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The Wakefield Phenomenon: A Rhetorical Examination of the Resurgence of the Anti-Vaccination Movement in the 20th & 21st Century

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THE WAKEFIELD PHENOMENON: A RHETORICAL EXAMINATION OF THE
RESURGENCE OF THE ANTI-VACCINATION MOVEMENT IN THE 20TH & 21ST
CENTURY

by

Karen E. Boger

A Thesis
Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Communication
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts

Approved by:

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ABSTRACT

This thesis explores the phenomenon of the anti-vaccination movement and existing publications documenting significant points in its resurgence in the late 20th and early 21st century following the now redacted publication by the former Dr. Wakefield asserting a correlation between children receiving vaccinations and children exhibiting the onset of developmental disorders, with Autism Spectrum Disorder (ASD) garnering the most public attention. With increasing numbers of parents delaying or forbidding their children from receiving vaccinations, along with the re-emergence of previously eradicated disease outbreaks and casualties, questions about the salience of Wakefield's anti-vaccination statements arise. Investigation here is key to understanding how the general public decides whether or not to adhere to a conspiratorial form of argumentation which claims the healthcare system intends to create illnesses/disabilities only to sell consumers treatment. This study analyzes the 1998 Wakefield publication "*Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children,*" Autism Speaks' 2007-2015 "Learn the Signs/World of Autism" campaign, Wakefield's 2016 documentary "*Vaxxed: From Cover-Up to Catastrophe*" through disability rhetoric and health rhetoric to identify the salience of the methods of persuasion and argumentation that may have contributed to the trends and resurgence of the anti-vaccination movement.

Keywords: Measles-Mumps-Rubella (MMR), vaccines, developmental disorders, Autism Spectrum Disorder (ASD), disability rhetoric, anti-vaccination movement

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DEDICATION

“To my long-time partner, Mikel David Graham, without whose patience and compassion, I would not have had the fortitude to bring this project to completion.”

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LIST OF ABBREVIATIONS

<i>ASD</i>	Autism Spectrum Disorder
<i>BGMC</i>	British General Medical Council
<i>CDC</i>	Centers for Disease Control and Prevention
<i>FDA</i>	Food and Drug Administration
<i>MMR</i>	Measles, Mumps, & Rubella Vaccine
<i>UK</i>	United Kingdom
<i>US</i>	United States
<i>USD</i>	United States Dollars

CHAPTER I – INTRODUCTION

Due to the difficulty for many parents in accepting that their child may have a diagnosable condition, which has only been exacerbated by the social stigmas that accompany developmental and intellectual disability, caretaker decision-making regarding addressing potential developmental disabilities remains a concern (Bryson & Smith, 1998). A common obstacle that many parents note is the ever-present public messages seeking answers for the onset of ASD, as one of the more recently identified developmental disorders (Freed, Clark, Hibbs, & Santoli, 2004). ASD previously was mistakenly combined with or mistaken for multiple other disorders including Asperger's, mutism, schizophrenia, obsessive-compulsive disorder, and avoidant personality disorder to name a few (Georgiopoulos & Donovan, 2015).

With few current answers from healthcare providers as to the factors which make individuals more or less likely to develop ASD and with current research not having sufficient answers, other than linking the diagnosis of ASD to familial histories of other developmental disorders, Western communities have a long history of turning to alternative health perspectives for answers, such as folk medicines, herbalist practices, home remedies, and spiritual healings to mention a few (Adams, Tovey, & Easthope, 2017). Disease inoculations, now referred to commonly as vaccinations, often take the brunt of scrutiny from the lay community. Although inoculations are largely regarded as the most significant breakthrough in infectious medicine, they have been viewed with a great deal of skepticism, at least since Britain's Compulsory Vaccination Act of 1853, which was the first time a medical treatment became mandatory for all citizens (Sigel,

2007). In the United States and more recently, such public skepticism was actualized in a wave of vaccine reform laws that began in the early 2000's, providing the option to opt-out of injections for personal as opposed to medical exemptions and largely attributed to the resurgence of religious liberty legal exceptions (Luthy, Beckstrand, & Meyer, 2013).

Coupled with the lack of accessible language and education directed towards the general public, the anti-vaccination movement took root and easily compounded larger fears of imposing governmental powers and practices of medical care. While much of the existing scholarship about the anti-vaccination movement examines this phenomenon through the lens of a failure of the healthcare system in communicating with patients, my research offers a unique perspective by analyzing the anti-vaccination movement as a rhetorically impactful group of its own volition. In particular, the project examines the significance of three critical milestones in the resurgence: the 1998 Wakefield publication, which instilled into the public mind the idea that preservatives in the Measles-Mumps-Rubella (MMR) vaccine were linked to the onset of ASD; the 2006 Autism Speaks' "World of Autism" campaign, which heavily advocated for a cure for ASD as a more useful alternative than therapies and community accommodations for those with ASD; and the 2016 documentary "Vaxxed: From Cover-Up to Catastrophe," which argued that vaccines are a symptom of a larger government conspiracy that relies on a constant supply of ill children to ensure the continued profitability of the medical sphere.

In my research, I offer rhetorical studies as a method to analyze the persuasive discourse used by the anti-vaccination movement in an effort to recognize recurring themes in their argumentation. In its own right, rhetoric provides a unique disciplinary insight into recognizing patterns of influence and ideology that facilitate action or thought, in this case vaccine-hesitancy and medical skepticism. With the sudden increases in anti-vaccination message salience among the public, investigation into this phenomenon is key to understanding not just the deficits in how vaccinations are communicated to the public by the United States healthcare system but the rhetorical implications of anti-vaccination messages on a public with limited health literacy.

Anti-Vaccination as a Rhetorical Phenomenon

Matters of public health cannot be contained easily within a single group, especially if the current status quo holds the expectation that most individuals are healthy enough to be able to safely interact with their peers. Thus, the impact of anti-vaccination rhetoric cannot be seen as a niche issue, as its impacts go far beyond its individual adopters; rhetoric is inherently a social phenomenon that relies on the salience of communication messages and, thus, repeated exposure to such messages can impact the perception of anti-vaccination prevalence (Omer et. al., 2009). Current literature confirms the resurgence of vaccine-preventable diseases rising alongside increased public exposure and familiarity with anti-vaccination ideology, especially years through which the public has had exposure to the distribution of the anti-vaccination movement's ideology. Brown et. al. (2012) conducted an investigation into the decision-making that leads parents to

make various decisions regarding vaccines, such as accepting the recommended vaccination schedule, adopting a delayed vaccination schedule, picking and choosing single vaccinations to take instead of combination vaccines (like MMR), and refusing vaccination as a whole. In line with the predominant focus of anti-vaccination rhetoric, those rejecting the recommended vaccination schedule reported being comforted that their decisions had seemingly prevented their child from developing autism. However, according to an experimental study in 2006 by Mercer, Creighton, Holden, & Lewis studying adherence to anti-vaccination rhetoric, vaccine-rejecting caregivers whose children did develop autism reported believing that their child's autism would have had a more severe onset with lower functioning if the child had been vaccinated, claiming the belief that vaccines had the potential to cause further damage to children with disabilities (Mercer, Creighton, Holden, & Lewis, 2006). In other words, even when confronted with what should be direct counter-evidence, these individuals held fast to the ideology that vaccinations would have harmed their child further than would have been "naturally possible" (Poland & Jacobson, 2011). However, there are many forces at work when it comes to how individuals interact with vaccinations beyond public perceptions and ideologies, such as legislation that often conflicts with anti-vaccination rhetoric.

There exists a hard line between vaccine administration policy and many of the policies regarding routine healthcare due to the presence of legal mandates. Vaccines occupy a unique place within medical discourse, overlapping with the rhetoric of body politics to create regulations for what one can and cannot do with their own body in order to be a participatory member in a society that relies on herd immunity (Larson et.

al., 2011). Due to fearful public backlash and the need for the medical sphere to respond to the needs and concerns of its populous, many vaccine protocols have experienced unnecessary distractions and policy changes in reassuring the public of the safety of vaccines (Poland & Jacobson, 2011). For instance, public misconceptions about the MMR vaccine and its mercury preservative causing autism forced medical practitioners to develop a new preservative for the MMR because the anti-vaccination movement's arguments became so compelling to patient communities. Additionally, limited health research funds are being allocated towards affirming the success rates of vaccines. This often occurs with the purpose of changing the public attitude back to trusting healthcare professionals to continue advancing the field instead of reaffirming what has already been validated within literature (Wilson, Mills, Norman, & Tomlinson, 2005).

Literature Review

Current literature trends towards comparative analyses juxtaposing health messages and their alternative-health counterarguments, including lay conceptions regarding the supposed link between vaccinations and the onset of ASD in children (Gray, 1995; Zuckerman, Lindley, & Sinche, 2016). This study argues that the emergent rhetoric within the anti-vaccination movement is substantial enough to warrant its own study beyond purely comparative analyses. The significance of this study hinges on its ability to recognize the saliency of different fringe-science themes in the anti-vaccination movement.

Health Rhetoric and the Anti-Vaccination Movement

In examining which messages successfully influence patients to adopt or eschew specific health behaviors, the rhetoric of health and medicine offers key insight into analyzing the consistent areas of concern for healthcare providers as they attempt to influence the actions of those under their care. Many scholars have recognized the importance of rhetorical influence in personalizing specific health messages so that they will be more palatable to the wide range of patient demographics (Landau, 2015). In healthcare, the improper rhetorical adaptation of messages runs the risk of jeopardizing public education and awareness necessary for informed health decision-making. Additionally, the assessing, addressing, and representing of patient concerns through targeted healthcare messages affects salience and the resulting patient action or inaction concerning specific health behaviors (Kuehl, Drury, & Anderson, 2015). However, personalizing messages according to audience predisposition regarding the topics at hand, in this case vaccinations, can pose a challenge. The difficulty here comes to a peak when physicians focus more so on an assumption of health literacy and do not effectively translate messages about vaccines to address the individual concerns and beliefs of their patients, which is only compounded by difficulty some patients may have in voicing their apprehensions (Gottlieb, 2016). While a dogmatic tactic is often recruited by physicians in instructing their patients on vaccine information that purposefully ignores or omits anti-vaccination arguments and concerns, current scholars indicate that a risk-benefit analysis conversation between patients and providers may be more useful overall to increasing ‘patient power,’ or a patient’s perception of influence over their healthcare

(Martin, 2007). Trends within the language used by vaccine-hesitant patients often convey senses of uncertainty, fear, and a general sense that they do not have enough information or an efficient enough understanding of vaccinations in order to make the decision to have their child vaccinated. Much of the existing counter-rhetoric, however, has focused less on soothing the fearful and more on condemning those who put their children at risk (Nettleton & Bunton, 1995). This tactic, while affirming of traditional medical practices and common physician trainings and understandings of vaccinations, often only adds onto the fearfulness of the vaccine-hesitant a sense of persecution. Thus, it may be argued that current health rhetoric in patient-provider communication focuses more on keeping those who are already neutral or positive towards the practice of standard vaccine schedules instead of changing the perspectives of caregivers who are vaccine-hesitant or reject vaccines entirely (Lynch, Due, Muntaner, & Smith, 2000).

