



The rational, loving and responsible parent. A discursive construction of the identities of the parents that decided not to vaccinate their children

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Abstract

My objective in this article is to identify what types of identities are constructed and claimed in the context of sociological interviews taken from parents who have decided not to vaccinate at least one of their children. Analyzing the interviews taken, I managed to show that one of the most prominent identities displayed and claimed in the interviews was that of the loving, responsible and rational parent. This constructive identity was based on several interpretative sub-repertoires such as: the transition from the ignorant and credulous parent to the knowing parent repertoire, the responsible and loving parent repertoire, the balanced medical decisions repertoire, the proper documentation repertoire, disclaimer of any anti vaccine militancy repertoire, rejecting any risk out of love repertoire. I concluded that this type of identity construction constitutes a restorative repertoire through which the parents try to regain the identity of the rational, responsible and loving parent and consequently reclaiming the uncontestable right of decision regarding their own children.

Keywords

Discourse analysis; interpretative repertoires; identities; immunization; vaccine hesitancy; anti-vaccination;

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Introduction

Currently there is a major concern on multiple levels (academic, political, social) for the immunization issues, both globally and in Romania. Debates are mostly related to vaccine coverage rates, public trust in vaccines and pharmaceutical companies, and the eradication of vaccine-preventable diseases.

The World Health Organization developed the Global Vaccine Action Plan (GVAP) as a roadmap aiming to achieve vaccination coverage of at least 90% nationally and at least 80% in every district by 2020. However, WHO admits that 5 of the 6 targets set for 2015 were not met. Two of those targets were to eliminate measles and rubella. WHO/ UNICEF reports that in July 2019 only 86% children were immunized against measles (first dose), while the global coverage for the second dose is much lower, at 69%.

However, in the first six months of 2019, WHO/ UNICEF reported that measles cases are the highest they have been in any year since 2006. There have been almost three times as many cases reported to date in 2019 as there were at this same time last year.

For Romania, in 2018, the WHO / UNICEF Estimates of National Immunization Coverage reports a coverage of 90 % for measles (first dose, with a rate that is declining starting from 2010 (95%). Romania is facing several waves of measles outbreaks that started in 2016. In November 2019, National Institute of Public Health Romania reported 18711 cases of measles in Romania since January 2016, 64 deaths (14th of August 2019 report of NIPH - National Institute of Public Health Romania).

Alongside the issues of immunization rates stands the concern for the factors that are influencing them. Beyond the case of availability and healthcare services access, recently vaccination refusal became one of the most important causes for low vaccination rates (Favin et. al (2012)). Fear for side effects and low confidence became central factors explaining vaccination refusal. In Romania, the NIPH reports in February 2018 that the explicit refusal for all types of vaccine is about 7,8%, while for MMR2 the percent of refusals is of 8,7%. A national survey conducted by INSCOP in 2019, at the request of the National Society of Family Medicine, in collaboration with the Faculty of Sociology and Social Work (University of Bucharest) reported that only about 50% believe that vaccination is the safest way to defend ourselves against some diseases while only 55% of respondents believe that the benefits of vaccination outweigh the risks.

The researches and academic papers on vaccine refusal, confidence and hesitancy are numerous and substantial. Heidi Larson's et al. research on measuring hesitancy and confidence is more than extensive and substantial (see Larson et al. (2013) and more). Also, it is worth mentioning the meta-analysis on the articles related to hesitancy since 2009 of Yaqub et al., 2014 according to which the main reason for hesitancy is the fear of side effects. In Romania, a research made by Crăciun and Băban (2012) reports as the main reason for HPV vaccine refusal the fear of the interviewee of being subjects of some experimental drugs program due to its free of charge purchase. However, there are far fewer research papers addressing the issue of vaccination from a discursive perspective, examining the way in which people, institutions and public figures talk about vaccines,

construct rhetorically their position and decision, use metaphors, analogies, repertoires and various categorizations. Among the few discursive approaches of the vaccine issue are those of O'Dell, L. and Brownlow, C. (2005) on the media reports of links between MMR and autism and Wise D. and James M. (2012) discourse analysis on the brochures provided to parents on the benefits of the HPV vaccine.

