the pandemic as a trigger of previously latent tensions which now threaten to destabilize the discourse and the organization of healthcare in the United States. The salient role in this process is attributed to anti-vaccination movements that abuse the pandemic situation to subvert the principles of biomedicalization.

THE BIOMEDICALIZED STATES

The process of epidemiologic transition defined our understanding of biomedicine as a science and practice of mass-scale prevention. In this sense, biomedicine is not only interested in managing present medical conditions but also in the eradication of health risk factors due to life-long disease prevention and universal education. Biomedicine has become an instrument of social engineering, delineating expected (i.e., normal, healthy, rational, or politically correct) trajectories of human existence.

This regulating character of biomedicine became an important theme of American sociological perspectives in the sociology of health and illness (Weitz 2007). Since Talcott Parsons's 1951 for-

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mative study of the 'sick role,' American sociologists have invested considerable resources in regarding diseased or maladaptive states of the human body in terms of one's inability to conform to social or economic expectations. Medical conditions, consequently, were seen from a perspective of society's functional integration in which the individual sickness is also a matter of throwing the entire social system out of balance. Predictably, the role of biomedicine was to restore balance by intervening in the patient's corporeality.

The functionalist perspective reverberates in contemporary American sociology as two interrelated theoretical systems postulated to conceptualize biomedicine in terms of a mechanism that regulates, redefines, and reorganizes individual identities, social interactions, and institutions. The theories of medicalization (Conrad 2007) and biomedicalization (Clarke, et.al. 2010) have been devised to provide a coherent sociological narrative of the US 'hospital land;' that is, the network of practices and institutions permeated by biomedical policy and the economy of health and illness: "Hospital Land is an alternate universe within the world of the living, focused on the bodily problems that interrupt and that can, ultimately, end life. In Hospital Land, sickness never ends" (Simonds 2017: 15).

Traditional sociologies teach us that human societies regulate themselves by developing axiological and normative systems. It is a correlation of values (i.e. socially legitimate objectives) and norms (i.e. socially legitimate means of achievement) that prevents individuals from disorientation and stops collectivities from disintegrating. The idea of medicalization points to biomedicine as a new agent of social control and axio-normative regulation: "'Medicalization' describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders" (Conrad 2007: 4). The theory of medicalization sees biomedicine as an agent of control that delineates spheres of normality and abnormality in all walks of social life by referring to physical maladies or dysfunctions. Consequently, biomedicine claims its jurisdiction over traditionally non-medical domains of social life, becoming a universal remedy for personal or social ills, a means that may potentially substitute education, upbringing, or family-related considerations.

Though it pays its intellectual debts to Conrad's formative insight, the theory of biomedicalization goes beyond the aforementioned regulative function and emphasizes the transformation of social practices, social relations, identity patterns, public perceptions, and social structures by the extensive penetration of biomedical knowledge and their subsequent dissemination by the digital mass media:

> The crux of biomedicalization theory is that biomedicine broadly conceived is being transformed from the inside out by densely elaborating technoscientific interventions and the coproduced social arrangements that allow their implementation. These include computer and information sciences as well as all the biosciences and technologies such as molecular biology, genetics, genomics, biotechnology, pharmacogenomics, nanotechnologies, and medical technologies including those of visualization. Along with our growing and largely individualized responsibilities for our biological /somatic citizenship [...], these technosciences both allow and provoke new kinds of interventions in health, illness, healing, the organization of medical care, and ultimately how we think about and live 'life itself.' (Clarke and Shim 2011: 177)

Medical practices, clinical research, patient identity, health risk management, and the formation of medicine-related knowledge in wider public are now thoroughly transformed by the massive use of technoscientific means, chief among which are genetic biotechnologies, advanced technologies for diagnostic imaging, and the use of computer systems for gathering and manipulating with statistical data concerning the population's wellbeing. As a result, the aforementioned factors contribute to the invention of new diagnostic categories, innovative insights into acute and chronic diseases, and the intensification of technological intrusion into the sphere of everyday life choices.