Disability Rhetoric and the Anti-Vaccination Movement

Unsurprisingly, the rhetoric of disability has long roots in the recurrence of normalized ableism framed within the context of furthering society. Whether from a survival of the fittest or eugenicist ideology, ableism prioritizes societal norms of physical, mental, and emotional acuity and in the process demonizes those who fail to meet these requirements. Those with disabilities have historically inhabited only the fringes of social discourse, omitted from respectful representation in many aspects of their lives (Wilson & Lewiecki-Wilson, 2001). Observations of social tendencies in disability rhetoric trend towards avoidance--avoidance of onset, avoidance of symptoms,

and avoidance of those with disabilities who remind us of the fragility of the human state (Wilson & Lewiecki-Wilson, 2003). In many health campaigns, avoidance of the infirm is recommended, if not required, and disability rhetoric examines the impact that this has on the overall interactions that occur in these dialogues, which easily parallel current conversations regarding autism (Holton, Farrell, & Fudge, 2014). While traditional medicine utilizes the fear of disability resulting from preventable disease to encourage compliance with standardized vaccination practices, the anti-vaccination movement instead presents a comparative fear that argues towards the greater fear of a disabled child rather than a child that has died from preventable disease, in that many sects of the movement employ ableist ideology when acknowledging the social ostracization along with immense social, emotional, and financial requirements that accompany the label of being a caregiver of a child with an intellectual disability (Heilker & Yergeau, 2011).

Existing literature in the field of rhetorical studies documents the phenomenon which distances disability from being defined as restrictive or stunted development or function and more closely associates it with the social connotations of laziness and deceptiveness (Lindblom & Dunn, 2003). Amidst political tensions regarding ethical, financial, and federal accommodations and diagnoses of disability, the stigma surrounding disability may have caused the label itself to have overshadowed and consumed those who it is meant to represent (Blockmans, 2015). With the threat of others not believing that someone has a disability, thinking that someone is faking a disability to receive inappropriate aid, or bringing someone's accolades and achievements into question, it comes to no surprise that even individuals with high social regard-- such as

doctors-- intentionally choose to obscure their diagnoses and symptomatology (Mercer, Dieppe, Chambers, & MacDonald, 2003). Communication scholars report that especially in academia, disability has even been associated with the academic evils of unskillful and slovenly performance when accommodations are either not provided or the need for such accommodations is never voiced to begin with; in fact, some researchers note that the work of scholars with disclosed disabilities may fall under greater scrutiny than their neurotypical peers due to such stereotypes (Kerschbaum, 2014). Especially in individualistic cultures, with the ideology of individual choice and action being forces that can supposedly overcome any adversity with enough perseverance and effort, research suggests that individuals with disabilities are less likely to seek accommodations for fear of violating the cultural norm and ostracizing themselves (Blockmans, 2015). Individuals with disabilities must navigate environments where they must either struggle through being associated with their disability label, proving their justifiable need for accommodation amidst a social environment that assumes they are merely seeking institutional support in order to complete the bare minimum requirements without much individual effort, or obscuring their specific disability as much as possible from both administrators and their peers in an attempt to meet the assumed neurotypical standard (Michalko & Titchkosky, 2001).

Social Movement Rhetoric and the Anti-Vaccination Movement

With few well-known and recognized founding figures and multiple contemporary leaders of the movement, such as the former Dr. Andrew Wakefield and

many celebrities such as Jenny McCarthy, the anti-vaccination movement has a unique place within the rhetoric of social movements, which focuses on the language and visuals used to encourage the continuance of the movement's messages (Jensen, 2006). As social movement rhetoric is typically characterized by its uninstitutionalized nature, i.e. by placing itself contrary to mainstream or dominant ideologies, these messages utilize similar themes of recognizing a cause-specific form of perceived oppression or deception. This encourages grassroots participation, as social movements typically have limited substantial support from local, state, and federal governments. Relying heavily on the concept of individual freedom to choose and emotionally charged visuals, typically featuring distressed infants, the anti-vaccination movement is a prime example of criticism as a rhetorical recruiting tool for message adoption (Gustainis, 1982). In addition to attacking vaccines directly, many artifacts make the argument that if you are not adhering to their messages, you are condemning your child to illness, disease, or disability for the remainder of their lives, thus placing the anti-vaccination movement in a strategic place to identify itself as a marginalized community with a specific motive that forwards its perception of how a child's quality of life is determined. Additionally, these messages often use parallel argumentation to equivocate vaccination to other egregious harms that are generally regarded as cultural ills, such as comparing vaccine injections to nonconsensual penetration or organizing syringes to form swastikas (Dixon et. al., 2015). Within social movements, there is no form without function and each set of actions or materials produced possess a degree of persuasive influence that the anti-vaccination movement in particular utilizes to facilitate distrust in its counter-movement, which in

this case is the entirety of the traditional healthcare provider system and its constituents (Stewart, 1980).

The Changeling Myth and the Anti-Vaccination Movement

"It's never my own little daughter,

It's never my own," she said;

"The witches have stolen my Anna,

And left me an imp instead."

- John Greenleaf Whittier, excerpt from "The Changeling"

For hundreds of years, parents have laid claims to outside interference altering their child's life, irreversibly damaging them in some capacity, and putting them at odds with the norms and expectations of their parents and society at large. In the 15th century, folk stories were woven of fairies who would steal human infants from their cribs and replace them with identical fairy children who had been born deformed, ill, or in some other manner were perceived as deficient fairies. Upset about their ill-fortune, the fairy parents would look for the most appealing human children to steal and replace their child with- as if they were cuckoo birds trying to rid themselves of the obligation of raising an unwanted fairy child by placing it in the unsuspecting, but nurturing arms of human parents who would be too exhausted from the care demands of a newborn child to immediately realize they've been had. While the fairy child would appear to be physically human in nature, the parents would report unusual behaviors and perhaps

claim that this new being inherently lacked a human soul as the child would avoid mirroring human behaviors such as eye contact, speech, and written comprehension for a great deal of time longer than the other children; perhaps because the child was an entirely new species that was forced to learn alien customs and behaviors after being abandoned by their fairy caretakers (Miles, 2001). Whether the child was considered to be a mindless body that was simply deposited as if the fairies were exchanging a paperweight for valuables during a heist, or that the child possessed some abilities that were exceptional in a single area as a savant and was severely handicapped in all other aspects of human behavior, parents believed an explanation for a child such as theirs was magical intervention (MacCulloch, 1926). The implication that physical, mental, and developmental anomalies could originate from purely human parents was beyond comprehension and had terrifying implications that any individual could birth a disabled or deformed child without any correlation to the child's status, abilities, or beauty. The simpler emotional explanation of fearing the theft of your own child was much preferred as it already aligned with fears of continuing one's bloodline, maintaining the family structure, and having clear designations for the continuation of one's wealth, status, property, and profession for generations to come. However, since the late 18th century, the concern is no longer with magical influence causing anomalous behavior, but with medical intervention; for the sake of this paper, we will be discussing vaccinations as a modern retelling of this myth of the changeling child.

Although autism wasn't formally recognized until 1943, historic evidence of autism has been found in various stories. Fairytales on changelings can be found from the

British Isles, Germany, and Scandinavia. Stories told of children who exhibited “remarkable and sudden changes in behaviour and/or appearance... The new child [was] characterized by unresponsiveness, resistance to physical affection, obstreperousness, inability to express emotion, and... some [were] unable to speak” (Leask, 2005). In the DSM-5, the criteria for a diagnosis of Autism Spectrum Disorder include deficits in social-emotional reciprocity, nonverbal communicative behaviors, and developing relationships (American Psychiatric Association, 2007).

Before 1943, parents did not officially have a name for what was happening to their children that was backed by science and research. When faced with wondering why their child is different, they were more susceptible to believe whatever explanation provided them with some sense of understanding. For a parent to find their child is delayed mentally or physically, they are faced with feelings of guilt and frustration, leading them to rationalize this phenomenon in ways that are culturally relevant and accessible (Haffter, 1968). Fearing the unknown leads to needing an answer, something they can feel they can control or avoid. If parents perceive a threat against their child, they are going to act to protect them with whatever they have been told works by their trusted public. However, while solutions to avoiding fairies included hiding your infant, baptism, rubbing your child down with fresh garlic, or encasing your child in an iron or steel cage during the night, today’s parents are attempting avoidance of a source less magical and more medical. Many of the anti-vaccination arguments focus on areas of distrust in medical science. They advance the notion that vaccines are “unavoidably” dangerous... Other arguments stem from misinformation regarding the immune system

and vaccine response, claiming vaccines “overwhelm” the immune system, and that natural immunity is better than immunity induced by vaccines (Smith, 2017).

Natural cures are not a new concept, but neither is over-trust in such measures—thus the moniker for this logical fallacy being the Appeal to Ancient Wisdom. Oftentimes, it’s comforting to believe in the oldest, simplest explanation having the oldest, simplest solution and there’s no greater comfort than coping mechanisms that have been passed down through communities for generations. Parents would ask their like-minded peers and communities for advice and should a child be determined by those in the community to, in fact, be a changeling, responses ranged from herbal poultices to social exile to infanticide (Ashliman, 1997). Since they were no longer seen as human, they were no longer treated as such. “Anti-vaxxers” may not believe in demons or fairies taking their babies, but the fear of having a child who is “different” is still paralyzing enough to rationalize measures such as denying the child preventative medical care. Instead, parents today fear having a neurotypical child stolen from them. They grasp any sense of control for the outcome of their child’s life, even if it stifles the child into a permanent dependency as the parents continually focus on addressing the causal factors of autism instead of championing treatment and therapies for those with the disorder.

There is fear that lies within a child who violates your expectations for them. Just as children are shunned from their families due to sexual orientation, choice of marriage partner, or professional career decisions, parents of autistic children struggle with the realization or denial that their child will live a life significantly different than the one they

expected. However, as the abandonment of a dependent disabled child is not legal, parents are forced to make the decision on how to approach the unexpected and unexplained responsibility of raising an autistic child. Many new parents have come of age with the wide-spread use of vaccines to the point where they may barely remember some of their classmates getting chickenpox but are far removed from the horrors of preventable diseases like polio and rubella. With this exposure lost and with the ease with which it is to both spread and receive information online, misinformation is not simply rampant, it's desirable. To avoid rising medical costs for standard doctor visits, many turn to the internet for healthcare guidance instead of professionals. For the everyday consumer who is not especially medically-literate, it is difficult to parse fact from fiction and exhausting to fact-check every recommendation and opinion. In fact, many parents simply choose to disengage from the search entirely upon seeing scientific papers and difficult-to-parse explanations for many of their questions and instead choose to pick the easiest answer, which is to avoid the unknown because it is perceived as unknowable.

Vaccine-avoidance among parents of autistic children has been a major issue for the scientific community and society in general, as it demonizes commonplace medical practices, puts the brunt of society at risk for the dissolution of herd immunity, and treats autism as a problematic, isolating diagnosis. Parents of autistic children, as all parents, feel protective of their children and feel a strong need to prevent further harm or injury from befalling them, as they view the disorder as a type of damage that has been done to their child and, in turn, feel hopeless to fix the perceived damage that has been done.

When an infant showed signs of otherness that a parent was uncomfortable with or had no way of handling, they sought answers to alleviate the unknown - to understand why it felt as though something was taken from them. Countless poems and stories of changelings express the devastation a parent felt at not knowing who that child was, at feeling like they did something to deserve it. These tales became part of their culture, leading to folklore that was shared to different communities and spread throughout larger areas. “Folklore is the traditional, unofficial, non-institutional part of culture. It encompasses all knowledge... and beliefs transmitted... by word of mouth or by customary examples” (Brunvand, 1998). Even though the spreading of folklore was slow as a predominantly oral tradition and involved nuances in constant retellings, it still managed to lead to similar stories with similar themes of parental fear of the theft of a child.

