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RESEARCH ARTICLE

Vaccine hesitancy and refusal during the Covid-19 pandemic in Italy: Individualistic claims or repoliticisation?

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ABSTRACT: The Covid-19 pandemic highlighted new (or renewed) forms of conflict within a longer path of distrust and dissatisfaction towards politics and growing scepticism towards 'official truths' and 'official science'. Italy was the first European and Western country in which the pandemic spread in February 2020, and also one that adopted particularly stringent measures to contain the virus. In this scenario, a country in which political distrust was particularly diffused experienced an increase in institutional trust, accompanied by a strong demand for security from above. At the same time, radicalisation and distrust have grown among larger strata of the Italian population, leading to a significant polarisation of the public sphere. This essay critically embraces the perspective of the vast and plural universe of vaccine hesitancy and refusal (VHR) and, more generally, the materialisations of conflict concerning vaccines and policies aimed to address the Covid-19 pandemic. In the media and public debate, these protests have been mainly regarded as populist, driven by individualistic claims nurtured by indifference towards the collective good. We specifically explore whether VHR should be viewed exclusively as a sign of selfishness and populism or also as a form of repoliticisation around new issues and, in particular, as an expression of critical citizenship manifesting

doubts about the decisions made by politicians, affirming a critique of the model of instrumental rationality, and advocating a pluralist debate on complex issues which directly affect individual life-choices and the body. Our study is based on 67 qualitative interviews with VHR citizens and a focus group with four key figures of the 'Movimento 3V' (3VM), a minor Italian party advocating freedom of choice in relation to vaccines.

KEYWORDS: Covid-19, VHR (Vaccine Hesitancy – Refusal), Individualisation, Institutional trust, Health politicisation, Responsibility

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1. Introduction

The Covid-19 pandemic has provoked, among other effects, an increase in distrust towards politics and growing scepticism towards 'official truths' and 'official science' (Eslen-Ziya and Giorgi, 2022). Italy represents a terrain where this process is particularly visible, as it was the first European and Western country in which the pandemic spread in February 2020, and also one that adopted particularly stringent measures to contain the virus during the governments led first by Giuseppe Conte (Five Stars Movement, 5SM, an anti-establishment party) and subsequently by Mario Draghi, one of the worldwide symbols of technocracy. In this scenario, a country in which political distrust was particularly diffused experienced a temporary and generalised increase in institutional trust, especially towards the state (Demos, 2021), accompanied by a strong demand for security from above (Bordignon et al., 2020). At the same time, radicalisation and distrust rose in larger strata of the population (Raffini and Penalva Verdú, 2022; Lello and Bertuzzi, 2022), thus generating a strong polarisation in the public sphere.

Based on these premises, this essay aims to critically embrace the perspective of the vast and plural universe of vaccine hesitancy and refusal (VHR, see Attwell and Smith, 2017) and, more generally, to explore the materialisations of conflict around vaccines and pandemic policies. These protests have been mainly viewed, within the media and public debate, as populist, driven by individualistic claims nurtured by indifference towards the collective good. We specifically explore whether VHR should be seen exclusively as a sign of selfishness and populism – and of the anti-scientific attitudes it conveys – or (also) as an expression of critical citizenship (Norris, 2011) manifesting doubts about the decisions made by politicians, affirming a critique of instrumental rationality, and advocating a pluralist debate on complex issues which directly affect individual life-choices and the body. We first provide an overview of the literature concerning political distrust and the relationship between populism and VHR. In the methodological section we present our empirical material, composed of 67 interviews with VHR citizens and a focus group with four key figures of the 'Movimento 3V' (3VM), a minor Italian party demanding freedom of choice with regard to vaccines. We argue that the conflicts arising around the Covid-19 vaccine represent, at least partially, forms of repoliticisation in reaction to the processes of depoliticisation characterising the technocratic momentum. In addition, this interpretation contributes to problematising the accusation of selfish individualism largely used in the media debate to describe these protests.

2. Literature review

2.1 Political distrust

Academic literature has widely analysed political (dis)trust (for a review, see Hooghe et al., 2017). The scientific debate generally considers satisfaction with different government levels, or even with democracy as a whole (Zmerli and van der Meer, 2017), along with the decline in electoral participation and membership of political parties (van Biezen et al., 2012), often regarded as symptoms of depoliticisation (Putnam, 2000). The growing disaffection towards institutional politics was fostered by the weakening of collective identifications and an individualised and secularised relationship with politics (Beck and Beck-Gerhshheim, 2001).

On closer inspection, behind the mistrust of political and scientific institutions is a broader crisis of trust and consensus towards what Giddens calls “expert systems” (Giddens, 1990). This crisis, in turn, is fuelled by a growing awareness that the application of science and technology would not lead to continuous and unilinear progress, but would cause the category of risk and the conflicts associated with it to be increasingly central (Beck, 1992). It was precisely this awareness that “opened up a different vision involving a plurality of heterogeneous knowledge claims, whereby scientific rationality as the sole guide lost its primacy because it left out the problems inherent in the social construction of knowledge” (Biancheri, 2021, p. 59; Jasanoff, 2021). The loss of trust in politics is part of a more general erosion of trust in the institutions of modernity and in the dominant model of development (D’Alisa et al., 2013).

This decline of political and institutional trust, however, is also driven by the transformations of Western representative democracies. The post-democratic parabola (Crouch, 2004) sanctions the crisis of the 20th-century model of democracy, based on the centrality of the nation-state and mass parties, and a shift of decision-making power towards other spheres, levels and actors outside the traditional mechanisms of legitimation. The forms taken by disaffection towards institutional politics are multiple and ambivalent. They range from apathy and abstentionism to a form of active anti-politics by supporting anti-system parties and movements. A new type of “critical” (Norris, 2011) and “self-actualising” citizen replaces the traditional “dutiful” citizens (Bennett and Wells, 2009). They are active in volunteerism, single-issue politics and lifestyle movements (Haenfler et al., 2012), as well as in forms of “individualised collective action” (Micheletti and McFarland, 2010) and “prefigurative politics” (Pellizzoni 2020, Monticelli, 2022)¹.

In the multiple crisis scenario that began with the economic crisis of 2007 and the ensuing ecological and health troubles, distrust and disaffection towards mainstream politics became more radicalised, due in part to a widespread sense of insecurity reinforced by the austerity policies applied over the years by national governments (Streeck and Schäfer, 2013). In Italy this disaffection towards public institutions, political/economic elites and traditional parties has not translated into large grassroots mobilisations (Zamponi, 2012), as it has in other countries (e.g. *Indignados* and *Podemos* in Spain, *Syriza* in Greece and *Occupy* in the U.S., see Castells, 2011). On the contrary, the long wave of the economic crisis gave way to the success of political forces, first the 5SM (Mosca and Quaranta, 2017), followed by the League (della Porta et al., 2022), often referred to as populist parties.