BIOMEDICALIZATION AS INDIVIDUALIZATION

Technological and scientific inventions have fueled biomedicalization processes, opening new windows of opportunity for biomedicine to intervene in an individual's life and the public sphere. Advancements in medical diagnosis, best epitomized by the use of genetics and genomics, have shifted our attention from present medical conditions to the management of health risk factors: "In the biomedicalization era, the biosciences (including

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the new genomics) and the will to know and transform oneself, one's body and one's future are mutually constituted and co-produced, creating new conditions of possibility" (Clarke, et.al. 2009: 24). The narrative of risk, in turn, contributes to the transformation of individual identities which are now formed on the basis of individual susceptibility to given medical conditions. Consequently, everybody becomes a patient; even a potentially healthy individual is a 'patient-to-be;' namely, a person whose thoughts and actions are dominated by the unnerving presence of health risks that need to be assessed, diagnosed, and eventually managed. The discourse paves the way for the idea of individual responsibility, resourcefulness, and agency in the context of imminent and distant health risk factors:

> Since 1985, dramatic, largely technoscientific changes in the constitution, organization and practices of contemporary biomedicine have coalesced into the biomedicalization era, the second major transformation of American medicine [...]. Biomedicalization practices emphasize transformations largely through immediate high-tech interventions not only for treatment but increasingly also for health maintenance, enhancement and "optimization"—the growing sense of individual obligation or responsibility to literally "make the best" of oneself [...]. The pervasiveness of biomedicalization practices—their ubiquity in the USA today—has recently been described as "the biomedicalization of society" [...] (Clarke and Shim 2011: 180).

In a very American way, the narrative of self-optimization points towards the ideology of individualization understood as self-reliance, resourcefulness, and entrepreneurship. In this sense, the future-oriented nature of risk narratives lays great stress on the individual agency and its central role in coping with health-related contingencies. The narrative encourages us to treat our bodies as projects *in statu nascendi* that need to be managed and perfected upon. The body becomes a reflexive body-self; that is, a self-made construct experienced in the context of one's autobiography in terms of actions undertaken against facilitating (or constraining) the character of healthcare systems and related cultural repertoire of norms, values, discourses, or ideologies.

The self-reliant character of patienthood in the era of biomedicalization is underscored by the doctrine of 'patient empowerment.' The idea, as the World Health Organization's guidelines teach us,

is a medical equivalent of self-reliance which is defined as "a process through which people gain greater control over decisions and actions affecting their health" (WHO 1998). In this way, the clinical model of scientific biomedicine in which the patient is merely a 'sick body' gives way to the understanding that patients are agents who deploy their knowledge and skills in pursuit of health and wellbeing. In turn, medical professionals are in a position to encourage patient participation, for instance, by acknowledging the patient's experiences of disease and treatment.

TRAUMATIC EFFECT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic is a major traumatic event on a global scale. By severing interpersonal interactions, it shattered the social and cultural foundations of late modern societies by undermining well-entrenched patterns of cooperation and socialization based on unrestricted participation in public spaces. By disrupting global and regional supply chains, the pandemic crippled globalization processes, reverting them in certain areas. The outbreak is a major problem for the healthcare system around the world. The sheer increase in the number of new clinical cases and the concomitant growth in the number of patients with life-threatening complications were more than enough to paralyze even the most technologically sophisticated systems of healthcare. With 102,417,985 confirmed cases and 1,113,229 deaths, the USA was no exception to this rule (WHO 2023).

The outbreak was almost immediately followed by many negative consequences experienced in all aspects of American civic life, chief among which was the radical polarization of the affected population and its subsequent division into "diametrically opposed groups with similar in-group constraints" (Toelstende 2022: 279). It was symptomatic of the US society to observe the wholesale scale of post-outbreak polarization as the disrupting tendencies affected citizens, members of the legislative body, mass media, and even professional medical personnel:

> Americans have been divided in their perceptions of the government's response, confidence in scientists, and support for protective actions. For example, 83% of Republicans rate President Trump's response to COVID-19 as good or excellent, whereas only 18% of Democrats do so.

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> In addition, the public is polarized on perceptions of scientists and actions to respond to the pandemic. While in 2019 Democrats had greater confidence than Republicans that both medical scientists and scientists in general would act in the best interests of the public, this difference dramatically widened in April 2020, especially with respect to medical scientists, as Democratic confidence increased while Republican confidence remained flat. With regard to protective actions, a minority of Republicans, compared to a majority of Democrats, felt that social distancing was helping a lot to slow the spread of coronavirus, that there was insufficient testing for coronavirus, and that more people needed to follow social distancing guidelines (Hart, Chinn, Soroka 2020: 680).