“The ultimate form of the parents’ attitude depends on their personality but also the values and opinions of the society in which they live” (Haffter, 1968). The societal pressure to be something in society shapes how the children in that society are raised and treated. In many stories of parents who suspect they have a changeling in their home, they sought out people in their community first. The decision to move forward with one of the treatments for a changeling was almost never made without moral support from others, and even then, uneasiness at the treatments wasn’t uncommon. Seeking outside support allowed them to share in the moral responsibility, and folklore shows that, when it came to changelings, parents sought out not only advice but also approval from their society before “taking any drastic measures” (Ashliman, 1997).

Parents today are not seeking opinion on whether or not their child is really a fairy replacement, but they do seek out influence and advice others who are like-minded or have been in similar situations. In both circumstances - determining if their child is a changeling or deciding whether or not to vaccinate, parents took to other ordinary people who felt more like peers as opposed to professional advice. People have always been “influenced by the social and cultural contexts in which messages are received” (Smith, 2017). When tales were shared orally, listeners were naturally inclined to take the perspective of the person telling the story since folktales were traditionally told from points of view that confirmed ideas that were already popular regionally. The poem of James Russell Lowell accounts for such children in his poem “The Changeling.” In his poem, he writes about a “charming child with golden hair” who had an enchanting smile, one which reached her eyes and “dimpled her wholly over” (Leask, 2005). At 12 months, a troop of angels stole his daughter and that he could no longer lift the child in a fatherly manner and that the child did not anymore smile as she did before.

Other legends of the changeling child indicate how the child lives happily with the fairies who stole him. Some versions of the folklore indicate how efforts to give back the changeling to its kin is made by making him/her sit on hot coals or setting him on a mound of manure overnight. Other versions of the tale indicate how the child is eventually returned to his parents and there is hope once again for the family. Stories of these changeling children also include ways to prevent these children from being taken or ways by which changeling children can be identified. In associating the story of the changeling child to autism and vaccination, parents recall having a child who is normally

developing, who can walk and talk and play just like any child. Then one day, their child becomes unresponsive, sickly, inactive, disruptive, and fractious (Leask, 2005). Some parents reckon the point of change in their child to the time when their child was vaccinated- the moment of theft, if you will.

For other parents who have yet to have their child vaccinated, the fear of their child becoming sickly, of changing, and of becoming autistic can be associated with the myth of the changeling child. In another context, the changeling legends are a way for some parents to cope with their child's disability (Caruso, 2010). In sticking to these beliefs, parents have someone to blame for their child's condition. It can also be a defense mechanism for parents who do not want to accept that their child's condition may be attributed to something they did or some genetic quality they possess. On a more liberal context as well, the autism and vaccine association may also be a coping mechanism for parents, a way of dealing with the grief of having a child with autism (Caruso, 2010). It is unfortunate that the coping tool for parents developed into a tool to discredit vaccines and vaccination. "Vaccination became the scapegoat for autism with potential consequences that were not banal but put children at risk for suffering infectious diseases" (Leask, 2005). Essentially, the elements of fear, theft, and rationalizing the unknown connect the folk myth of the changeling and the experiences of denialist anti-vaccine parents of autism.

In these cases, *apologia* references the defense of the specific rebuttal from the scientific/medical community that autism has no linkage to any vaccinations, especially

those mandated in childhood. As *apologia* refers to a formal defense of position, action, or opinion, it may be possible to breach the literacy wall between the general public and scientific specialists. As the situation currently stands, the accusational attacks by anti-vaccinationists rely on a heavy mistrust of the medical practice of vaccinations and a frightening misunderstanding of both how vaccinations operate and what the intention of vaccinations are for. Thus, as the medical community continues to respond with singular statements that vaccines are safe and should be taken at their scheduled time, many opposed interpret these messages as deflecting the real questions they are asking. While the anti-vaccinationist movement increasingly involves fringe and alternative medicine concerns, as well as spreading assumptions as fact within their own insular groups, there seems to be a palpable disconnect between the asked question and the received answer (Glanz, Kraus, & Daley, 2015). As medical professionals must take substantial time to generate accurate, verifiable answers before making a public statement about a vaccine concern, it often seems that anti-vaccinationists turn to their like-minded community for answers in the meantime, so when the answer is finally received, it must now compete with new pseudo-science messages that have been generated or reinforced by the anti-vaccination movement in the meantime. However, for the time being, many messages of vaccine safety resonating from within the walls of established medical institutions fall upon the deafened ears of the anti-vaccine community, as it is no longer a conversation about facts and safety but a conversation of trust and message digestibility (Jolley & Douglas, 2017).

Additionally, synecdoche refers to the macrocosmic use of the term where in these same defensive positions vaccine-avoidant parents call for the destruction of either all vaccine mandates, the destruction of the current MMR vaccine to protect all children from the supposed horrors of autism, or the descriptions of autism symptomatology as being all low-functioning in onset and completely dependent in the disorder's longevity. In other words, synecdoche serves to bring to light the generalizing and simplicity that anti-vaccination parents bring to otherwise specific and complicated conversations about both vaccine safety regulations and autism itself. Within this over-simplification, we see the rise of logical fallacies such as the appeal to ancient wisdom, which can easily snowball into an attack on modern medicine when applied to medical diagnoses that are still far from being understood completely, such as autism.

Chapters and Methods

This study provides an important perspective of how vaccinations are portrayed and how anti-vaccination rhetoric operates to encourage vaccine hesitancy. Even subtle anti-vaccination messages can be accepted at face value by the general public as scientific and medical fact if they are presented by either a source the public trusts or offered in conjunction with a citation, whether or not the study itself was ethically conducted. Because much of the general public are not active researchers and critics of the media messages they consume and who they consume it from, i.e. what source is distributing it, this project's findings have the potential to expand existing dialogue pushing for the examination of such messages and increasing awareness of the

implications of the dissemination of such messages about vaccinations. Additionally, as more individuals fall prey to manipulative rhetoric, we are seeing increases in preventable diseases due to increases in beliefs such as vaccine-hesitancy in parents, which only highlights the exigence of understanding the themes and salience of the current trends in the anti-vaccination movement. In order to better understand this phenomenon, my project examines three different rhetorical artifacts: the former Dr. Andrew Wakefield's 1998 publication, Autism Speaks' 2006 "World of Autism" campaign, and Wakefield's 2016 documentary "Vaxxed: From Cover-Up to Catastrophe." Together, these artifacts track the impact that Wakefield's specific focus on vaccines and ASD have had on the anti-vaccination movement, specifically how the threat of vaccine-injury has created a culture of fear surrounding the otherwise routine healthcare procedure.

In Chapter Two, I utilize the internationally accredited medical health journal, *The Lancet*, to examine recurrent themes throughout Wakefield's retracted article, "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children." Additionally, I examine academic and popular responses to the article and the proposed impact Wakefield has had in reigniting a previously sated flame of doubt in medical ethics. One of such arguments proposes that the purpose of government-regulated medical practices is to ensure a demand of medical services through the manufacturing and spreading of disease through the legalization of mandatory vaccination practices; in other words, through having mandatory vaccinations--which the anti-vaccination movement believes will almost always harm children--the

medical industry will always have a revolving door of patients and such high demand will allow it to profit indefinitely. Using the negative spotlight the media had provided to shift attention to seeding doubt in the greater healthcare system has, to some extent, allowed Wakefield to continue engaging with the public by adopting the title of whistleblower. Here, I examine how the coupling of the persona of a martyr and explicit fear appeals have allowed Wakefield's conclusions to easily take hold within the larger anti-vaccination movement.

In Chapter Three, I analyze the 2006 Autism Speaks' "Learn the Signs/World of Autism" 3-D and Stop Motion Animation television, billboard, and print Ad Council advertisements. Of particular interest are the visuals presented across these three mediums, responses of scholars and alternative ASD advocacy groups to these campaign messages, and examinations of the written text that accompanies the visual advertisement pieces. As an organization that has embraced the many of the arguments presented by Wakefield, I argue that Autism Speaks serves as an example of non-explicit acceptance of Wakefield's main argument regarding vaccination linkage to disability through omitting ties to Wakefield himself and instead embracing the problematic and dehumanizing language used by Wakefield to characterize children with ASD, or as Wakefield would refer to them: vaccine-injured children. This examination offers a new perspective on how advertising rhetoric can propagate existing stereotypes about individuals with disabilities. Especially with intellectual disorders, such as ASD, this discourse can range from pity to aversion to repulsion but generally contains some degree of "othering" and can have substantial impacts on public opinion about disabilities.

In the thesis' final chapter, I examine the 2016 documentary "Vaxxed: From Cover-Up to Catastrophe," which, produced by Wakefield, echoes the misunderstanding that vaccines are not only linked to ASD but that they are the sole cause for developmental and intellectual disabilities. The film characterizes an untrustworthy Center for Disease Control's (CDC) connection to both media outlet control and the decisions of individual healthcare providers, in combination with scrutiny placed on the composition and distribution of vaccinations, and heavy-handedly forces a fearful audience to question the "powers that be" in the healthcare system and cultivate an atmosphere of animosity towards organizational bodies within the scientific community. As a piece that utilizes many of the same elements and generated much of the same responses as the previously mentioned rhetorical artifacts, the 1998 Wakefield publication and the 2006 Autism Speaks campaign, the film serves as a powerful visual reminder of the impact of anti-vaccination ideology in practice.

CHAPTER II – THE 1998 WAKEFIELD PUBLICATION

Predating conversations regarding the current causes of developmental delays in children, the United States government, through the Food and Drug Administration (FDA), focused much of its efforts into investigating the possibilities of heavy metal poisoning through medical practices. Starting in the last quarter of the 20th century, as Western society began regulating metals such as lead, arsenic, and mercury in direct medical practices and procedures in pharmacology-- in addition to the more well-known restrictions regarding industrial heavy metal contamination-- upon the discovery of its potential toxicity, investigation into preservative-based heavy metals also became a concern (Keil, Berger-Ritchie, & McMillin, 2011). As medical journals began noting the more common symptomatology in adults, including nerve and organ damage, it was also noted that exposure in children and infants could cause brain dysfunction and irrecoverable damage to the body's natural growth patterns (Lab Tests Online, 2016). Most notably, children and fetuses were noted to be the age group with the highest possibility for long-term, severe health consequences from exposure to heavy metals. In the year prior to the publication of Wakefield's study in 1998, the Food and Drug Administration Modernization Act was implemented and mandated FDA investigation of all mercury-containing products. In the following year and corresponding to the publication of Wakefield's study, the FDA required a mercury-based preservative, thimerosal, to be removed from use in all over-the-counter medications. Additionally, in response to public concern about thimerosal's use as a transport preservative for vaccines, although the thimerosal never came into direct contact with the injectable materials, the FDA removed and replaced thimerosal as a precaution (Kaski, 2012).

These events suggested to a lay audience that mercury's identification as a dangerous heavy metal and its subsequent removal as a vaccine preservative were proof enough for many that it was not just heavy metals but vaccines themselves that required further scientific inquiry. It was upon this stage of the FDA's public mercury recall and its advisories detailing symptoms of heavy metal poisoning that Wakefield's publication entered into the spotlight and continued the crusade against vaccines, but this time with the purpose of linking the symptoms of developmental delays not simply to heavy metal poisoning but to vaccines as a whole.

The central question of this thesis chapter revolves around how the current rhetoric of anti-vaccination movement can be seen through Wakefield's 1998 publication. Wakefield's publication itself rhetorically served to create foundational arguments that instilled fear and medical mistrust in its readership that can be seen echoed in many branches of the anti-vaccination movement today, thus proving its message salience as it worked effectively to seed widespread anti-vaccination discourse. I argue that Wakefield's publication shifted the public attention from specific vaccine hesitancy regarding mercury to this larger hesitancy surrounding the onset of autism, which still has not been identified as having unique genetic or environmental factors. Printed in *The Lancet*, a widely accredited medical journal with non-specialist language allowing its ease of dissemination throughout the general public, Wakefield was able to use his former accreditations to draw further scrutiny towards vaccinations and shift public fear of vaccines in a manner which continues to benefit himself and his anti-vaccination movement to this day.