However, up until 2019 association networks (Biorcio and Vitale, 2016) and collective mobilisations, especially those related to environmental and climate protests (Bertuzzi, 2020; Zamponi et al., 2022), had been growing steadily. Following the classic dynamics of the protest cycles (Tarrow, 1989), during the pandemic

¹ Prefigurative mobilisations are based on forms of direct action (Bosi, Zamponi, 2013), where means and ends become “ideally one and the same” and “rather than aiming to bring about change in the future, the goal of prefigurative politics is to craft alternatives in the here and now” (Pellizzoni, 2020, p. 1).

period participation in such movements decreased (Demos 2021), due in part to the restrictive measures imposed by the government, but also to an increased sense of insecurity and demand for protection from above (Bordignon et al., 2020). On the other hand, during these same years new players began to take to the streets, protesting mainly against vaccine mandates and pandemic policies, and such protests were generally described within the media debate as expressions of anti-scientific populism.

2.2 Are protesters against vaccine mandates selfish, populist and anti-science?

According to some scholars, in the context outlined above, populism took on anti-scientific traits, questioning mainstream science and contrasting popular opinion (*doxa*) against the knowledge of the experts (*episteme*). Epistemological populism (Saurette and Gunster, 2011), therefore, is that which relies on the knowledge of counter-experts, those who (albeit with different viewpoints) spread counter-science, pseudo-science, if not fake science (Eslen-Ziya, 2022).

VHR discourses and protests are often considered emblematic examples of anti-scientific populism. However, explanations of VHR based on the concepts of pseudo-science and post-truth have important limits (see, for example, Pellizzoni, 2021). Literature shows that interpreting VHR according to the ‘war on science’ narrative, based on which hesitants are regarded as promoters of anti-scientific views, may be misleading since in many cases they express a high degree of trust in science and ask for more independent research, to the extent that science itself might be identified as the key resource for ending the controversy. Rather than taking an anti-scientific stance, hesitants voice a demand for opening the ‘black box’, i.e. transparency regarding the influence of economic and political interests on the production of scientific knowledge, and a request for participation in the elaboration of the research agenda (Goldenberg, 2016).

Contrary to the war-on-science argument, researchers often find VHR emerging in quite privileged and highly educated countries (De Figueiredo et al., 2020), regions/districts (Tomeny et al., 2017) and citizens (Tipaldo, 2019), although results from the different researches are at times contrasting (for a summary see Troiano and Nardi, 2021). The cultural capital of hesitants often facilitates an active style of research and comparison between different sources of information and in-depth studies, including research in the original language, and peer-reviewed journals (Lello, 2020). Looking more closely at the relationship between VHR and social inequalities, Goldenberg (2021) concludes that while VHR is also widespread among ethnic minorities and other oppressed social groups, the decision not to uptake vaccination is more frequent among groups with access to high economic and social capital resources, which are essential in facing the consequences of vaccination nonconformity.

Regarding the assimilation of VHR-related protests to populism, we should bear in mind that ‘populism’ is a normatively charged concept which, in times of growing disaffection with traditional parties, may be increasingly used to shift responsibility for (undesirable) current political and electoral changes from the traditional parties to the electors (Schadee, Segatti and Vezzoni, 2019). In this case, populism may function as a discursive strategy aimed both at excluding and delegitimising potential political opposition, and insulating political and scientific institutions from reflexive scrutiny of their own practices (Goldenberg, 2016).

Just as VHR-related discourses and protests cannot be simplistically dismissed as populism, neither can they be hastily relegated to the far right. Recent data (Mancosu, Vassallo and Vegetti, 2021) show how in several European countries vaccine hesitancy is stronger among the parties at both the extremes of the political axis, and especially among those who do not know what to vote for or even whether they will vote in the polls. Rather, VHR appears to be found mainly in association with a rejection of traditional, ‘mainstream’ parties,

and among electors who are (as yet) unable to find a party they can identify with, highlighting the current lack of political representation (see also Ward et al., 2020; Troiano and Nardi, 2021).

VHR during Covid-19 reveals a degree of correspondence with traditional vaccine scepticism (Troiano and Nardi, 2021), but it also acquires new meanings that are more closely linked to the present contingency. One important factor is institutional distrust (Goldenberg, 2021), which can be recognised in the 5C model identifying the five main individual-level determinants of vaccine hesitancy in high-income countries: confidence, complacency, convenience (or constraints), risk calculation, and collective responsibility. Confidence, in fact, refers to trust not only in the effectiveness and safety of vaccines, but also in the system that administers vaccination, including the reliability and competence of the health service and health professionals, and the motivation of the policymakers who establish the need for vaccination (MacDonald, 2015).

In this context, we shall attempt to examine the reasons and meanings associated with institutional distrust during Covid-19 pandemics, and to address the question of whether these protests should be interpreted as merely populist (or radical right-wing) expressions of individualistic claims that are incapable of taking into account the collective interests, or whether such populist typecasting might pose the risk of overlooking potential paths of repoliticisation based on alternative views of what comprises individual and collective interests.

3. Methods

As the analysis of the scientific literature has shown, in the context of its relation to populism and political distrust VHR is a phenomenon that is far from unambiguous. In order to investigate the phenomenon and answer our research question we conducted a two-year (2020-2022) qualitative empirical research aimed at assessing VHR in Italy. The empirical study was focused on a sample of citizens expressing scepticism or rejection of Covid-19 vaccination. To avoid the definitional disputes around the various labels used in public discourse to identify VHR (anti-vaccinists, unvaccinated and no-vaxxers) we have adopted a pragmatic and grounded approach. We began with respondents who declared that at the time of the interview they had not been vaccinated and had no intention of doing so (unless they were forced to or changed their minds). The bulk of our empirical material consists of 67 qualitative interviews with as many respondents (see Appendix 1). The respondents were aged between 19 and 69 (average age 39.5); 23 were female and 44 male. The various levels of education ranged from middle school diploma (3) to high school diploma (36), university degree (27), and PhD (1). With regard to occupation, our sample includes 2 housewives, 8 workers, 16 employees, 1 executive, 16 self-employed, 1 farmer, 2 craftsmen, 6 teachers, 1 doctor and 9 students; 5 of the respondents were unemployed. The participants were selected through a snowball sampling technique, by activating the professional and relational networks of researchers mainly in three regions (Lombardia, Emilia Romagna and Marche). This resulted in the construction of a nationwide sample, but mainly concentrated in the centre-north; the data collection concluded when the research team felt it had reached semantic saturation, i.e. when no new information was emerging.