The sheer scope, intensity and magnitude of catastrophic consequences for individuals, collectivities, and institutions qualify the COVID-19 pandemic as an instance of *cultural trauma*. The notion suggests that sudden changes in social or natural environments jeopardize the taken-for-granted character of social reality, undermining one's sense of agency as well as trust vested in other individuals and institutions. Cultural trauma destabilizes axio-normative systems, leaving individuals disabled when it comes to managing their own lives, or outsourcing risks related to the future:

> The career of the concept of trauma as applied to society begins with the realization that change itself, irrespective of the domain it touches, the group it affects, and even irrespective of its content, may have adverse effects, bring shocks and wounds to the social and cultural tissue. The focus shifts from the critique of particular types of change to the disturbing, destructive, shocking effects of the change *per se*. [...] It is countered with the hypothesis that people put value on security, predictability, continuity, routines, and rituals of their lifeworld. (Sztompka 2004: 157)

The discourse of cultural trauma lays great stress on predictability and certitude understood as foundations of human ontological security (Giddens 1991). The experience of ontological security has structural and personal aspects. First, it relies on a natural belief that social life follows its well-established structural patterns, institutions are robust, and organizations are effective. The same applies to individuals who are perceived as trustworthy due to their willingness to observe norms, behavioral routines, or values. Hence, to cope with the reality outside, individuals are in a position to develop a sense of universal reliability, the general-

ized expectation that risks and contingencies of the environment could be, to use the phenomenological nomenclature, bracketed off.

The disruptive potential of the COVID-19 pandemic has affected the biomedicalized system of healthcare in the USA. As predicted by the theory of cultural trauma, the outbreak disturbed the system of American healthcare, revealing hidden structural tensions implicit in it. The tensions emerged from the confrontation between omnipresent biomedicalization processes (i.e., focus on patient's agency, life-long disease prevention, individualization of health, the role of health in mass media) and the post-outbreak intensification of risk-related sentiments in the American society; most notably, technophobia, dramatization and subsequent amplification of technological risks, and erosion of trust vested in the emancipatory powers of science.

In a way, the pandemic has merely amplified tensions and conflicts typical of late modern societies. These tensions are indicative of larger social processes, which have already been a matter of considerable debate (Giddens 1990; Giddens 1991; Beck 1992; Beck 1997; Beck 1999; Beck 2016; Furedi 2006; Furedi 2007), are best understood as 'break within modernity' (Beck 1992: 9); that is, a split in the model of modern society characterized as the increasing separation of its major institutional subsystems (i.e. biomedicine, science, education, technology) from the sphere of emotions, perceptions, and beliefs that fill up the contents of everyday social life.

ANTI-PUBLIC DISCOURSE AT WORK

When seen from a perspective of a biomedicalized society, a viable solution to a viral epidemic is the use of its biotechnological know-how and organizational superiority to introduce and manage a mass-scale immunization strategy with a concomitant deployment of preventive countermeasures (e.g., social distancing, sanitation of public spaces, or obligatory use of face masks). Biomedically and technologically, the pandemic is merely a managerial challenge: available resources should be defined, deployed, and administer to prevent excessive mortality and morbidity.

The pandemic, however, is also a socially traumatic experience that evokes fear, disorientation, and eventually distrust towards regulatory institutions, together with a sharp increase in skepti-

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cism towards the emancipatory powers of biomedicine. Predictably, the large-scale implementation of vaccination policies showed a large degree of social resistance, most notably the mobilization of antivaccination movements (Hotez 2022; Liao 2022). The social unrest involved bitter polarization of American society, the spread of anti-scientific discourse, the dissemination of misinformation, and the depletion of confidence in the legislative, executive, and judicial institutions. (Toelstende 2022).

It is a sociological commonplace to see large-scale social processes as powered by individual or collective forms of agency which function as vehicles of ideology and facilitators that convert individual resentments into organized social activism. In the case of the COVID-19 pandemic, anti-vaccination movements were disseminating misinformation and anti-vaccination sentiments, effectively channeling the public's dissatisfaction with the implemented methods of crisis management. In this interpretative context, anti-vaccination movements are inscribed in the confrontation taking place between dominant biomedicalization tendencies and public risk perceptions that cannot be effectively assimilated by the official system of biomedical rationality. The confrontation gestures toward the lack of fit between historically accumulated expectations of the effectiveness of modern healthcare systems and the actual experiences of health-related risks and other existential uncertainties that characterize individuals who live in the media-saturated reality of contemporary society.