Written by Wakefield in 1998, the “Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children” publication in *The Lancet*, an internationally accredited medical health journal, linked the Measles, Mumps, & Rubella (MMR) vaccine to developmental disorder occurrence in children (Wakefield, et. al., 1998). Starting in 2004, ten of the study’s authors, save Wakefield himself, stepped forward to bring to the attention of the public and the medical community that the Wakefield acted “dishonestly, irresponsibly, unethically, and callously” in his conduction of the research and its resulting article (Murch, et. al., 2004). Upon investigation from the British General Medical Council (BGMC), it was discovered that Wakefield failed to disclose that prior to the publication in question he had filed a patent for a competing vaccine for MMR and was receiving significant compensation, equivalent to just under \$100,000 United States Dollars (USD), to serve as a medical advisor for legal attorneys representing medical malpractice suits filed by parents believing their child had been harmed through receiving vaccines. Additionally, Wakefield began conducting his research prior to filing for approval through a research review board and edited the dates of his research to conceal this (Deer, 2004). However, the investigation continued to reveal the more concerning evidence that Wakefield had been using his son to conduct convenience sampling; one of the most disturbing accounts came from parents whose children reported that during Wakefield’s son’s birthday parties, Wakefield would pull children away from the festivities to privately collect blood samples and then reward the children with approximately \$6.52 USD for their “cooperation and expected silence” (Godlee, Smith, & Marcovitch, 2011). Citing serious professional misconduct and the non-disclosure of multiple conflicts of interest,

Wakefield received a permanent ban from practicing medicine in the United Kingdom (UK) and was removed from the BGMC's medical register of licensed practitioners (GMC, 2010). During the 6 year investigation, multiple researchers attempted to replicate Wakefield's findings but determined that Wakefield's link between vaccinations and the onset of developmental disorders to be faulty with no evident correlation between variables (Autism Science Foundation, 2010; Buie, G. et. al., 2010).

However, during the 12 year period from the initial publication up to the redaction of Wakefield's article, medical science observed increasing hesitancy from parents of young children who were legally required to receive vaccinations for admittance into public schools (Plotkin, Gerber, & Offit, 2009). In the UK, especially during the 6 year period of Wakefield's active investigation, immunization rates plummeted 10 percent overall (Holton, et. al., 2012; Smith, et. al., 2008). Additionally, approximately 20% of parents expressed distrust in required vaccinations to the point where they are denying their children vaccinations, almost doubling when compared to the pre-Wakefield publication era (Casiday, et. al., 2006; Smith, Yarwood, & Salisbury, 2007). Even in the population of parents who are choosing to continue vaccinating their children to allow their to use public services that invaluable to working parents, such as group childcare facilities, UK parents continue to report using a "delayed vaccination" schedule which spreads out the time in between vaccinations to somewhat mitigate their uncertainty about the safety of vaccinations while also complying with the law (Brown, et. al., 2012).

Amidst the height of the investigation into the research itself, Wakefield began his campaign to regain a semblance of public recognition through advocating for the

existence of a medical conspiracy beyond the more common Big Pharma conspiracy itself, which advocated that healthcare providers are simply prescribing more costly medications and dissuading the public from using affordable, accessible, and often natural cures for illnesses (Blaskiewicz, 2013). Instead, Wakefield reignited a previously sated flame of doubt in medical ethics and proposed that the purpose of government regulated medical practices was to ensure a demand of medical services through the manufacturing and spreading of disease through the legalization of mandatory vaccination practices. Using the negative spotlight the media had provided to shift attention to seeding doubt in the greater healthcare system has, to some extent, allowed Wakefield to continue engaging with the public and adopt the title of whistleblower instead of that of a discredited researcher and disgraced physician. As a symbol of embracing this new moniker, Wakefield has firmly positioned himself within the anti-vaccination movement and through securing multiple high-ranking positions, including director, for himself within many like-minded organizations such as the Strategic Autism Initiative, Medical Interventions for Autism, and the Autism Media Channel, has greatly contributed to the dissemination of general distrust in common medical practices approved through the Center for Disease Control (CDC) through his outreach efforts to raise awareness of the controversy (Hannaford, 2013).

*Ileal-Lymphoid-Nodular Hyperplasia, Non-Specific Colitis, and Pervasive
Developmental Disorder in Children*

With the purpose of facilitating greater vaccine-hesitancy and exacerbate growing distrust in the medical sphere, Wakefield's publication carries with it a tone of

seriousness but ensures that even a lay audience will be able to easily digest the language used. Throughout the publication, specific parts including the background, introduction, patients and methods, results, and discussion contain limited jargon and technical terms and utilize an almost conversational, narrative tone when it comes to discussing the study itself. Only the study's abstract sections (methods, findings, and interpretation) seem to contain specialist language, which are easily overlooked when juxtaposed alongside the digestible narrative writing style used in the introduction and patients and methods sections on this same first page. However, it is in the descriptions of the children under study that seem to hold the greatest salience when it comes to reinforcing the connection between vaccines and illnesses, especially when Wakefield himself draws so much attention to the developmental ability of the children in his study. One of Wakefield's most common writing tools is reinforcing the immediate impact that vaccination had on what are notably typical developmental markers, as seen in the following excerpt: "We saw several children who, after a period of apparent normality, lost acquired skills, including communication" (pp. 637). Utilizing this language, Wakefield draws the audience's attention to the perceived alteration of behavior and draws a clear picture of differentiation between these children with developmental disorders and the assumed comparative other of a neurotypical child. This juxtaposition between the cultural reference point of a child's typical development and the description of these vaccinated, disabled children forces the audience's perspective to draw the conclusion that the sole catalyst for developmental alterations, and specifically regression, was vaccination.

Through drawing attention to the children's apparent reversion in development, in addition to the vaguely-worded loss of other acquired skills, lay readers are faced with

the quick characterization of a threat, only later identified as the MMR-ASD correlation. However, wasting no time, Wakefield also states that even children who have struggled to meet developmental milestones are at risk for the supposed developmental regression that occurs post-vaccination, as seen in the following excerpt: “The only girl (child number eight) was noted to be a slow developer compared with her older sister. She was subsequently found to have coarctation of the aorta. After surgical repair of the aorta at the age of 14 months, she progressed rapidly, and learnt to talk. Speech was lost later” (pp. 638). Here, Wakefield manipulates the readership’s sensitivity to hardship through his appropriation of a child’s struggle to overcome a genetic heart defect. In this sense, Wakefield utilizes an accessible comparative model, the child’s sister, and highlights the progress of the child’s surgical success story immediately after the corrective surgery at 14 months. However, the intentional omission of any further information regarding the child’s health, any indicator of when the child was vaccinated, if the child was immunocompromised due to illness, or if any other functions were impaired denies the reader from being able to ascertain how or why the child became ill again, thus allowing Wakefield to draw conclusions for an audience denied the tools to do so themselves.

Later in the article, Wakefield begins describing several substantial changes in behavior, development, and general health following routine vaccinations. Omitting any discussion regarding the typical onset ages for developmental disorders and risk factors that may have been attributed to the wide variety of negative effects Wakefield lists off—which include fever, delirium, self-injury, rashes, repetitive behavior, loss of self-help, convulsions, gaze avoidance, diarrhea, disinterest in play, vomiting, and viral pneumonia—seem to be clear indicators to fellow researchers that Wakefield poorly

controlled what he wanted to measure, especially regarding the fact that Wakefield did not collect data on the children prior to vaccinations. However, to many lay audiences, listing off these exposure consequences, especially because they are accompanied by no barrier of numeracy through statistics, simply reinforces the dangers of vaccinations by clearly and concisely using simple sentences to convey connections, as seen in the following excerpt: “Measles vaccine at 15 months followed by slowing in development. Dramatic deterioration in behaviour immediately after MMR at 4·5 years (pp. 639).” Additionally, this language allows Wakefield to draw a synecdotal relationship between developmental deterioration and developmental delays as both being evidence for vaccinations being disability-causing agents. Wakefield relies on the limited critical knowledge lay readers possess and uses this to oversimplify the connections between the research conducted and the results he provides. Capitalizing on this information gap between the author and the readership, he argues that correlation between ASD and the MMR are equivalent to causation. While both symptoms, as well as many other supposed effects, force the readership to have limited information regarding each case, Wakefield hands over a semblance of control to the readership in that they are intended to make the link for themselves that vaccines can have a myriad of negative developmental consequences for those who receive them.

Wakefield associates his findings reinforcing the MMR-ASD link through connecting his investigation with that of other researchers in his field at the time. In discussing his findings, Wakefield mentions the former doctor Herman Hugh Fudenberg, whose medical license was revoked by the South Carolina medical board three years prior to Wakefield’s publication due to unethical conduct including buying and selling

narcotics in an illegal exchange ring involving many of his own office staff and injecting his own bone marrow into children with ASD in an attempt to cure them from their developmental disorder. The former doctor Fudenberg's research that Wakefield cites has also been retracted and the fringe science journal it was published in, *Biotherapy*, was discontinued a full two years prior to Wakefield's publication. Assuming the readership would not engage in outside research to verify the credibility of either Wakefield's claims or citations, Wakefield allows himself to make claims that are only verified by other unethical researchers, as can be seen in the following excerpt: "Rubella virus is associated with autism and the combined measles, mumps, and rubella vaccine (rather than monovalent measles vaccine) has also been implicated. Fudenberg noted that for 15 of 20 autistic children, the first symptoms developed within a week of vaccination (pp. 640)."

Apologia

Within the publication, apologetic rhetorical themes are present within Wakefield's writing style. To begin, the expression of the cultural infantilization through the threat of developmental regression is frequently used to convey the fear that vaccinated children are at risk to deviate wildly from the expected typical course of child development. This tactic has a highlighting effect on the perceived ostracization that raising a child with autism may have, as Wakefield's language paints with broad strokes a variety of possible deviant behaviors that a vaccinated child may engage in. Additionally, this tactic serves to apologetically bolster the claims being made throughout

the publication through the back-to-back nature of the presented claims reinforcing the supposed extensive irreparable harms of vaccines.

Within a larger context in which healthcare providers must constantly navigate both actual and perceived threats, it becomes imperative to investigate the methods through which relationship affirming discourses manifest with the intent of facilitating continued interaction between patients and providers. One of such methods of approaching this phenomenon is through examining conversations within healthcare as apologetic discourses. Current literature identifies that apologia typically manifests in response to a direct threat to credibility or integrity to a degree that can be identified as a crisis of public perception (Towner, 2010). Downey (1993) further elaborates that the main purpose of apologia is self-defense, meaning that it is the figure, organization, or individual that is preserved in favor of sacrificing or reinterpreting the condemned action. This specific type of image maintenance allows organizations and private individuals alike to save face through such concessions of fault or careful reexaminations of the crisis at hand. Usually citing individual popular controversies and scandals, such as President Bill Clinton's affair with Monica Lewinski or the Dixie Chicks' criticism of the former President George W. Bush, scholars such as Kramer and Olsen (2002) identify the utility of apologia as a form of solidarity maintenances, where followers and fans alike are affirmed that the overall respectable qualities of the public figure in question by far outweigh the harms of the current crisis. Kruse (1981) claims that apologia attempts to shift the exigence of the discourse away from implications of the crisis at hand and more towards universal values and beliefs shared between the figure under fire and the general public. Understanding that the crisis' urgency is exacerbated by the urgency conveyed

through media reporting, many figures must engage in long-standing image restoration through having to reestablish connections with their follower base as the details of the crisis work its way through various media outlets.