A discourse analysis approach

Compared to the main academic advances on the issues of hesitancy and vaccine refusal, the discourse analysis (DA) brings a novel methodological and epistemological approach as it shifts dramatically the **focus of research on language and discourse** as the “primary arena for human action, understanding and intersubjectivity” (Potter, 2012: p.4). According to DA researchers, discourse is not seen as a mere neutral medium of expressing some inaccessible mental states of the individual or an expression of intention and thoughts (Potter, 2003: p.784, Billig, 1987), but a social practice in itself (Wetherell and Potter, 1988) as far as “utterances are acts, and language is functional all the time”. Coulter (2005: p.80) for example denounces the telementational approach as being merely a myth. The very object of research are the transcripts, texts and excerpts (Talja, 1999; McKenzie, 2005).

Discourse analysis aims at “developing hypotheses about the purposes and consequences” of **more or less deliberate choices of terminology** (Wetherell and Potter, 1988: p.170). This requires a “close attention to the details of language use, working from (in the social psychological tradition) transcripts or documents rather than from some numerical transformations of these things or the remembered gist of interaction” (Wetherell and Potter, 1988: p.171). Thus, **discourse itself becomes the primary research focus**, without using any form of paraphrasing or resuming.

Identity as a discursive construction

Identity discursive display and construction is the focal point of the present research. Adopting an anti-cognitivist and anti-essentialist perspective, discourse and conversational analysis (CA) also changed the locus of identity analysis. Consequently, the right questions are not so much about what identities are but when and how identities are used in discursive settings (Widdicombe, 1998: p.195). From this particular approach the problem of identity must start from the paradigmatic acknowledgement of the distinction between “real” and “taken by participants to be real” (McKinlay and Dunnett, 1998: p.49).

The concept of identity in DA and CA considers the categorization processes by means of which people position themselves, thus carrying out an identity work. According to Sacks (1992) through the “membership categorization” process, certain categories that have certain specific characteristics are signaled and made relevant in order to index certain identities. In the same line of thought, summarizing some of the most common premises that are employed in discursive analysis of identity Antaki and Widdicombe (1998: pp.3-6) show that the analyst should pay attention to: the discursive

construction, “making relevant” and “orient to” categories and associated features and the indexical character of category casting. The concept of indexicality (see Silverstein, 1976) opens up new analytical avenues that widens the approach to identity to the extent that it also takes into account “a variety of linguistic and nonlinguistic forms that evoke specific identities, via attributions of values and meanings that are socially recognized as characterizing those identities”. Along the same line of thought Deppermann (2012: p.8) argues that practices of positioning and narratives ‘can index more complex identities than categorization and action description’. The concept of positioning as an indexical device for identity has been already theorized for some time since Goffman (1981), who introduced the concept of ‘positioning’ in conversation and later the concept of ‘footing’ as alignment. Also, Davies and Harré (1990: p.47) define positioning as “the discursive production of a diversity of selves”.

An approach that analyzes how positioning in narrative contexts indexes the display of identity viewed in a dynamic and co-constructed manner is represented by Bamberg's work. According to Bamberg (2011), the identity navigation as a positioning process in narratives can be carried out on three axes: the diachronic ‘dilemma’ of ‘who-I-was’ and ‘who-I-am’; synchronic dilemma (sameness-difference to others); agency dilemma triggered by the question of ‘who is in control?’ (me as an agent vs. me as a subject of exterior forces). For instance, Stan (2019) analyses show how childfree mothers' discourse, derived from corporate culture, allows them to position themselves in an unquestionable way both on the side of career motherhood but also as a responsible woman in relation to a rejected ascribed by society mother role. Bamberg's view on identity is in line with the main DA assumptions seeing identity from a functional and situational perspective and as a practiced activity (Bamberg, 2012). Also, Bamberg (2004) and Bamberg & Georgakopoulou (2008) employs a three level analysis of identity work: Level 1: how characters are designed and positioned within the story; Level 2: how the teller position himself for getting the story accomplished; Level 3: how the narrator positions himself with regard to dominant discourses. At all these levels of positioning, the narrator indexes and navigates between certain identities.