The interviews, ranging from 50 to 90 minutes, were conducted on the basis of an interview scheme aimed at investigating the respondents' perceptions, interpretations and attitudes regarding the pandemic, the vaccination campaign and emergency management. The interview scheme was adapted over time based on the evolution of the pandemic and vaccination policies, in order to include respondents' opinions on recent events such as the introduction of new vaccines, the availability of new information regarding their level of safety

and efficacy, mandatory vaccination, and the EU Digital Covid-19 Certificate, known in Italy as the Green Pass.

In addition, we conducted a focus group with four members of the *Movimento 3V* (3V Movement, 3V standing for *Vaccini Vogliamo Verità*, or ‘Vaccines We Want the Truth’), which represents an attempt at the political institutionalisation of VHR. We chose to analyse the 3VM in depth in order to ascertain the extent to which, through the foundation of a new political subject, the dimension of protest merged with that of proposal. The focus group was conducted in May 2022, involved four founders and members of the national board, including its president, and lasted 2.5 hours. The interviews and the focus group were held by videoconference (via Zoom and Google Meet), recorded and transcribed.

The analysis was conducted both transversally, through the construction of interpretative categories applied to all the materials, and longitudinally, interview by interview. While this essay mainly underlines aspects of convergence and commonality of representation among the interviewees, the opinions expressed by our sample show a variety of slight differences, although the basic stance remains relatively consistent. The most clear-cut positions (against the vaccine, and also against pandemic government institutions) were expressed by the 3VM, who can be considered activists in their own right. Of those interviewed, only a minority had previous experience of political activism (some from the right-wing but the larger part from a left-wing background). For some, the Covid-19 vaccine challenge is part of a commitment preceded by other anti-vaccine mobilisation experiences. It is beyond the scope of this article to determine whether specific views are associated with variables such as gender, age, profession or level of education, or to present an illustrative picture of the Italian VHR population; rather, in keeping with the qualitative methodological framework, we have attempted to construct as heterogeneous a sample as possible, with the aim of identifying opinions and attitudes across sociographic variables².

4. Who not to trust, and why?

Consistently with the research literature, distrust turns out to be a widespread feeling among our respondents. The recipients of their distrust span a broad spectrum, from health institutions to the pharmaceutical industry, from mainstream media to political parties and financial elites. Questions on distrust were included in the interviews guideline, but the topic was also raised by the respondents themselves without being solicited, revealing this to be one of the major concerns among the VHR population.

Doubts and scepticism showed to be specifically linked to the pandemic health measures, but it could well be argued that the vaccine issue highlighted an already existing dissatisfaction with politics. This latent attitude, and the role of VHR as a mirror of a broader political distrust, is effectively summed up in the following excerpt:

This whole no-vax movement is simply expressing a lack of trust, and this is a discourse that we have been carrying around for years, and sooner or later we will have to face it, without pretending that it does not exist [...] It's not that I don't trust the vaccine's effectiveness; I don't trust the political system that has chosen this strategy [...] and this naturally leads me to distrust this solution also, which seems to me just a quick solution dictated by political needs. (Int. 55, f, 28)

² To access a quantitative dataset on the impact of the pandemic on Italians' attitudes, opinions and behaviour, see the ResPOnSE Covid-19 project (<https://www.spstrend.it/progetto-response-covid-19/>).

Distrust undermines the very democratic nature of contemporary nations: both the divisive expression “health dictatorship” and others such as “post-democracy” were used by some respondents. Furthermore, dissatisfaction and distrust were directed at various government levels, both the national and the supranational bodies, especially the European Union. The opinion regarding local governments (regional and municipal) was slightly more positive, but in this case also trust showed to be declining due to the discordant policy indications coming from different governance levels, and the perceived narcissism of certain local politicians accused of exploiting the pandemic crisis as an opportunity to gain personal visibility. Apart from the political-economic interests that may have guided the pandemic governance, distrust seems mainly to originate from vague, contradictory and poorly communicated policy choices, such as those referred to in the following quotes:

Honestly, it is quite ridiculous that you can't go out [out the house] at Christmas but you can on the 29th and 30th [of December] and then you can't again. If something is light it is light, and if it is dark it is dark; and if you tell me it is dangerous and I have to stay at home, I should stay at home on the 29th and 30th also. (Int. 17, f, 34)

Think of the contradiction between opening churches and closing cinemas... (Int. 39, f, 44)

Although the opinions of the respondents are heterogeneous and nuanced, a common theme emerges: the interviewees criticised several anti-pandemic measures for being inconsistent and irrational from a health viewpoint. Some respondents emphasised that these measures may have been motivated by the economic factor, while others argued that the (alleged) irrationality resulted from lobby interests and biopolitical forms of control.

Against this background an anti-elitist stance emerged in several interviews, somewhat echoing the slogan “We are the 99%” that was propagated at the time of the *Occupy* movements but also adopted by populist movements and parties in different countries. The interviewees also revealed an ‘us/them dialectic’, although often the two categories were not well defined, nor the subjects responsible always clearly identified.

4.1 Weak state, strong state

The respondents displayed an ambivalent view of public institutions, especially the state. On the one hand, the state is perceived as being excessively pervasive with respect to individual choices, through the adoption of measures that threaten to undermine individual freedoms, having important implications in biopolitical terms. On the other hand, a contrasting view portrays a weak state, unable to control the pandemic because of its subalternity to the pressures of supranational institutions and economic-financial lobbies.

In the former case the state is seen as authoritarian, manipulative and paternalistic. For example, the use of particularly stringent vaccination policies is identified as a functional tool designed to heighten the positive perception of state intervention on the *bios*, decreasing individual freedom and increasing institutional power.

The state will finally take care of everything [...] I don't think that with vaccines they want to kill humanity, as some are arguing; it is simply a tool like any other for demonstrating power (Int. 56, m, 69)

The health care system should explain to you, convince you, prevent, campaign, not as they have done in the last six months; [it should] communicate with the population and convince them with the right reasons, and respond to the doubts that people have. (Int. 53, f, 27)

This power is obtained partly through coercive means, i.e. the imposition of restrictions and the use of regulatory instruments (mainly the Green Pass), and partly by avoiding real debate, which is replaced by a call for “fideistic loyalty to the vaccine” (Int. 41, m, 46). This perspective is characterised by a refusal to dialogue with the VHR subjects and by a paternalistic approach geared to infantilising the population while presenting the state as the ultimate guardian of the people’s safety.

At the same time, an opposite view also emerged of the state as being too weak and unprepared. In both cases, the state is criticised and regarded as untrustworthy, either because it is excessively strong/authoritarian/invasive or because it is too weak/impotent.