However, this thesis specifically examines the anti-vaccination movement as having a unique approach to the prompting of their apologetic rhetoric, as a specific intersectional group that attempts to identify itself through both social activist and alternative healthcare affiliations. As opposed to solely waiting for direct attacks on the movement itself, anti-vaccination discourse weaponizes common public health advisories and legal mandates in order to create a need for response where none existed prior. Since the anti-vaccination movement thrives off of creating conflict and instilling distrust in the dominant norm of routine medical practice adherence, any message maintenance of current vaccination practices is perceived as a direct threat. The apologetic responses, thus, are created in accordance with selective messages from progressive medicine as the anti-vaccination movement attempts to shift the crisis away from the danger of disease to the danger of highly regimented and regulated healthcare practices.

Deceptively originating from the Latin word for apology, *apologia* works quite counter to typical expressions of remorse that would be seen in English's modern interpretations of apology (Marsh, 2006). Instead, *apologia* works as a form of defending oneself—usually in the context of one's actions, beliefs, or opinions—through intentional language meant to convey a somewhat dogmatic interpretation of the confrontation in question. When communication between two opposing, or seemingly opposing parties, reaches an impasse, as in these high-stakes conversations regarding

vaccines, apologia may arise as a dual method of attacking the opposition and defending one's own interpretations (Coombs, Frandsen, Holladay, & Johansen, 2010). Ware and Linkugel (1973) identified four common strategies within apologia that aid in the construction of exclusive categories for interpreting often combative encounters. Their first mentioned strategy was that of denial—of substance, intent, extent of consequences, and indirect denial—all of which are characterized by the immediate deflection of critical claims. The second strategy identified was bolstering, which relies heavily on enhancing the image, both public and private, of the subject of the attack; in other words, distracting their opposition with often unrelated claims that reinforce positive values and interpretations. The third strategy focusses in on differentiation, which can either focus on nuances in the way the subject or law/value in question is being interpreted. Through this tactic, the defense may manifest in terms of creating an indisputable “devil figure” which through comparison makes the immediate subject pale in severity. The fourth and final interpretation is that of transcendence, which attempts to reframe the subject in question to make it appear as if it were necessary to enact a greater good for a larger context.

Synecdoche

Wakefield's assertions that his recorded behavioral, physical, and emotional manifestations are ASD and ASD is represented through these symptoms are classic synecdoche utilized for the purpose of simply reinforcing Wakefield's perception that his research is representative of the dangers of vaccinations. Not only that, but Wakefield places himself within a larger contested body of refuted literature that makes up the anti-

vaccination movement, meaning that he characterizes his own publication within the context of a larger discussion regarding the controversial nature of vaccinations, which works to cultivate pseudo-credibility for a non-specialist audience that has little to no desire to investigate the issue further than Wakefield superficially provides.

Synecdoche, as defined by Burke (1941), provides a scope through which representation, especially for disenfranchised identities such as disability, and meaning creation function through the identification of the interplay between parts and their corresponding wholes. In terms of disability discourse, however, synecdoche can be examined in many facets such as: a manifestation of one's disability being synonymous with the entire disability itself, one's disability being synonymous with one's identity, and, specific to this project, individual stories of MMR-ASD correlations being synonymous with the anti-vaccination movement itself. Echoed in the findings of rhetorical scholars, counter-mainstream movements often employ synecdoche as a method for validating the experiences of its constituents while simultaneously allowing the movement as a whole to rely on the narratives of its followers to embody the values of the movement (Silva & Whidden, 2014). Synecdoche advocates for a duality in the relationship between parts and their wholes, which are up to interpretation based on motives and perspectives, and provides a unique perspective to examine the interplay between anti-vaccinationists and the overall movement.

Conclusion

This study provides an important and often unexplored perspective of how the vaccination controversy was portrayed through Wakefield's 1998 publication, "Ileal-

lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children,” as much of these messages are accepted at face value by the general public as scientific and medical fact if they are presented in conjunction with highly salient rhetoric that creates a perception of risk or distrust in healthcare systems due to limited medical literacy possessed by laymen. Because much of the general public are not active researchers nor are they rhetorical critics of the media messages they consume and who they consume it from, i.e. what source is distributing it, this study has the potential to expand existing dialogue pushing for the examination of anti-vaccination messages and increasing awareness of the implications of the dissemination of such messages. Additionally, as more individuals fall prey to these types of manipulative rhetoric, we are seeing increases in preventable diseases due to increases in beliefs such as vaccine-hesitancy in parents, which only highlights the exigence of understanding the themes and salience of the current trends in the anti-vaccination movement.

CHAPTER III- AUTISM SPEAKS' WORLD OF AUTISM CAMPAIGN

The impact of antivaccination ideology unfortunately did not die with the retraction of Wakefield's publication and instead has played a significant and harmful role in cultivating the current social climates surrounding not only vaccines but also the onset and accommodation of autistic individuals. Many families and individuals with Autism Spectrum Disorder (ASD) alike face difficulty when they begin attempting to become comfortable and accepting of the presence of ASD within their lives. As a developmental disorder that causes significant impairments in individuals' interpersonal communication skills on a "spectrum scale," ASD affects each person differently and has varying degrees of severity. ASD is set apart from many other intellectual and social disabilities that can typically be diagnosed prenatally, at birth, or soon after birth (Newschaffer, Falb, & Gurney, 2005). Children with ASD, with the current prevalence of 1 in 68 children being affected, are typically diagnosed after they reach 5 years of age. Standard pediatrician recommendations state that children begin screenings for developmental disorders prior to 2 years of age, however implementation has been difficult due to many parents' hesitancy in accepting the possibility that their child may have a diagnosable condition, which has only been exacerbated by the social stigmas that accompany disabled identities (Bryson & Smith, 1998).

A common obstacle that many parents note is the ever-present dialogue that seems to be echoed from organizations like Cure Autism Now, Defeat Autism Now, and Autism Speaks which emphasize that ASD prevents children "from living a happy and productive life and causes their child to suffer physically and emotionally" (Bagatell,

2010). Such negative perspectives about how ASD is destroying one's child are echoed in the Autism Speaks' 2007-2015 marketing campaign which stated their organizational intent to create a world where "no family has to live with autism;" this reinforced to many parents and ASD individuals that eradication of the disorder was the penultimate goal, which set them apart from the many other disability advocacy organizations which typically advocate for individuals with disabilities who are learning to accept themselves and their abilities through affirmative interactions within their communities, positive self-talk, and disengagement with negative, ableist messages (Bagatell, 2010).

Although current information feeds have shifted towards guides for parents navigating and identifying ASD symptomatology, backlogged articles and transcriptions on the official Autism Speaks research archives-- accessible through the Articles section of the AutismSpeaks.org website predating 2017-- can be seen to echo an ableist sentiment, which not only victimizes these ASD individuals and families but labels the entirety of the family as deserving of pity (Autism Speaks, 2016). As opposed to more recent newsfeed additions that include interviews with ASD individuals and even have begun to recognize achievements of ASD adults, past Autism Speaks articles largely characterized ASD as debilitating, with a large focus on vaguely experimental attempts to identify the cause of ASD in an attempt to prevent potential onset. From identifying gluten intolerances to infant eye function to brain synapses to epigenetics, early Autism Speaks articles focused on early identification through potential markers that have mostly been disproven with proceeding research. Fortunately, Autism Speaks has been forthcoming about the links that proved inconclusive after the research has been conducted. However, the damage done by promoting different markers as possible causes

of ASD along with emphasizing the long-term symptoms may have contributed to the current movements in lay-diagnoses of ASD and homeopathic attempts at preventing onset. With little mention of the day-to-day lives and experiences of ASD affected individuals in favor of shorter, simplified definitions about ASD, this developmental disorder quickly became a social faux pas for individuals who expected neurotypical development of their children. With ASD social stigma as a motivator for individuals to not only to seek but to prevent diagnoses, Autism Speaks served complicity in promoting fear of disability and dependence as a method to increase ASD awareness. Here, we can see Autism Speaks serving as a prototypical model of disability advocacy groups that dehumanize those with disabilities due to the fact that they function in a neurodivergent manner which puts them at odds with predominant cultural expectations and values, which in the United States can be identified as circling around the goal of independence and the narrative of the “self-made man who pulled himself up by this bootstraps (Cunningham, 1996).” The internalization and perpetuation of these ideas through both the highly competitive societal and economic climates lead to a greater stigmatization, which in Autism Speaks is exemplified through repeated efforts to create preventative measures, typically vocalized as the “search for a cure” for ASD, which are preserved in the Autism Speaks’ online news and publication archives (Benítez-Silva et. al., 2004).

Public opinion about Autism Speaks and ASD itself relies heavily upon media representation and vulnerable populations are especially receptive to organizational ideologies that they believe represents their needs or at least brings their experiences into the public eye. Here, the mobilization of messages through Autism Speaks’ platform serve to legitimize looking for a cure to the “disease” of ASD. An example of this case

can be seen through Autism Speaks' refusal to directly address the later disproven Measles/Mumps/Rubella (MMR) vaccine correlation to the onset of ASD research study, which claimed that the preservatives in the vaccine caused brain damage in the injected infants (Taylor et. al., 1999). Instead by deciding to double-down on biomedical research, many followers of Autism Speaks assumed that the MMR-ASD link was real and that their child's ASD was linked to perceived medical malpractice— in the administration and creation of vaccines— which they assumed Autism Speaks was silently fighting (Holton, Weberling, Clarke, & Smith, 2012). Even without speaking up specifically about a supposed cure for ASD, much of ASD rhetoric revolves around painting ASD as more than social and developmental impairment. Many studies both cited and promoted on the Autism Speaks archives have begun to reconnect the long-separated link between intellectual disabilities and mental illnesses. ASD here can be seen linked to a variety of disorders ranging from Attention Deficit Hyperactivity Disorder (ADHD) to schizophrenia, only some of which have distinctive genetic markers or onset predictors. However, this convenient lumping together of more familiar and sensationally popular categories, including stereotypical and often misrepresented illnesses like schizophrenia, has only increased the public's support for organizations such as Autism Speaks-- as seen in a 15% yearly increase in public funding growth from 1997 to 2006— which conduct research to identify the supposed malformed gene and eliminate ASD in the developed world (Autism Speaks, 2015; Singh et. al., 2009).

Additionally, the internet has facilitated the collection of data on ASD without directly involving these individuals. Jordan (2010) discusses the nature of the Autism Speaks website, in addition to the Interactive Autism Network and the Autism Society of

America, which encourages parents of ASD children to report their observations of their child's behavior, especially with regard to perceived mental functioning over time and asking/answering questions about concerning behaviors. However, the mention of Autism Speaks funding global biomedical research and to some extent supporting the ideology that created the vaccine/ASD controversy, furthers a problematic, questionable ideology about how we as a society should deal with ASD children and adults: as sick people that need a cure or as maladjusted people who need further accommodation (Jordan, 2010). The rise of new mediums, including podcasts and public streaming sites, have allowed for these messages to spread to new mediums, which has allowed for Autism Speaks to further its ability to fundraise for its own biomedical research (Bumiller, 2009). Here, we see the messages of Autism Speaks' drive for the "cure" become more muted and the messages more general. The push towards eliciting donations and volunteers is usually presented alongside the same rhetoric that is used to paint families with ASD as victims of the disease, where a muted point is made about the funds going to biomedical research, although the purpose of the research is typically omitted (Autism Speaks, 2014).