Identity construction in sociological interviews

Given the fact that the discussion about identity in this paper is carried out in the context of sociological interviews, a series of clarifications are required regarding this type of conversation. Thus, I will start from the following assumptions regarding the interview situation: the interview is a situation of social interaction and thus an opportunity to affirm identities and construct meaning, rather than a situation in which information about attitudes and thoughts is transmitted in a neutral way. For this reason, interviews are not conducted to obtain a relevant sample of opinions and attitudes, but to observe the complex ways in which these attitudes and thoughts can be constructed and displayed. Thus, from a methodological perspective, the interview should not be viewed as a process that must be sanitized by external influences because the discursive product

is the one to be analyzed and not the attitudes and mental states of the interviewee (Holstein & Gubrium, 2004; Alvesson, 2003; Baker 2004).

My goal in this article is to describe the identity claims that parents, who have decided not to vaccinate their children, choose to display in a sociological interview. In order to achieve this objective, I will start from the main linguistic, rhetorical and narrative resources summoned and used by the informants in order to carry out such an identity discursive work.

Methodology

The present analysis is based on a number of five interviews with mothers who decided not to vaccinate at least one of their children. Unvaccinated children do not exceed the age of 6 years. Although the interviews were taken on basis of personal recommendations, the interviewer has not personally met any of the interviewees before the interview situation. All the interviewees have tertiary education degree and are resident in urban areas. The interview was not structured, the interview situation being presented as a discussion of one's own position and attitude towards vaccines. The interviewer's interventions were minimal, avoiding any positioning regarding vaccine issues. The interviewer presented himself as a researcher investigating the pros and cons of vaccination.

The interviews were recorded with the explicit permission of the interviewees and were transcribed in their entirety. Finally, the transcripts were analyzed, being selected those fragments that could fulfill a discursive function of indicating a position or identity that the interviewer chose to transmit or display.

The selection of the interview excerpts was done under the assumption that in order to index the identit(y)ies that the interviewee is displaying and claiming, he/ she is carrying out a discursive work that includes: narrations about himself and others in which he displays certain identities by means of narrated actions, the distribution of the characters in the story, as well as specific positioning in the stories (see Bamberg and Georgakopolous, 2008); expositions of reasoning, attitudes and values as constituent parts of Self (I think, I believe in, I feel) and also the exposition of certain actions (I document myself, I do research); membership categorizations (Sacks, 1992).

Discursive identity construction. The responsible, loving and rational parent

In the debate of pro and anti-vaccination arguments, each of the parties uses repertoires, narratives and various rhetorical resources to combat the opposing camp. In this fight, one of the main accusations against antivaccine groups is the lack of rationality and the poor connection to the dominant scientific medical discourse. According to the interviews that were conducted it seems that most of the discursive resources used are invested in the direction of displaying an identity of the rational, responsible, loving parent. This type of identity construction is carried out on several levels during the interviews, presenting a high degree of similarity thus suggesting the existence of interpretative repertoires.

Further, I will outline the characteristics/ features of such possible identity repertoires used by parents who have not vaccinated their children in a non-confrontational context. The discursive components that seem similar across the analyzed interviews, thus constituting the sub-repertoires of identity are: **the transition from the ignorant and credulous parent to the knowing parent repertoire** “Before, I was naïve... but I know now”, **the responsible and loving parent repertoire** “I am a loving and responsible parent just like all parents are”, **balanced medical decisions repertoire** “I will take him to the hospital if needed”, **the proper documentation repertoire** “I go to the source, I don’t rely on the Internet”, **disclaimer of any anti vaccine militancy repertoire** “I am not trying to convince anyone”, **rejecting any risk out of love repertoire** “I will not risk the love of my life”. In the following I will present and analyze the functioning of these repertoires as significant parts of the discursive work of illustrating a loving, responsible and rational parental identity.

The excerpts analyzed bellow were split into lines according to the assumed functions that they fulfill within the discourse. However, each excerpt in part is a transcript of a continuous fragment of discourse.

The transition from the ignorant and credulous parent to the knowing parent repertoire: “Before, I was naïve... but I know now”.

One of the first discursive construction that is invariably present across the interviews that were taken is represented by a description that marks the transition from the naïve to the informed parent. By means of this type of discursive approach, a membership categorization is activated, constructing as relevant a before and an after identity, thus the informant doing a diachronic navigation (Bamberg, 2011a). This includes on the one hand the credulous and ignorant parent as the initial state and then the transition to a higher state of a knowledgeable and informed parent, a state which then makes possible and legitimate the decision not to vaccinate.