I would expect something more and better from the state [...] I would expect a state that could weigh the pros and cons of all the choices, without panicking. (Int. 50, m, 59)

A cross-sectional analysis of the interviews is unable to identify a representation of the state that is common to all respondents. What is interesting here is the ambivalent demand for both a strong and a weak state, which emerges not only among the respondents, but also repeatedly within the same interview: in some cases respondents expressed the desire that the state be more actively present in economic and redistributive issues, but intervene less in choices related to individual freedom and, broadly speaking, the bios. Respondents with a longer background as activists were more likely to acknowledge the positive aspects of state intervention. On the other hand, those who focused above all on the issue of the vaccine tended to emphasise the negative effects of state intervention.

4.2 Big Pharma

Distrust of the big players in the pharmaceutical industry emerged across the entire corpus of interviews. What is expressed is the criticism regarding the influence these companies have, to the detriment of public health, and the consequent perplexity as to whether vaccine campaigns (and especially the idea of mass vaccination) coincide with a true desire to cure the virus or simply with partisan economic interests. As a previous research on Italian VHR demonstrated (Gobo and Sena 2019), positions regarding vaccination were quite varied, ranging from a general vaccine refusal for health, religious and/or spiritual reasons, to a specific perplexity towards a particular vaccine (which in the case of the Covid-19 vaccine regarded the timeframes and processes in which it was developed and approved), and from the criticism of mass vaccination to demands for active systems of vigilance over adverse events. In this sense, the critical role of pharmaceutical lobbies was evaluated by balancing the damage/benefit ratio.

I fear both Covid and the vaccine [...] but [the vaccine] is not a choice you can go back from, if I had complications no one would help me in Italy [...]. I wonder what sense there is in vaccinating only one part of Europe, rather than opting for a global, truly global, vaccine strategy. I also think a vaccine made for me at 27 years old would be wasted, as well as for the many 15-year-olds who were vaccinated in Italy (Int. 53, f, 27)

Only in a few cases the distrust manifested towards the pharmaceutical industry and its interests translated into what are defined as ‘conspiracy theories’, i.e. those regarding the laboratory origins of the virus, the connections with 5G-technology, or the presence of undeclared toxic material in the vaccines. What was emphasised more often is the power of global elites capable of redefining the agendas of nation states. In this sense, their criticism highlights a demand for a public, transparent discussion on emerging relevant issues,

such as those related to the growing role of private interests and philanthrocapitalism (Shiva 2021) on the definition of global health policies.

4.3 Science and medicine

Similarly, distrust of medicine did not translate into anti-scientific positions *tout-court*. Criticism was repeatedly focused on the negative consequences of the privatisation of the national health system and the influences of economic interests on medicine.

Medicine and science are extraordinary tools but as all tools they need someone who is capable of using them, and medicine today has become a tool in the hands of unreliable people, people who are very untrustworthy (Int. 9, f, 45)

In the excerpt above, as in other interviews, unreliability refers to the alleged conflicts of interests of some doctors and, in particular, of public figures who have enjoyed great mediatic visibility during the pandemic. Specifically, distrust towards the Scientific Technical Committee (CTS), namely the body of experts appointed by the Italian government for the technical management of the health crisis, relates to the committee's ancillary and functional role in political decisions. In addition, conflicts of interest and doubts about the impartiality of certain of the members of the CTS were expressed.

I think that after the first few months it would have been appropriate to include in this CTS also people who had treated Covid patients on the field and to listen to them and the protocols they had applied. [...] On the calculation of the RT indices there is some confusion - the parameters are changed, raised, lowered... it seemed to me that it was done for the sake of convenience, that is, in the summer let's restart the economy then we lower risk levels. (Int. 49, f, 39)

In some cases the distrust expressed extended also to individual doctors, but always for reasons of an alleged 'clientelist' nature and conflicts of interest, and never based on a position contrasting with the medical profession and expertise itself. In a number of interviews it was emphasised that many doctors have suffered professional repercussions for taking non-aligned positions; the attitude of these doctors, and their consequent expulsion from the national register of physicians, are often seen as a hallmark of virtue.

I am convinced there are great doctors, but they are those who do not do it for the money, but for their own passion. Many have been expelled in recent years for their beliefs and for expressing doubts, not even for declaring that they are against vaccines but only for saying that maybe they are not the solution. (Int. 1, f, 41)

I trust all the banned doctors, because they told the truth. (Int. 21, m, 60)

Lastly, criticism was often centred on the Western biomedicine paradigm. In these cases, it converges with positions of resistance against the medicalisation of society (Illich, 1976) and with the social trends that fostered medical pluralism (Colombo and Rebughini, 2006; Brosnan et al., 2018).

5. Does selection precede rejection?

Rather than being ‘anti-science’, in the case of a large part of our interviewees scepticism towards the vaccines was based on their (different degrees of) closeness to ‘competing epistemologies’ compared to the one on which conventional Western biomedicine is based. These are based on holistic approaches and on the central importance of primary prevention, diet, lifestyle, an emphasis on the ‘natural’ and on social and spiritual determinants of health, and the use of complementary and alternative medicines (CAM, see Attwell et al., 2018). To these interviewees VHR is simply the latest act in a long biography of conscious, and variously critical, lifestyle and health choices, often marked by social commitment. Such trajectories are in some cases punctuated with multiple experiences of mobilisation, usually in the sphere of left-wing politics, pacifism, feminism, Third-Worldism, ecologism, anti-speciesism and critical consumption.

I usually use natural remedies, homoeopathic, anthroposophic, naturopathy ... only in very few cases I have had to resort to conventional drugs. (...) I always try to be environmentally-friendly and make sure all my choices favour protecting the environment. (...) I chose to work in the field of organic farming, natural food. (...) I am the founder of the solidarity purchasing group, (...) I am also part of the fair trade organisation. And we were among the first to boycott some big companies like Nestlé for ethical reasons. (Int. 21, m, 60)

Many of our interviewees reported experiences of mobilisation within social movements and civil society organisations, revealing a certain interest in collective issues that contrasts with the media stereotype of the “anti-vaxxer”, i.e. individualistic and indifferent to the collective good. Indeed, this accusation of selfish individualism depends on a definition of “collective interest” that is taken for granted by the media and institutions but not shared – rather it is explicitly challenged - by our interviewees.