This central focus of this thesis chapter will focus on analyzing the the public rhetoric of the "Learn the Signs/World of Autism" U.S. marketing and outreach campaign as it intentionally minimizes the actual voices, experiences, and visual representation of Autistic individuals in favor of having a neurotypical individual speak for them. Prosopopoeia serves is a rhetorical device in which one body speaks for another individual without the other individual's input; in other words, this style of rhetoric works to represent another without their knowledge, but the consequences of the spoken

messages still fall solely on the represented body (Riffaterre, 1985; Proposopoeia, n.d.).

With this in mind, we see *Autism Speaks* speaking for Autistic individuals though Autistic individuals are not directly involved in these conversations, especially in the case of testimonies which describe how ASD affects the lives of Autistic Individuals. Typical instances of prosopopoeia involve an abstract non-human entity, particularly a fictitious being, or an absent person, usually deceased, who is unable to speak for themselves and thus the speaker communicates to the audience the messages that they believed to be true of the entity (Mehlman, 1990). While many ancient cases can be seen through prophets claiming to speak for deities or modern cases of psychics claiming to speak for the departed, a more political stance has been taken when it comes to parties who are capable of speaking themselves but just happen never to make it to the speaker's podium, whether through physical, legal, or social barriers, to voice their own thoughts (Heilker & Yergeau, 2011). Current rhetorical research within the Communication Studies discipline have made note that the phenomenon of prosopopoeia has been historically used in order to misrepresent socially undesirable populations-- typically in terms of nationality, ethnicity, race, and/or religion—through reinforcing already present stigmas and stereotypes through hyperbolic language (Hartelius, 2013). The tactic behind prosopopoeic rhetoric is for an individual or an organization, which contains a societally favored identity, to speak for the “othered” individuals in order to make the proclamation that the “othered” party should not have the opportunity to speak for themselves due to being unable to do so truthfully, usually due to the negative stereotypes that are being ascribed to them being perceived as representative (De Man, 1978).

The World of Autism Public Service Announcement

The public service announcement, sponsored by the Ad Council and Batten, Barton, Durstine, & Orsborn (BBDO) New York, is a one-minute Claymation, 3-D, stop-motion production with the intent from Autism Speaks to spread awareness of the signs of Autism. This video, titled “The World of Autism PSA,” is an extension of the “Learn the Signs” campaign that has moved beyond infographics and print awareness and into the visual medium with the intent to reach more potential parents of autistic children. The video is available in multiple languages, in a condensed 30-second video, and in multiple still images taken directly from the video with their corresponding audio that have been turned into more print advertisements.

The video begins with a Claymation boy rowing a small boat down a still river as the narration begins. The stop-motion designs look faded, as if they were well-worn wooden toys whose paint has been chipped off over time. As the boy rows towards a fork in the river, a sea serpent made of multicolored wooden blocks dives into the water adjacent to the boat, forcing the boy’s boat down a new path as the narrator describes the boy’s fear of change. After being forced down the new path with tangled overhead tree branches increasingly blocking out the sun as the boy rows further down the path, alligators block the river, forcing the boy to hop on their backs and abandon his boat to get to shore as the narrator describes the boy’s fear of the unknown. Now nighttime, the boy finds himself wandering down what may be characterized as an overgrown neighborhood, with the recognizable signs of civilization such as mailboxes and fences, which is now populated by strange dark shapes of varying size that have bright glowing

eyes and make a combination of owl hooting and insect chirping noises. Overwhelmed, the boy closes his eyes and covers his ears with his hands as the creatures multiply and grow closer as the narrator describes his fear of lights and sounds. As the boy huddles closer to the ground, the earth beneath him changes to a soft, orange prairie populated sparsely with small plants. The night is replaced by day and the glowing eyes of the dark shapes are now replaced by strange make-shift creatures of no distinguishable animal or human resemblance as the narrator describes the boy building “secret hiding places” to avoid light and sound. As the boy looks around the prairie, the creatures approach and surround him with their eyes growing tremendously large when the boy looks at each of them, causing him to dive into a glowing hole in the ground in an attempt to avoid eye contact as the narrator describes the boy’s fear of looking people in the eye. After falling through the hole, he is transported to a small daytime forest with pink leaves and golden grass populated by small makeshift creatures that seem to be engaging in repetitive motions such as moving back and forth or tapping a mirror. The boy appears overjoyed, jumps up and down, and begins flapping his arms up and down like a bird as the camera zooms in briefly on a broken clock, repeatedly ticking its arms on the same numbers but never moving forward, as the narrator describes the boy’s movement. While in this forest, the boy’s arms are replaced by wings and an overlay appears at the bottom “Voice of Jacob Sanchez: Diagnosed with autism at age 3” as the boy begins to fly out of the forest and lands on a city sidewalk while Jacob replaces his younger narrator and describes, with a lisp, how he was diagnosed with autism and his family sought help for him. As the boy touches down, he transforms into Jacob in real-life who is running from his school bus to his house, where his mother greets him with a hug as he climbs the stairs to their

front door, as Jacob narrates how he has learned to live with autism better than before. As Jacob and his mother embrace, an adult woman narrator advocates for early intervention and for viewers to visit the Autism Speaks website as one of the makeshift creatures flies in and drops the iconic Autism Speaks blue puzzle piece on Jacob's front porch.

Euphemistic Approaches to ASD Discourse and Symptomatology

Even in supposed disability advocacy groups, the stigmas associated with describing the affectation of ASD are often encrypted with softened language with vague illusions to the onset symptomatology and the lifestyles that disabled persons are able to live. Using the innocuous dominant relationship between parent and child to describe ASD further indoctrinates parents of children with ASD with the perception that this dependent relationship will continue indefinitely. As shown in the Autism Speaks PSA, Jacob is described as being at odds with his environment, setting up the gentle assumption that the neurotypical world and its environment are antagonistic forces against those with ASD. For caretakers, this unspoken visual suggestion claims that individuals cannot endure the "real world" alone sets up a complementary argument that ASD therapy and support groups play an important role in supporting these individuals. However, this form of argumentation often leads to greater obscurity rather than enlightenment. Due to the nature of euphemism, unpleasant descriptions are continually downplayed or abstracted for the sake of avoiding uncomfortable situations for the consumers of these messages. However, when it comes to discourse about ASD, this trend in advocating for assumptions to dominate over descriptions can be harmful for those who are in caretaking roles. For instance, even the voices of people with ASD are

minimized in the Autism Speaks PSA, as Jacob has fewer than three lines of dialogue, as the stuttering or stilted speaking style of those with ASD can be off-putting to the neurotypical consumer base as it is a clear indicator of difference. However, by not allowing Jacob to be the narrator in his own story, we further ostracize the roles that people with disabilities are “allowed” to play in society. Further, in the depictions of Jacob’s symptomatology, vague language is used in favor of medically-accurate diagnostic descriptions. For instance, as the PSA describes Jacob “not speaking for a long time,” this misleading language could allow parents—especially those with little knowledge of neurotypical developmental milestones—to panic if their child is nonverbal and a specific age range for this behavior as being indicative of ASD is not provided.

Synecdoche in ASD Symptomatology

Within the Autism Speaks PSA, synecdoche works as a method for aiding parents in identifying behavioral markers for ASD in hopes of encouraging formal medical diagnoses to occur. However, the choice markers for ASD that Autism Speaks chooses to focus on in their advertisements both obscures true diagnostics and over-simplifies the real markers that parents should be looking for. For instance, as related to the previous discussion on euphemism, the omission of age criteria for the continuation of “problem behaviors” limits the ability for caregivers to identify ASD as a comprehensive disability instead of the accumulation of a few layperson indicators. In the PSA, at no point does the narrator identify the age of the behavioral markers, which can lead neurotypical children and their caretakers to undergo unnecessary and time-consuming diagnostics. An easily confused example is avoidant eye contact, which without a set time age or ability

limit, could easily have vision-impaired children to be misdiagnosed; additionally, without a set age limit discussed, neurotypical infants may be confused for having ASD through being unable to focus their eye contact on a caregiver simply due to other stimuli. Additionally, for infants and mobility-restricted children, “flapping” behaviors or otherwise excited movement in the upper limbs may easily be confused for stimming behaviors that ASD individuals exhibit when hyperstimulated by lights and sound.

Conclusion

Increased focus in this area of public service announcements targeting disability is not only directly applicable to individuals on the Autism spectrum but also the larger community of neurodivergent individuals who would directly benefit from public critical dialogue about organizations that reduce these individuals to their social and intellectual disabilities, thus dehumanizing them. Studying this phenomenon in the Autism Speaks campaign could catalyze more critical analyses of advocacy organizations that utilize messages that heavily focus on singular characteristics of disabilities as being evidence of the disabled experience, while simultaneously not providing these groups platforms to represent themselves in the public sphere—especially when concerning intellectual and developmental disabilities. Overall, this chapter can provide further insight into the rhetorical trends seen in other groups which advocate for others who are mysteriously absent when it comes to the creation and facilitation of organizations that regularly campaign, fundraise, and champion for the elimination of certain physiological and/or neurological traits. The omission or minimization of disabled voices in campaigns

regarding said disability simply continues the “othering” trends in disability advocacy organizations—as these groups continue to speak about them without them.

CHAPTER IV- VAXXED: FROM COVER-UP TO CATASTROPHE

Situated deeply within the anti-vaccination movement, Wakefield's construction of the *Vaxxed: From Cover-Up to Catastrophe* works in turn with its various counterarguments from the scientific community that argue against the existence of any links between vaccinations and supposed intentional harms, highlighted in the responding texts by a focus on the onset of Autism Spectrum Disorder. Within this chapter, I will be arguing that the context of the *Vaxxed* 2016 documentary is deserving of study. Understanding that rhetorically significant works must be viewed in totality to obtain a more holistic perspective of the piece itself, this analysis will work to see how *Vaxxed* serves as an important example of a work that actively responds to and evolves alongside its adversaries.

Prior to Wakefield's impact, the history of public hesitance regarding vaccines has existed since vaccines themselves were being first being developed. Questions of vaccine's sanitary nature (as early vaccines required samples were taken from diseased individuals/animals and implanted into healthy individuals), along with typical questions of effectiveness versus risks, and religious questions of intervening with a higher power's plan for one's hardiness and life expectancy have remained as central elements of the current argument over vaccine usage (Christianson, 2018). However, Wakefield's unwarranted criticisms of vaccinations brought the conversation into the academic sphere just long enough to demonstrate to the public that there was dissent even among the ranks of fellow scientists and healthcare providers, thus anti-vaccination groups have been able to gain traction.

Coverage of Vaxxed's Anti-Vaccination Rhetoric

Similar to other academic, scholarly, and scientific discoveries, information regarding vaccinations has encountered difficulty in its dissemination and digestibility to non-specialist audiences. As laymen rarely regularly actively engage in the various fields, beyond being the occasional study participant, journal and article discoveries regarding medical practices, especially those concerning conclusions regarding risk and prevalence, often are omitted from the day-to-day lives of the general public. Instead, the majority of the information that the average person receives regarding new and improved or redacted and controversial treatments comes from more readily available forms of message distribution: media. Since CNN's 1980 creation of the first 24-hour news cycle, otherwise known as 24/7 news, the readily available nature of these messages, including health coverage, has encouraged sensationalized reporting to become standardized (Cushion & Lewis, 2010). With information available in a consistent live stream format, in order to encourage the public to tune in, there has been a rise in 'breaking news' segments that seem to interrupt the 'regularly scheduled broadcast' in order to create greater exigence regarding these issues (Lewis, Cushion, & Thomas, 2005). Additionally, with the requirement of having news segments fill every time slot throughout the day, it has forced news stations into allocating more air time to alternative views and arguments in order to continue drawing in a consistent viewership to maintain or increase ratings (Patterson & Donsbagh, 1996).