Methodologically, the workings of anti-vaccination movements could be perceived as an incentive to redefine the role of voluntary associations in our understating of democracy in the United States. Traditionally, the role of collectivities, especially social movements and other grass-roots forms of social activism, has been underscored as a significant element of American political culture since Alexis de Tocqueville's (1998 [1840]) formative text *Democracy in America*. The constructive power of grass-roots activism is especially emphasized by the Tocquevillian tradition of 'civic republicanism' which "underscores the idea of citizenship as a mode of social agency within the context of pluralistic interests." (Dahlgren 2006: 269). This activist concept of citizenship reverberates in numerous conceptualizations of social capital under-

stood in terms of accumulated values and habits of cooperation, activism, reciprocity, and trust that facilitate taking coordinated activities (Fukuyama 1995; Putnam 2000). It is the virtue of social capital that fosters cooperation and communication in the world of dissimilar economic interests, political affiliations, and beliefs, effectively fostering the development of deliberative democracy.

The politically disruptive potential of grassroots activism has traditionally been discussed in relation to countercultural movements or overtly criminal associations, such as the mafia. Such organizations are hidden in the hinterlands of public life, supplying resources or services that could not be tolerated by the mainstream system of norms and values. The situation changes with the advancement in mass communication and the subsequent formation of the digital, all-inclusive public sphere whose networked nature knows no sense of marginalization. The internet network is a space where every agent is allowed to voice their perspective, regardless of its potentially disturbing or overtly destructive character. This, in turn, has facilitated the institutionalization of anti-public discourses in the mainstream of public life:

> Anti-public discourse [...] offers an explicit counter-hegemonic challenge to 'basic values of democratic culture'. [...] Such discourse in general understands itself as being engaged in an ideological war, expressed through its extreme hostility to democratic processes and institutions and their managerial 'elites' who are regarded not as democratic adversaries but as enemies to be vanquished. (Davis 2018: 4)

In our case, the challenge to the basic values of democratic culture is the decrease in the conversion of grass-root associations' propensity for collective action into the society-wide stock of public goods (e.g., generalized trust, reciprocity in pursuing common objectives, or public health).

BIOMEDICALIZATION CRISIS

Anti-vaccination movements deploy a specific type of anti-public discourse that could be characterized by abusing the pandemic circumstances to subvert biomedicalization processes. Paradoxically, the subversion is rendered possible by strict adherence to the idea of health individualization. In this way, anti-vaccination

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movements make use of the main assumption of biomedicalization (i.e., individualization of health and wellbeing) and use it as a missile against this very model of healthcare.

Individualism, agency, civil liberty, and democracy all seem to be at the heart of anti-vaccination rhetoric (Kata 2010; Hotez 2022; Liao 2022). Customarily, antivaccination movements reside "at the very center of wider public debates over the extent of government intervention in the private lives of citizens, the values of a liberal society, and the politics of class that were taking shape at a key moment in the reconfiguration of the meanings, forms, and boundaries of the nation and the polity" (Durbach 2005: 6). Predictably, immunization pressures are seen in terms of conspiracy theories as an act of violence committed by the state and sponsored by the Big Pharma. As in the case of other preventive measures available in the biomedicalized market of biotechnologies, anti-vaccination movements regard immunization as a matter of one's independent decision taken in the pursuit of health and well-being.

The outbreak of the COVID-19 pandemic, however, disrupted this individualist perspective through the collectivization of health-related outcomes in which individual well-being is no longer a matter of personal undertakings but becomes a matter of collective risk-reduction practices. Best epitomized by the pro-vaccination metaphor of 'herd immunity,' the collectivization of health and illness shows that health is no longer an individual asset but becomes a public good. The lack of fit between bio-individualization and the policy of herd immunity gestures towards a specific 'lumpenliberal' attitude in which the pursuit of individual outcomes (i.e., personal liberty and individual agency) forgets that one's private success may depend on the collectively undertaken effort to sacrifice one's share of personal liberty for the sake of public good accumulation.

This type of 'lumpenliberalism' is reinforced by the abuse of the patient empowerment doctrine. Biomedicalization aims to construct a knowledgeable patient who deploys skills, information, and available biomedical technologies to actively struggle for health and well-being. By postulating the centrality of human experience to any form of health-related judgment and disseminating disbelief in official biomedical rationality, anti-vaccination

movements promote a deranged version of patient empowerment in which the individual is emancipated from any type of regulatory discourse. At the same time, anti-vaccination activists criticize traditional biomedicine as an institution that executes its own 'knowledge monopoly' delivering Big Pharma's totalitarian, logocentric message:

> Postmodernism does not accept one source of 'truth'—a philosophy adopted by the anti-vaccination movement. Vaccine objectors reject the 'facts' presented to persuade them towards vaccination; for the anti-vaccination movement, 'misinformation is simply their version of information. (Kata 2010: 1715)

The demise of the universal biomedical truth has also a structural aspect related to pathological networking processes within a social system of biomedicine. In this interpretative context, the focus is on the shared repertoire of discursive practices as well as communication channels used to disseminate textual and iconic (i.e. memes) messages among the community of vaccine objectors. It is the communication network whose nods comprise atomized internet oglers, celebrity influencers, self-made physicians, and self-appointed gurus who share fragmented bits and pieces of information which they all believe to be leaks from databases kept in top secret by Big Pharma corporations, insurance companies, and a plethora of state regulators. In a way, to borrow from David Riesman's (2001) sociological output, individuals taking part in such an antivaccination network come to create the 'lonely crowd' of contemporary healthcare systems, the aggregate which is atomized to such an extent that even non-human agents are able to operate amongst human users, causing additional disinformation and damage (Broniatowski, et. al. 2018).

IN PLACE OF CONCLUSIONS

The role of anti-vaccination movements in subverting the system of biomedicalization in the United States has shown that biomedicine is not only a combination of knowledge and technology. Biomedicine exists in the reality of social expectations, public perceptions, and well-entrenched habits. At the same time, professional knowledge coexists with discourses of culture: myths, urban

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legends, and popular media representations. Perhaps, the biggest weakness of biomedicalization is its totalitarian character that aims to exert medical jurisdiction over non-medical spheres, often disdaining social and cultural considerations. The post-outbreak biomedicalization crisis calls for the socialization and acculturation of biomedicalization processes to postulate a conceptualization of biomedicine as a social system.

Understanding biomedicine in terms of a social system goes well beyond the standard definition of biomedicine as a discipline of medical science that seeks to implement biological, biochemical, and physiological principles and theories to broadly understood clinical practice. In the social system of biomedicine, economic resources, technology, scientific expertise, prestige and authority, trust, and reciprocity are all invested in and converted into the accumulation of values of human health and wellbeing. When perceived from a purely agential perspective, the social system of biomedicine is an all-inclusive entity as it comprises physicians and other healthcare professionals, patients and their families, insurance agents, and brokers, representatives of diversified government regulatory bodies, members of NGOs, authors writing on medical issues, as well as YouTubers, influencers, trendsetters, and other Internet gurus interested in producing and disseminating information of human health and wellbeing. When observed from a more systemic-structural perspective, the social system of biomedicine comprises diversified types of value commitments, ideologies, communication channels, norms, and resources that originate in a plethora of social environments, starting from the rigid hierarchy of institutional academy to the egalitarian networks of internet users.

Abstract The paper outlines a sociological perspective on the healthcare system in the United States from a perspective of biomedicalization processes. Methodologically, the argument pays its intellectual debts to the American tradition in the sociology of health and illness in which problems of healthcare and individual well-being are discussed in the functionalist context of axiological and normative regulation. Our article focuses on the biomedicalization crisis as a consequence of the COVID-19 pandemic. The outbreak is conceptualized as a trigger of structural tensions already implicit in the American system of biomedicalized healthcare. Rather than focusing on the political polarization of the US society in the wake of the outbreak, the paper sees the pan-

demic in terms of *cultural trauma* and related political conflicts which threaten to destabilize the discourse and organization of healthcare in the United States. The salient role in this process is attributed to anti-vaccination movements which abuse the pandemic situation to subvert the principles of biomedicalization. In the case of the COVID-19 pandemic, anti-vaccination movements are disseminating misinformation and anti-vaccination sentiments, effectively channeling the public's dissatisfaction with the implemented methods of crisis management and undermining the pivotal principles of biomedicalization.

Keywords: anti-vaccination movements, biomedicalization, COVID-19, risk, trauma.

Bio: Dr. Tomasz Burzyński, an academic at the University of Silesia in Katowice, holds Master's degrees in Psychology, Literary Studies, and Sociology from the same university. He earned his Doctoral degree in Humanities in 2009. His research spans cultural studies, sociology of risk, theories of trust, and discourses of health and illness. A lecturer in Sociology, Media Studies, and Cultural Studies, Burzyński has contributed significantly to academic literature, with notable publications in the field of cultural theory and risk management. His works include "Systemic Intertextuality: A Morphogenetic Perspective," co-authored works on the sociological aspects of automotive heritage, and studies on public management of technological risks, among others.

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