I strongly believe in actions that can be carried out individually for the good of the community, in general, and I think in a situation like the one we are experiencing right now the vaccine is the last thing to be done for others; there would be other, more substantial things (...). It is like when we were told we should somehow accept the risk of GMOs to solve the problem of world hunger, (...) we were told we have to introduce chemistry into our food (...) - we didn't solve the food problem and we all got intoxicated. That is, if you seek the good of all, before starting off with an experiment like this, which, coincidentally, has generated a lot of profit, (...) there are many things in my opinion we can begin with. (...) There are many people who die because of chronic diseases, far more than Covid or infectious disease, but for chronic diseases nothing is done, nor for improving the real living conditions of people. (Int. 66, m, 63)

Rather than individualism, what the respondents manifest in these interviews is the perception that their own values, lifestyle choices and world views are increasingly under attack from political and health institutions (hence the distrust). Most of the respondents were used to playing the part of the “critical citizen” (Norris 2011), preferring to personally take responsibility for decisions regarding the important matters in their lives (such as health, children’s education, consumption, and so on) rather than entrusting them to tradition or delegating them to institutions. More recently, however, they have been experiencing an exacerbation of their feelings of distrust and alienation towards political and health institutions, for reasons that they trace back to certain scientism-adherent, reductionist and authoritarian approaches which are taking root in the medical field, supported by information-distorting mechanisms that limit pluralism and tend to criminalise alternative lifestyles and dissent.

The doctors adhering to *ippocrate.org*³ aren't against vaccines; they call for other types of vaccines with better guarantees. But nobody listened to them, and they are also being threatened (...). Another doctor was suspended because he said that pharmacovigilance is not being carried out properly (...). The websites that discussed the consequences of polio vaccination in my age group no longer exist, (...) and what upsets me is the inability of younger doctors to realise that vaccinating can have consequences... (Int. 44, f, 60)

What causes their distrust, therefore, is the fact that they identify with values and worldviews which they perceive as non-mainstream. After all, as Sobo has shown, the act of vaccinating (one's children) should be regarded first and foremost as an "act of affiliation", due to its nature as an element of inclusion and the reinforcement of social ties (Sobo, 2016; see also Kahan, 2010; Attwell and Smith, 2017). In the Waldorf school examined by Sobo, by vaccinating their children parents confirmed their commitment to community customs, and this ensured continued good relations with family and friends. The same thing occurred with VHR parents, except that their commitment was to a different community. If vaccinating is a way to "proclaim one's social communion with the mainstream, similarly, to refuse vaccination is to proclaim one's affiliation with significant others from beyond the mainstream" (Sobo, 2016: 348). This reasoning opened the door to a considerable paradigm shift, where "rejection is neither the primary feature nor the first step in refusing", because, on the contrary, "selection precedes rejection" (Ibid.: 348). In this perspective, (exacerbation of) distrust may depend on the active (and preceding) fact of sharing alternative sets of values. This is not a matter of anti-science positions: the question is not about science per se but rather the application of science, in its relations with politics and economics, and in the tensions between reductionist approaches and claims regarding alternative epistemologies. Nor is it a matter of rejecting expert knowledge per se: the question is which experts to trust.

6. Distrust, and beyond: new paths of re-politicisation?

When these individuals perceive that their (alternative) values and worldviews are being threatened, they react not only by further losing trust, but also through re-politicisation. Certainly, there is a co-existence within VHR (and VHR-related protests) between different social and age profiles, as well as political identities, as can be seen in the diverse and somewhat contrasting accounts of the pandemic management. Nevertheless, our empirical material reveals that there is a widespread sensitivity towards certain specific issues that is common to the different social profiles and political identities. As a result, a political agenda emerges which is quite different from that built by the mainstream public and media debate.

The following are some of the major issues raised by our interviewees:

(a) *Criticism of medicine*, which must be reformed in order to put public health before economic interests, and to reconsider the relationship both between doctors and patients, and between Western biomedicine and CAMs (Brosnan et al., 2018, Attwell et al., 2018). This criticism represents an appeal for greater public investment in scientific research - thus rendering it more independent from private and corporate interests - and for the renunciation of authoritarian and paternalistic relational patterns characterised by a certain 'ethnocentric' arrogance towards other forms of knowledge (including non-Western);

(b) The need to recover a *prudent approach*, inspired by the precautionary principle, *towards new technologies* (e.g. 5G), which goes along with the criticism of an excessive digitalisation of life, and with specific concerns regarding control, social credit systems, surveillance capitalism (Zuboff, 2019) and

³ *Ippocrate.org* is one of the organisations founded by doctors who treated Covid-19 patients with early and home care, in contrast with the indications of the government.

transhumanism, meant as the use of science and technology to modify the human body, enhancing its physical and cognitive capacities, with the aim of overcoming its current limitations in terms of protection against disease and ageing (Tirosch-Samuels, 2012);

(c) *Growing scepticism towards the European Union*, even on the part of leftists who have always professed support for the European project. This results in a call for greater popular (as well as national) sovereignty as opposed to the excessive and opaque power of multinational corporations, economic-financial lobbies and philanthrocapitalists;

(d) *Robust ecological sensitivity*, which translates as the pursuit of lifestyles that are more respectful of the environment and 'natural' ecosystems;

(e) *Criticism of the pedagogical approach generally adopted by state schools*, which is perceived as suffocating and homologating, excessively prone to the neoliberal principles of competitiveness and performance and aimed more at training future workers than building a critical sense. This issue raises widespread consensus towards alternative approaches (such as outdoor education, Montessori / Steiner / libertarian / parental schools, and so on).

Besides the variously traditional patterns of political mobilisation (e.g. demonstrations, mail-bombings and sharing posts on social networking sites), great importance is given both to an active search for information and to in-depth analysis. Many of our respondents reported having lost all confidence in mainstream newspapers and TV (which many claimed they do not even own). On the contrary, they actively and frequently look for alternative sources of information, especially on Telegram and YouTube channels. Even more evident, moreover, is their self-declared need to increase their own wealth of knowledge, a goal they pursue by reading books and, above all, by attending various kinds of courses, such as those on health, socio-communicative and legal matters.

As medical sites I use PubMed (...). I follow two or three groups on Whatsapp where various articles are posted (...) analysing what is wrong with publications in *Repubblica*, *La Verità* and *Corriere Adriatico* [Italian newspapers]. Some are just indecent: the will to manipulate people's minds is clear. For this reason also I am now attending a communication and information course, to learn how to defend myself from those who seek to monitor and manipulate our minds, our thoughts, our feelings. (Int. 1, f, 48)

The high number of courses and conferences attended by our respondents seems, on one hand, to illustrate a need to acquire the tools to help them find their way and defend themselves from an institutional context that they perceive as hostile and untrustworthy. Thus they close ranks, striving to relocate and re-align themselves with imagined communities that can provide alternative gratifications, meanings and interpretations to compete with those offered by the mainstream. On the other hand, this practice seems to be a way for individuals with heterogeneous backgrounds and positions to seek out paths of convergence and alignment, reproducing a fundamental characteristic of emerging social movements, that is, the redefining of meanings and narratives (Melucci, 1996) even when they are rooted in highly politicised biographies. Emblematic are the testimonies of leftists who feel the need to call into question in-depth interpretative schemas on which they have based decades of activism.