Media coverage of fringe science, also known as alternative health and medicine, has significantly impacted public opinion about the legitimacy regarding vaccinations

(Goldenberg, 2016). As reports on the anti-vaccination movement increases, especially when anti-vaccination or vaccine-hesitant individuals are allowed to engage in live broadcast interviews, discussions, and debates with news correspondents or guest medical experts, public awareness regarding the movement and its controversial nature within healthcare conversations increases (Clayman & Heritage, 2002). However, when presented in this format to the typical viewer who passively observes these mediated conversations, the public interprets each side as having a sort of legitimacy due to their typically near equal representation and speaking time on air (Rosenberg & Feldman, 2008). This over-representation of each “side of the argument” encourages the public to believe that the vaccine versus anti-vaccine debate warrants further scientific response (Boyce, 2006). Scholastically, there have not been any ethical, published, and replicable studies verifying the existence of a linkage between vaccinations and non-traditional harms, such as the sudden onset of Autism Spectrum Disorder post-injection. However, the presentation of both sides continues on broadcasts because of its audience appeal and profitability (Speers & Lewis, 2004). Additionally, whenever there exists position-motivated broadcasting of one side or the other, anti-vaccination rhetoric is allowed to be able to maintain its platform as seemingly deserving of continued interest by the public (Holton, Weberling, Clark, & Smith, 2012). Joined with the back-to-back nature of these high-intensity news stories, this coverage has the potential to inoculate viewers with just enough doubt to facilitate vaccine-hesitancy, which is only echoed in these same styles of media coverage that branch beyond the television screen and onto the screens of our computers and telephones, through which we engage with the world around us (Price, Tewksbury, & Powers, 1997).

Within the context of this analysis, the *Vaxxed: From Cover-Up to Catastrophe* 2016 documentary, produced by the former Dr. Andrew Wakefield, is no exception to this recognized phenomenon. In the same sense that the public is predisposed to seeing news coverage as being a non-partisan representation of dual meaning at the least and “accurate representations of the world around them” at the most (Douchinsky, 2017). The intentional media language used to describe the film as a documentary plays no small role in media dispositions to and public proclivity to interpret the film’s subject; thus, laymen often view documentaries as scientifically-based, reliable interpretations of reality (Begg, Ramsay, White, Bozoky, 1998). Due to the public’s likelihood to engage in limited numeracy, or numerical literacy, statistics-heavy representations of medical dialogues are more likely to bore or confuse the public rather than to encourage further discussion or even continued media engagement (Bruine de Bruin et. al., 2017). Thus, media representations of *Vaxxed* are notably more likely to use the more universal appeal of fear through public concern for the most vulnerable members of the population: children. In fact, anti-vaccination supporters who have stepped up to defend the arguments present in *Vaxxed* and are juxtaposed alongside medical professionals typically rely on these types of strong emotional appeals through inflammatory statements to be able to garner greater public attention for their cause, if not to encourage more vaccine-hesitancy and vaccine-rejection, when granted these media opportunities (Speers & Lewis, 2004). Relying on the viewing audience to peripherally consume these dialogical media representations, anti-vaccination representatives here also rely on accusatory rhetoric which plants doubt into the ethics and morality of medical procedures. Heavily painting themselves in the light of defending the children of the world against “malicious, greedy corporations and

the doctors they control,” defenders of *Vaxxed* characterize themselves as martyrs, which leaves the viewer thinking: *Well, I don't know that much about vaccines, but if they are so scared, maybe I should be too* (Blume, 2006). It is here where success lies for representatives of *Vaxxed*, as promotion and distribution of the film pale in comparison to the impact of this hesitancy and, more so, fear which can disseminate throughout the population much faster and more efficiently than an hour and a half film ever could (Jab & New, 2009). Thus, after these messages are broadcast, the damage has only just begun as Dr. Paul Offit, Chief of Infectious Diseases at the Children's Hospital of Philadelphia, stated, “It's very easy to scare people; it's very hard to unscare them” (Roehr, 2012).

Although, the obstacles to *Vaxxed's* reception lay not only in its choice of director, but also largely in its message as a whole, which took root within the larger antivaccination movement that, while in support of Wakefield, had its own adversaries that *Vaxxed* has been tasked with overcoming in reaching its intended audiences. As the antivaccination movement itself is largely driven by cultural beliefs, ideologies of the body, the utilization of medical and non-medical exemption laws, distrust of the government, distrust of pharmaceutical companies, and denialism, the polarizes techniques of disseminated messages throughout their organizations differ wildly from what would be considered acceptable discourse to the general public (Chapman, 2010). At around the time of *Vaxxed's* dissemination, the antivaccination movement had already begun experiencing substantial public backlash with outbreaks of vaccine-preventable diseases, such as measles, being blamed on the increasing numbers of families who were now hesitant to abide by the CDC medically recommended vaccination schedule. With many researcher in the field calling the antivaccination movement a public health crisis in

the making, the salience of *Vaxxed*'s messages force audiences to make the decision whether to trust in their healthcare providers to act in their best interest or to allow the seed of doubt placed by the antivaccination movement and generally limited health literacy to manifest in direct action being taken to avoid vaccines (Leifer, 2018). As a symbol of the movement, *Vaxxed* has received critical condemnation from the American Academy of Pediatrics (AAP) for advocating for "conscientious exemptions" loopholes for state mandated vaccinations for public institution enrollment, where the AAP argues that the perpetuation of this unsubstantiated fear of vaccinations is encouraging parents to lie to institutions ranging from public schools to amusement parks (Hotez, 2017). In response to the increases in parents engaging in these behaviors, all 50 states and Washington, D.C. require vaccinations for diphtheria, tetanus, pertussis, polio, measles, and rubella; additionally, many states, including California have enacted vaccination policies that call for the end of personal-belief exemptions, which is directly at odds with the ideology behind *Vaxxed* (Mello, Studdert, & Parmet, 2015). The increasing number of policy alterations, such as the ones listed prior, forced Wakefield himself, the *Vaxxed* documentary, and the antivaccination movement as a whole under extensive scrutiny, as their ideology was not only labeled as deviant but misleading and most of all dangerous to the rest of the population, especially noting the vulnerability of elderly, infants, and those with autoimmune diseases who otherwise rely wholly on herd immunity to prevent them from contracting disease due to being unable to be safely vaccinated themselves (Mallory, Lindesmith, & Baric, 2018). Facing the labels of "child abusers" and "child neglecters," *Vaxxed* served as a means to turn this harmful rhetoric counter to the media's coverage and claim that the general public is being misled by a larger pharmaceutical

conspiracy to conceal the dangers of vaccinations, require vaccinations, and then sell therapies and medications to the children who had been harmed by them. *Vaxxed* argues this through claiming that since the government mandates vaccines, it would be almost impossible to have a viable study that has not been altered by the publishing bodies in order to preserve the power of medical institutions (Bennato, 2017). The concept of a “hidden truth” and the idea that the government is actively profiting off of harming its population sets the stage for *Vaxxed* to paint itself as the “whistleblower” for the alleged cover-up (Bowditch, 2017).

During its theatrical run, during September 2016, *Vaxxed* grossed over \$1 million despite being pulled from the Tribeca film festival for detracting from a progressive discussion about public health issues. However, as reported by Offit (2016), despite only having the run time of one month, *Vaxxed* had a substantial impact on the general audience through its use of fear tactics and “it’s been easier to scare people than to unscare them,” as can be seen in the increased hesitancy from the general public. Relying on the assumed limited numeracy, numerical literacy, of medical texts and the general public, *Vaxxed* was able to prey on this uninformed audience who had deferred responsibility about medical knowledge to those who had previously been figures of trust, their own personal physicians (Altenbaugh, 2018). While the general medical community has been under public scrutiny for ages as the costs for medical procedures, emergency visits, and acute/chronic illness care have created a new age of debtors, *Vaxxed* helped ease this mistrust, along with fear, to people’s primary care doctors and pediatricians who were now framed as part of the conspiracy. *Vaxxed* paints its opposition as being either greatly deceived or complicit in the intentional harms of

millions of children, including their own, because they value “lining the pockets of murderers more than ensuring a healthy life for their own children” (Millan, 2016).

However, one of the largest and understudied audiences of *Vaxxed*, and the larger anti-vaccination movement is not simply employed by the lower- and middle-class communities who believe that authorities primarily have exploitative priorities.

Kamadjeu (2015) argues that those who are most likely to engage in vaccine-hesitancy successfully are those in the upper-class, who can afford to send their children to private schools and live in communities that do not require vaccinations. Additionally, this elitist ideology of health, in that the wealthy can afford to hire lawyers to navigate the legal system for them and enact their beliefs with little personal time or investment should set them at odds with the general anti-vaccination movement; instead, these individuals who can afford to supersede the requirements of the law are viewed as innovators and role models for the lengths to which parents should be willing to go to in order to protect their children from this dangerous medical practice. Wealthy populations access to better medical care and resources if their children do contract a vaccine-preventable disease helps create this illusion that vaccine-preventable diseases’ onset and symptomatology are not as severe or fatal as traditional medicine would want the general public to believe, thus fueling the ideology that vaccines exist for no reason other than to further the profitability of healthcare for those in the system (Bricker & Justice, 2018).

Implications of Anti-Vaccination Rhetoric on Public Safety and Policy

Even beyond the immediate effects on the individual child who has been denied vaccines, which includes a higher likelihood of contracting illnesses the vaccine would

have aided in the creation of antibodies for, are the effects on the child's social surroundings (Cherry, 2012). The anti-vaccination movement poses an active threat to the phenomenon of herd immunity, which relies on the high vaccination rate, health, and resilience of a high percentage of the population to prevent diseases from taking hold within communities and being able to spread to individuals who cannot safely receive vaccinations, such as infants younger than 6 months, individuals with compromised immune systems, and the elderly (Andre et. al., 2008). Through the self-deceptive technique of individual exceptionalism, many vaccine-hesitant parents perceive their own children as being less at risk for illness overall when compared to their peers' children. Thus, in a convoluted act of preservation, parents interpret a greater risk associated with vaccines, which they have no personal control over and instead must trust in healthcare professionals to act in their best interest (André, 2003). However, these same parents also associate decreased risk with vaccine rejection or delayed vaccine schedules and are more likely to engage in health behaviors with their child that allow the parent to exert a great deal of control, such as "vaccine-alternative diets" of clean water and fresh vegetables (Gust et. al., 2005). It is here where we also see the rise in parents applying for or evoking philosophical/religious-exemption laws that allow even vaccine-hesitant caregivers without planned alternative vaccine preventatives to gain entry into public places, such as schools, that possess state, if not federal, health safety requirements for continued operation (Fairhead & Leach, 2012).

There exists a hard line between vaccine administration policy and much of the policies regarding routine healthcare due to the presence of legal mandates. Vaccines occupy a unique place within medical discourse, overlapping with the rhetoric of body

politics to create regulations for what one can and cannot do with their own body in order to be a participatory member in a society that relies on herd immunity (Larson et. al., 2011). Due to fearful public backlash and the need for the medical sphere to respond to the needs and concerns of its populous, much of vaccine alterations and research has experienced unnecessary distractions and policy change in reassuring the public of the safety of vaccines (Poland & Jacobson, 2011). For instance, public misconceptions about the MMR vaccine and its mercury preservative causing autism forced medical practices to develop a new preservative for the MMR because the anti-vaccination movement's arguments became so salient within patient communities. Additionally, limited health research funds are being allocated towards affirming the success rates of vaccines with the purpose of changing the public attitude back to trusting healthcare professionals to continue advancing the field instead of reaffirming what has already been validated within literature (Wilson, Mills, Norman, & Tomlinson, 2005).