In this moving picture, new collective subjectivities take place. For the purposes of our analysis, a particularly important one is the 3VM, one of the subjects that initiated the institutionalisation of VHR-related protests in Italy.

7. The case of Movimento 3V

The 3VM is an Italian party, founded in January 2019 by a group of individuals comprised mostly of activists from associations for freedom of choice to vaccinate and informal committees and networks of parents opposing the extension and tightening of paediatric vaccine mandates approved by the Italian government in 2017 (Law 119/2017). Beginning from the end of the 2020 lockdown, the movement's presence in the streets intensified with rallies and protest demonstrations against the pandemic management measures. The movement, predominantly rooted in the Centre-North of Italy, presented its own candidates in regional elections in 2020 and later in municipal elections. In 2021, it elected its first two municipal councillors, in Trieste and Rimini, obtaining over 4% of the vote.

According to 3VM members participating in the focus group, the pandemic was a pretext for refining a strategy of control and limitation of fundamental freedoms. Many of its voters, as well as some political leaders at national level, come from disappointing experiences in other movements and parties that had supported vaccination freedom. In particular, there was a strong feeling of disillusionment towards the 5SM and, to a lesser extent, the League. The general feeling was that as soon as these parties came to power they promptly abandoned and betrayed their own principles, not only on the issue of freedom of choice on vaccines, but also on other key issues, such as the regaining of political and economic sovereignty.

On the whole, the 3VM pursues a process of repoliticising public debate as the starting point for the construction of a radically alternative model of society. The typical claims of sovereignist movements appear in their rhetoric, focused on countering the imposition of the use of credit cards, monetary sovereignty, and the rejection of gender theory. There is no trace, however, of explicitly anti-immigration positions and the issues usually associated with it, e.g. loss of national identity and security. The movement combines politically post-materialist and culturally conservative claims, overcoming the left-right axis.

The 3VM expresses a radical critique of modern, globalised, neo-liberal societies, marked by the dominance of economic interests and dehumanisation, and emphasises issues such as environmental and social sustainability, clean energy forms, and the need to prevent further land consumption. The movement proposes a critical stance with regard to the intervention of technology in nature and the human body and calls for the restoring of human well-being to the centre of social and political systems. The need for a radical paradigm shift is stressed, starting from the adoption of responsible and sustainable behaviour and lifestyles, in order to reconstruct a harmonious relationship between human beings and nature, and to recover the community dimension.

We develop our awareness, to the extent that there is no longer either left or right but a return to what the real needs of people are, to love each other, to feel comfortable with each other, and this creates a society based on respect for others, based on being together instead of on competitiveness (focus group, hereinafter FG).

Participation in the movement's activities is characterised by a form of reactivation on an individual and collective level, which is often defined in terms of an awakening, or a rebirth, a collective catharsis that affirms a model of society that is radically alternative to that which prevails today in Western societies. 3VM do not aspire to reform society, but to transform it from grassroots level. Health choices are one of the key concerns of its activists, who seek for health and psycho-physical well-being. This aspect is central to understanding the movement's attitude towards vaccines, which is in line with the growing attention to CAMs (Attwell et al., 2017).

(The movement) is an instrument of action, which allows conscious citizens to be even more present in the world we live in, which needs an awakening. These are very fast-moving times, and so is the gap that can be created between the public good and the people, who are no longer self-determined and no longer sovereign even of their own bodies. This is true to the point of generating a complete distrust on the part of people, towards both the societies in which they live and the institutions that no longer represent them. With sacrifice and passion we have also decided to reclaim a space because of the absence of representation. What we were saying in the streets was not heard at all within the institutions, as it used to be in the past (FG).

The theme of the relationship between the political and spiritual dimensions of existence is often explicitly addressed in the public documents and video discussions produced and shared by the movement, and is already included in its statute, which emphasises the importance of the human being and its spiritual, bodily, emotional and mental aspects, which it should be the State's task to protect. The movement's activists not only reject the accusations of selfishness and individualism made against them, but denounce the extreme and dehumanising individualisation that characterises today's Western societies and worldviews:

We recognise the importance of the individual, but the individual as connected to all others and therefore a human being who is never separate. (...) We can rebuild an unselfish society by tearing down the old one, which from childhood teaches us to be extremely selfish. Here, too, the truth is turned completely upside down, because those who are trying to make people understand something quite different are portrayed as selfish, and those who are in fact very selfish are passed off as altruistic. (...) We must rebuild society from the foundations; a hypermaterialistic and hypercompetitive society can never be altruistic *par excellence* (FG).

The issue of pseudoscience and post-truth is also more nuanced. To 3VM militants one central area of conflict is communication, which is regarded as an instrument of manipulation and control by elites. Mainstream media are accused of producing misinformation, while 3VM claims to operate in the pursuit of truth. This leads, firstly, to the mobilisation of counter-experts, who deconstruct the alleged falsehoods of mainstream science by opposing the truth they attempt to conceal.

The members of the movement reject the accusation of being anti-scientific. They consider the labels 'conspiracy theorists' and 'misinformers' that are often used in referring to them as an attempt to delegitimise the movement. Rather, they claim to challenge the principle that official science follows objective criteria and is guided by rationality, and any expressions of dissent towards mainstream truth should be considered in terms of irrationality and misinformation. Such an approach is defined as pragmatic and based on the scientific method, whereas mainstream science, they argue, is distorted by interests and forms of ideologisation.

We are individuals who have started out on a new path, but we are not naive. When we talk about these issues we are very careful, precisely because science is not univocal, science is not dogma, science is doubt [...]. It cannot be considered an absolute science, so when someone entrenches himself behind the absolute it means that he is denying us the search for truth (FG).

According to the movement's leaders, the decision to mobilise politically was based on the experience many of them had in parents' associations and freedom of choice associations, and on their accusation against the institutions of ignoring their questions and refusing dialogue and confrontation.

There was no longer any political representatives who could support, at the very least, a dialogue that for us has always been based on science, and therefore on facts, on reality, with regard to paediatric vaccinations. Instead we

immediately encountered a great silence from the institutional point of view, and what worried us the most was that we realised the vaccine was being used as a tool of blackmail: if you don't get vaccinated you won't be able to access certain services (FG).