Rhetorical Theme Analysis

To begin, *Vaxxed* utilizes the public's limited health literacy to manipulate its presentation of health information to communicate the infantilization and dehumanization of individuals who have autism. This tactic is frequently used to exacerbate that the onset of the disorder has made these individuals significantly different from the expected typical course of child development. Through this highlighting effect, which is essentially dogmatic in its presentation of selective facts and anecdotes, the audience is forced to confront the perceived social guilt and ostracization that raising a child with autism may have on uniformed parents. Accompanying the fear of raising a

child with the fear of disability has proven to be an especially effective scare tactic in persuading parents to adopt Wakefield's ideology, or at least facilitate enough hesitance in order to plant a consistent seed of doubt into the public perception of vaccines and general trust in commonplace medical practices (Bowditch, 2017; Bricker & Justice, 2018; D'Andrea, Ducange, & Marcelloni, 2017; Douchinsky, 2017). Additionally, the reliance on individuals with layman-recognized credentials (such as PhDs)- who also fall into this category of being parents of autistic children- to be the spokespeople aids in the breaking down of perceived barriers between the "typical" healthcare representative and the general public. Through the use of these public speakers who aid in the creation of the illusion that anti-vaccination arguments are rooted in a scientifically supported social movement, individuals are able to humanize a movement and relate to it more than the standard perceived cold and unpalatable communication that may be expected of healthcare workers; nonetheless, it is not only the physical presence of these speakers, but also the accessible language and vivid examples aid in the salience of these limited content, high emotional appeal messages (Altenbaugh, 2018; Bennato, 2017; Effler, 2017; van der Zee, 2016). Also, the characterization of an untrustworthy Center for Disease Control's (CDC) connection to both media outlet control and the decisions of individual healthcare providers, in combination with scrutiny placed on the composition and distribution of vaccinations, forces the audience to question the "powers that be" in the healthcare system and cultivate an atmosphere of animosity towards organizational bodies within the scientific community. Finally, to be expected, the repetition of the onset of developmental disorders being linked only to vaccination practices coupled with the compulsory vaccination laws allows discourse between individuals' rights to their bodies

and the rights of the community to health and safety to stay at the forefront of many anti-vaccination movements (Durbach, 2000; McClure, Cataldi, & O’Leary, 2017; Wessel, 2017).

The “Forever” Child

Within the documentary, one of the repetitive themes seen throughout are the direct parallels drawn between autistic adults and teenagers and neurotypically developed toddlers and infants. As seen within the first fifteen minutes of the film, the first autistic individual we meet is a fully grown autistic adult man who is wearing noise-cancelling headphones, swinging toy spoons around, and walking around his father’s home with a baby bottle filled with milk dangling idly from his mouth, unsupported by his hands that are otherwise engaged with the spoon toys. His father narrates his autistic son’s actions, speaking into existence the fact that his son will never be able to provide for himself and will essentially be a child in his care for the rest of his life. The father expresses an adulthood stolen from his son and the fear that lingers in his mind as to who will be his son’s caregiver after he passes away. To reinforce this synecdotal parallel even further, we are confronted with another family’s struggle with being indefinite caregivers for their autistic son, who continues this infantilized imagery of sucking his thumb, laying in a semi-fetal position, and wearing an adult diaper. This story, however, focuses on the mother’s perspective as she narrates her day-to-day experience caring for her autistic son. She describes speaking to him gently and caressing his naked back, as she claims he is calmer without his shirt on, and reminisces on how natural these actions seemed when her son was only a few months old, but now that her son is well into his twenties these

actions have been poisoned for her, as she can no longer cherish those tender moments knowing they are fleeting- in terms of their societal acceptance. Throughout both of these narratives, as the parents describe their daily lives as caregivers, short videos of neurotypically developed infants are shown to reinforce this concept of the neverending childhood—of wearing diapers, drinking out of baby bottles, having tantrums, toddling around with an uneven gait, and engaging in stimming behaviors such as spinning around or “flapping” their arms in excitement— that the documentary argues has trapped these autistic adults in.

“Hidden” Racism

To complicate the criticisms of vaccines, and navigate even further away from scientific discussions of vaccines, the documentary also brings up the conspiracy that vaccines are a modern eugenicist movement that intends to subdue non-white populations, especially African-Americans. This claim focuses on the long-documented history of misuse and abuse of African Americans when it comes to receiving medical care and being the subject of past unethical research, in addition to the current discrepancies in the quality of healthcare provided to African-Americans. As an ongoing critique of systems in power, shifting the framing helps transition the audience’s perspective from infantilization of autistic adults to the infantilization of African-American autistic adults. The documentary shows an African-American autistic adult watching “Blues Clues” and a YouTube video simultaneously to convey the stimulation needs of autistic adults that are currently being narrated. Image 5 then pans over to show the audience a crying African-American mother who conveys a sense of being deceived

by the medical system into having her child vaccinated because the racist medical system wanted to prevent another “bright Black mind” from fully developing. In a heightened emotional state, the mother describes the difficulties in communicating with her child and even questions whether he child is really present at any given moment due to his limited spectrum of emotional availability with anyone around him. As proof of his “unvaccinated potential,” the mother contrasts her autistic son with her neurotypical daughter who is seen skillfully playing the piano from across the living room. She woefully recounts her dreams of raising two intelligent children who are able to “contribute to society and succeed where [she] couldn’t.” With tears streaming down her face, she labels autism as a racist injustice that has targeted her family as the narrator describes the content of supposed handwritten research notes that a CDC scientist had allegedly refused to publish race-related risk factors for vaccine links to ASD.

Conclusion

This chapter provides an important and often unexplored perspective of how the vaccination controversy was portrayed through Wakefield’s 2016 *Vaxxed: From Cover-Up to Catastrophe* documentary, as much of these messages are accepted at face value by the general public as scientific and medical fact if they are presented by either a source the public trusts or is offered in conjunction with a citation, whether or not the original study itself was ethically conducted. Because much of the general public are not active researchers and critics of the media messages they consume and who they consume it from, i.e. what source is distributing it, these findings have the potential to expand existing dialogue pushing for the examination of such messages and increasing awareness

of the implications of the dissemination of such messages about vaccinations.

Additionally, the viewpoints in this documentary are unfortunately not novel, as we can see them heavily mirror the concerns of the changeling myth, as each parent explicitly expresses an almost mournful perspective that their child's livelihood has been stolen from them and they've been saddled with raising a disabled child, which they never planned for. Unfortunately, the pointing fingers towards vaccinations only increase as this rampant macrocosmic synecdoche for the destruction of vaccines- as the presumed cause of disability- continues. As more individuals fall prey to these types of manipulative rhetoric, we are seeing increases in preventable diseases due to increases in beliefs such as vaccine-hesitancy in parents, which only highlights the exigence of understanding the themes and salience of the current trends in the anti-vaccination movement.

CHAPTER V- CONCLUSION

Contributors to the modern vaccine controversy emerged during the investigation of Wakefield's research and the resulting surge in media coverage discussing both sides of the debate with equal coverage. This coverage of alternative health perspectives through familiar news mediums, especially television broadcast news, allowed laymen with little scientific literacy to view alternative health messages and spokespeople as having equal credibility as scientifically validated claims. This exposure forces the public's viewpoint to be shaped with a grain of doubt regarding the safety of vaccines, as now hesitancy and vaccine exemption are topics of discussion when mandatory vaccination was typically viewed by the general public previously as a societal norm. The questioning of norms solidified for many viewers the hesitance of healthcare providers to discuss the possibility of a "hidden truth behind vaccines." Speculation and lay interpretations of what "they believe" to be the impacts of vaccines quickly permeated the general public's discussion of vaccines, as these messages were formed within individual communities and dispersed in digestible ways—utilizing shared values and assumptions to expedite distrust in vaccinations. The intent of this thesis was to examine these developments across three different significant markers that may have facilitated greater conversations regarding vaccines and their supposed harms: the 1998 Wakefield publication, the 2006 Autism Speaks' World of Autism Campaign, and the 2016 Vaxxed: From Cover-Up to Catastrophe documentary. Through repeatedly bringing the conversation about vaccine safety and links to illness, fearful interpretations about ASD, and the final artifact blatantly linking vaccines to the onset of ASD—all of these artifacts work slowly over time to facilitate a greater fear that American children are in danger and

no one can locate the threat itself. The concept of theft of a child's potential is heavily implied through all artifacts; Wakefield's publication asserts that it is the vaccines themselves that are stealing away neurotypical development from children, Autism Speaks asserts that ASD itself is responsible for stealing the social development from children, and Vaxxed makes the bold claim that it is the government that is stealing away the potential for children to develop independently of their parents through the onset of disease supposedly facilitated by mandatory vaccination laws. The connections between these artifacts, in addition to the multiple other large-scale and grassroots organizations that have arisen, play an important role as serving as excellent case studies for the rhetorical themes that repeat themselves throughout these types of fringe movements.

Through identifying the repeated rhetorical elements that appear in these arguments, it assists us as rhetoricians in being able to identify potentially harmful or counter-intuitive rhetorical that serves the purpose to propagate fear, establish community, and motivate the community to act in ways that encourage general suspicion in the "powers that be." The rejection of the scientific community and the reemergence of the ability of laymen to act in favor of what they believe is best for their families puts society at odds where unnecessary, preventable deaths are on the rise and reliable, effective preventable medicine is omitted as a solution. The importance of this discussion lies in its ability to track the rhetorical development of the antivaccination movement as preventable illnesses are on the rise.

However, while individuals may express uncertainty about the safety of inoculation, fear regarding the onset of disease remains consistent with the existing

principles of preserving one's family: justifying why even vaccine-hesitant individuals continued to engage in vaccines, even if they encouraged their children to enroll in a delayed shot schedule. Through the consistent and easily-relatable theme of fear, many parents engage in the fortunate Type III error, in which they arrive at the correct conclusion that they should vaccinate their children but in response to the inappropriate prompt of fear of illness over fear of "potential" intellectual or developmental disabilities.

There remains the potential for us, as rhetorical scholars, to continue participating in this ever-evolving but consistent anti-vaccination mythos that relies on the retellings and relabeling of the original myth of the changeling to take root in communities and propagate dangerous anti-establishment ideology. As our world slowly becomes more progressive and sensitive to the unique experiences of neurodivergent and differently abled bodies that exist in our society, it is through rhetorical tradition where we recognize that there are no new arguments, only new material to analyze. In addressing vaccine hesitancy moving forward, scholars should continue to analyze highly damaging discourse as it holds immense social influence over individuals who are not well-versed in medical practices, along with those who seek to validate personal values over traditional medicine recommendations. However, even as vaccine-rejectionist, vaccine-hesitant, and ableist rhetoric have strong footholds within many communities, American society has continued to grow inclusively even though there are significant setbacks in some communities. Across workplaces and educational facilities, conversations about disability, accommodation, and documentation are on the rise as disabled individuals are allowed greater representation, which is significant seeing as disability organizations and advocacy groups are on the rise. Conversations regarding disability are still to an extent

othering but can be powerful in connecting families and individuals who previously had little interaction with others like them. Vocational therapies, socialization groups, and the general increase in resources for individuals with disabilities shows the potential of positive non-fear-based conversations about disability in which we do not condemn the restricted abilities of the child we have but rejoice at the opportunities to connect and work towards solutions together.

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