The fact that we called ourselves 'Vaccines We Want the Truth' does not mean either that we have the truth or that it is like saying we can get it; I mean, the fact that we sought the truth was also a request for dialogue and confrontation (FG).

8. Individualisation, trust, responsibility, repoliticisation: toward increasing estranged citizens

As stated by Alteri et al. (2021, p. 9), pandemic can be understood as a "total social fact" which "challenges the epistemological and ontological roots of modernity, as it is clear that this crisis touches on the relationship between individuals and the collective sphere just as much as that between humans, other species, and the environment". The crisis must be likewise framed with reference to the profound changes in subjectivity, in intimacy and in the relations with the body. Indeed, "intimacy ties subjective feelings to collective framings of these feelings, raising the issue of the conditions of the collective recognition of private suffering and personal struggles", to the point that we can speak about a regulatory framework of emotions by an institution (Durnová and Mohammadi 2021, p. 9).

Our study confirms that VHR is founded on a profound distrust not only towards the media and political institutions but, more generally, towards elites, whether they be political, economic or scientific. This fosters a dichotomous opposition between 'us' the good guys, and 'them', the bad guys. Such a view is fuelled not only by populism, but also by technocracy, to the extent that it promotes a Manichean distinction between those who are competent, rational and civilised, and those who are not.

Referring to the recent work by Bickerton and Accetti (2021), we are witnessing a redefinition of the political conflict along the technocracy-populism axis, as the two ideal poles of an unprecedented reconfiguration of politics which, on closer inspection, share a distinctive trait: the assertion of a single truth, of which the experts on the one side and individuals and counter-experts on the other side are the respective keepers. The concept of technopopulism helps us to understand why the communication dynamics that have accompanied the conflicts over vaccines and pandemic containment measures have revealed a polarisation and extremisation of positions. The juxtaposition of alternative truths and the delegitimisation of the adversary, and consequently its transformation into an enemy, have contributed to the disruption of the public sphere (Bennett and Pfetsch, 2018), while the polarisation of the conflict between the so-called 'pro-vaxxers' and 'no-vaxxers' has ended up by narrowing the space for criticism. Future research should focus on the (fragmented) public sphere, in the awareness that while the study of post-truth phenomena, fake news, and the polarisation dynamics fuelled by social networks is important in order to shed light on existing aspects, it is not devoid of normative and political bias, and above all has proved insufficient in fathoming the complexity of the changes underlying the redefinition of the lines of political conflict.

Thus, complex issues such as the relationship between science, politics and everyday life end up being reduced to a clash between dutiful citizens who trust institutions and experts, and uninformed, individualistic and uncivilised citizens. Thus, not only has the category of the critical citizen disappeared from the radar, but so has the debate on the subpolitical character of allegedly technical choices and the risk profiles associated with them (Beck, 1992). Our contribution aims to overcome this oversimplified view, in order to ask whether,

how and to what extent the conflicts that have arisen around the Covid-19 vaccine debate represent (at least partially) forms of repoliticisation, in reaction to the processes of depoliticisation characterising the technocratic momentum.

The results of our research converge in identifying certain lines of transformation in the following four dimensions: distrust, individualism, responsibility, depoliticisation/repoliticisation.

Distrust. Distrust of mainstream science does not necessarily mean adopting anti-scientific positions. An appropriate frame for describing the actual conflict involving science is not that of the ‘war on science’ model, but that of ‘competing epistemologies’. Different views are challenging each other to answer questions such as: What is science? What is democracy? How should science, politics and everyday life interact within a complex society? Their answers are still being codified, but they nevertheless propose crucial questions that cannot be set apart, let alone de-politicised or indifferently considered as ‘fake news’ and ignorance (Colgrove, 2005).

Individualism. The charge of selfish individualism merits adequate problematisation. We are not in the position to assert that this dimension is totally absent, as part of our interviewees tend to reject any forms of state intervention. However, it is important to acknowledge that the conceptualisation of VHR as a clash between individualism and collective norms may be misleading. Firstly because, as Pellizzoni (2021) argues, we are not dealing with a liberal defence against state claims, but a new friction due to an overstimulation of the self which is consistent with the rationality of neoliberal government. “New”, Pellizzoni (2021, p. 38) argues, “since it no longer stems from the ‘liberal’ defence of the citizen’s guarantees, but from the ‘neo-liberal’ promotion of a subject that constantly questions and is questioned about its own optimisation. The vaccination obligation would thus clash with subjectivities that are increasingly solicited and engaged in the search for tailor-made solutions to problems arising in different existential contexts”. This said, the charge of selfishness is also based on a specific account of what we should mean by ‘collective interest’, which, in turn, rests on premises (about health and how to pursue it) which are explicitly refused and challenged by most of the respondents. Moreover, individualism as an interpretive key is questioned by the fact that, when the respondents demand active vaccine-vigilance systems over adverse events, and when they press for a precautionary approach to new technologies and their social impact, they are supporting collective, not individual, issues. So much so, in fact, that at times they direct this charge of selfishness at (Western) society in general, criticising it for its excessively high-performing, competitive individualism and its materialistic approach that denies the spiritual dimension of human beings, while they see themselves as being engaged in rebuilding solidarity-based communities (including through the organisation of seminars, courses and parental schools) to promote broader social and cultural change, in a way that recalls prefigurative politics.

Responsibility. This combination of social commitment and the claiming of individual responsibility (as opposite to obedience and delegation) in making important, private decisions assimilate VHR to the more extensive transformations that have shaped the landscape of political engagement over the last few decades, especially those trends that have led to the affirmation of the self-actualising citizen, to individualised-collective participation, and to critical consumerism. As we know, the decline of institutional trust is not necessarily associated with political alienation or extremism, as it often characterises a “critical citizen” who makes use of both unconventional and conventional repertoires of participation to engage the institutions in a relationship where ‘trust’ is subordinated and conditioned by the fact that the institutions themselves are able to guarantee listening and responses (Tarrow, 2000). The analyses of our interviewees’ past experiences of civic engagement suggests that this was, up until a few years ago, a common profile of many who today express VHR positions. The fact (frequently stated in the interviews) of not receiving answers or even being listened to, the complete lack of any dialogue in the building of knowledge and political decisions, but instead being met with exclusion and stigmatisation, is probably what pushed these individuals to feel increasingly *estranged*

from a political and institutional system in which not only do their ideas and values have no representation, but they perceive a constantly accelerating evolution in the opposite direction from these same values and worldviews.

Depoliticization/repoliticization. While the 5C model of vaccine hesitancy (MacDonald 2015) finds empirical corroboration in our respondents' wide-ranging and profound feelings of distrust, at the same time our results suggest that distrust is only a part of a broader picture. Indeed, we argue that distrust may also depend, at least for a large part of VHR individuals and activists, on a counter-cultural substratum based on the sharing of alternative worldviews and values (Boni, 2022), which they perceive as being currently under attack from the institutions. Moreover, it should also be pointed out that the same alternative values and worldviews shared by VHR citizens have been pushed towards politicisation (and radicalisation) by certain political and communication changes occurring in recent years. In a broader sense, we refer to changes affecting global governance and the pervasiveness of lobbyism and regulatory capture in the production of science and the definition of health policies (Dentico and Missoni, 2021; Foucart et al., 2020). While, in the medical field, long-lasting unresolved issues in the relationship between medicine and society - which are at the origin of the "demanding patient" (Stacey et al., 2009; Cavicchi, 2010), and in other respects of medical pluralism and the increasing adhesion to CAMs (Attwell et al., 2018) - have in some cases been hastily dealt with by resorting to paternalistic and authoritarian approaches, such as the banning of dissident doctors and smear campaigns against CAMs. This reached a significant turning point, in Italy, with the debate about the law on the extension of paediatric vaccine mandates (Law 119/2017), which gave impulse to hard-line policies, acknowledged in the literature as fostering identity struggles and nurturing radicalisation (Attwell et al., 2018; Attwell and Smith, 2017, Goldenberg, 2021).

In this context, mobilisations as well as new parties associated with VHR may be interpreted as paths towards repoliticisation, that is, attempts to elaborate and refine interpretative tools and emerging narratives in order to give voice not only to dissent but also to the demand to be considered and heard with regard to new or redefined issues and lines of political conflict.

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Appendix 1: List of respondents

Interview no.	Date	Gender	Age	Education	Occupation	Region of residence
1	Dec. 2020	f	48	High school diploma	Housewife	Marche
2	Dec. 2020	m	50	High school diploma	Employee	Marche
3	Dec. 2020	f	44	University degree	Teacher	Marche
4	Dec. 2020	m	21	High school diploma	Worker	Marche
5	Dec. 2020	m	23	High school diploma	Worker	Marche
6	Dec. 2020	m	63	High school diploma	Self-employed	Marche
7	Dec. 2020	m	22	University degree	Self-employed	Veneto
8	Dec. 2020	m	50	High school diploma	Employee	Veneto
9	Dec. 2020	f	45	High school diploma	Employee	Veneto
10	Dec. 2020	m	23	High school diploma	Student	Abruzzo
11	Dec. 2020	m	25	University degree	Self-employed	Umbria
12	Dec. 2020	m	33	High school diploma	Self-employed	Emilia Romagna
13	Dec. 2020	m	22	High school diploma	Worker	Marche
14	Dec. 2020	f	26	High school diploma	Employee	Marche
15	Dec. 2020	m	56	High school diploma	Worker	Marche
16	Dec. 2020	f	21	High school diploma	Student	Marche
17	Dec. 2020	f	34	High school diploma	Employee	Emilia Romagna
18	Dec. 2020	m	62	University degree	Executive	Marche
19	Dec. 2020	m	24	High school diploma	Student	Friuli-Venezia Giulia
20	Jan. 2021	m	20	High school diploma	Unemployed	Friuli-Venezia Giulia
21	Jan. 2021	m	60	High school diploma	Employee	Friuli-Venezia Giulia

22	Jan. 2021	f	20	High school diploma	Student	Emilia Romagna
23	Jan. 2021	m	28	High school diploma	Worker	Abruzzo
24	Jan. 2021	f	22	High school diploma	Unemployed	Abruzzo
25	Jan. 2021	m	21	High school diploma	Worker	Marche
26	Jan. 2021	m	31	High school diploma	Employee	Marche
27	Jan. 2021	m	25	University degree	Student	Marche
28	Jan. 2021	m	62	University degree	Self-employed	Veneto
29	Jan. 2021	m	23	High school diploma	Employee	Veneto
30	Jan. 2021	m	22	High school diploma	Student	Veneto
31	Jan. 2021	m	26	High school diploma	Employee	Marche
32	Jan. 2021	m	57	High school diploma	Self-employed	Marche
33	Jan. 2021	m	59	High school diploma	Employee	Marche
34	Jan. 2021	m	23	High school diploma	Student	Marche
35	Jan. 2021	f	65	University degree	Teacher	Marche
36	Jan. 2021	f	53	High school diploma	Craftsman	Marche
37	Jan. 2021	m	20	High school diploma	Student	Marche
38	Jan. 2021	f	53	High school diploma	Housewife	Marche
39	Jan. 2021	f	44	University degree	Teacher	Marche
40	Jun. 2021	m	54	University degree	Self-employed	Emilia Romagna
41	Aug. 2021	m	46	University degree	Employee	Lombardia
42	Aug. 2021	m	40	University degree	Employee	Veneto
43	Aug. 2021	m	31	University degree	Unemployed	Veneto
44	Aug. 2021	f	60	University degree	Employee	Puglia

45	Aug. 2021	f	48	University degree	Employee	Campania
46	Aug. 2021	f	40	University degree	Self-employed	Umbria
47	Sep. 2021	m	64	University degree	Teacher	Puglia
48	Sep. 2021	m	44	Middle school diploma	Teacher	Lombardia
49	Sep. 2021	f	39	University degree	Self-employed	Lombardia
50	Sep. 2021	m	49	University degree	Employee	Sardegna
51	Sep. 2021	m	50	High school diploma	Self-employed	Lombardia
52	Oct. 2021	f	41	PhD	Teacher	Trentino-Alto Adige
53	Oct. 2021	f	27	University degree	Self-employed	Trentino-Alto Adige
54	Nov. 2021	f	29	University degree	Unemployed	Piemonte
55	Nov. 2021	f	28	University degree	Self-employed	Toscana
56	Nov. 2021	m	69	University degree	Doctor	Veneto
57	Dec. 2021	m	51	High school diploma	Worker	Marche
58	Dec. 2021	m	58	High school diploma	Self-employed	Piemonte
59	Dec. 2021	m	56	University degree	Employee	Emilia Romagna
60	Dec. 2021	m	21	Middle school diploma	Unemployed	Liguria
61	Dec. 2021	f	19	Middle school diploma	Worker	Liguria
62	Dec. 2021	f	48	University degree	Self-employed	Marche
63	Dec. 2021	m	22	University degree	Student	Marche
64	Dec. 2021	m	43	University degree	Craftsman	Marche
65	Dec. 2021	f	47	University degree	Self-employed	Emilia Romagna
66	Apr. 2022	m	63	High school diploma	Farmer	Toscana
67	May 2022	m	7	High school diploma	Self-employed	Emilia Romagna