- (1) *Before we had him, we didn't put it like this ... we didn't think twice about ... meaning we didn't have any opinion about ...*
- (2) *I knew that we were vaccinated so that there was no other possibility and I had no opinion.*
- (3) *When I got pregnant and we started ... these questions come and so ... and we started reading, like all parents do.*
- (4) *we ... parents ... so ...*
- (5) *I saw opinions and pros and cons and analyzed them both*
- (6) *we thought that on the one hand we were vaccinated and so we are the fortunate ones and nothing happened to us and so ... but we saw the cons cases ...*
- (7) *and not because I believed them, I did further investigations as I read the package leaflet especially when the age of 2 months approached and the family doctor was pressuring us to come and... so... and I did not ...*

In the first part of the extract the interviewee builds the image of a person who was ignorant and without opinions, who did not even think about vaccines, these attitudes being the natural result of an unconscious obligation. Further, in line 3, he/ she

describes the beginning and the motivation of the documentation process with an emphasis on the status of parenthood, stating again explicitly that he/ she belongs to this category (of parents) in line 4. Through these lines, the informant manages simultaneously to construct “parents” as a category that “reads”, is well informed, as well as placing him/ herself in this category, thus reaffirming his membership. Through this process he/ she obtains the identity of the parent who is documented, knowledgeable and also a very important “as all are” affiliation.

In line 5 the rational feature of the approach is indexed. Although Line 6 is constructed as a rational statement, in which both parties are considered, it is clearly emphasized that the lack of adverse effects was a fortunate case. Thus, even though they are classified as a rational process, the cons are constructed as normal, while the vaccinated ones are fortunate. In line 7, the rational attitude of the search for evidence is displayed, one that is not based solely on hearsay but on further investigations. Thus, it is presented to us that the implicit result of these rational efforts is the decision not to vaccinate despite the pressure of the family doctor. In conclusion, the process of moving from the state of the credulous parent to the knowledgeable one is elaborated as a ‘becoming’ process by means of which a responsible and rational parent identity is finally constructed and assumed.

The responsible and loving parent repertoire: “I am a loving and responsible parent just like all parents are”.

In this repertoire we encounter a discursive approach in which the informant is bringing forth, as relevant, the category of parents who wish only the best for their children. The interviewee is indexing his membership in this category while claiming as a result the recognition of his unquestionable right of decision. This type of discursive construction, of reintegration into the category of parents is achieved by the frequent introduction of expressions such as “like all parents are”, “like parents do”. As a result, a self-inclusion occurs as the respondent presents himself as a parent like all the others. In this type of construction, we observe claims of restoration and thus a reaffirmation of the identity of the ‘common’ parent as all parents are. Consequently, the unquestionable right of decision is recovered, as they are part of a category of people that are always right about their children.

I will present below two such excerpts by means of which a retrieving of the status of a loving and responsible parent “like all parents are” process occurs, along with right of deciding.

- (1) *But I do not think there is someone who would choose ... someone who would choose something that is not good for his child.*
 - (2) *and when a parent makes the choice I do not think he does unknowingly.*
 - (3) *You must choose something for your child, you are checking and I do not think there is someone who...*
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- (1) *The influence did not come from outside, simply ... I did research*
 - (2) *Just like everyone does,*

- (3) *well... now... everyone knows what is best for his child, everyone wants what is best for their children, not as if he is just doing it ... like...*
- (4) *everyone does it for the best interest of the child as he thinks fit.*

In the first extract, line 1, the “normality” of the parent is discursively defined by means of a moral truism, however this is done in order to index the informants belonging to this category, of a parent “like all parents” that want the best for their child. In line 2 of this fragment, to the status of loving parent is added that of the informed parent as a norm of additional responsibility. The duty to inform is also set out in line 3. The three lines converge towards legitimizing the right of taking any decision regarding his/ her own child.

The second excerpt presented here starts with a denial of the social influence as a source of a legitimate decision and then the affirmation of the legitimate process of documentation, namely to do research. In line 2 the membership in the category of parents is reaffirmed (as all do). In line 3 the right of decision is legitimized by the implicit moral and epistemic responsibility of the parents. In line 4 the right of discretionary decision is reaffirmed given that in the end all parents are responsible. The discursive functions that this fragment fulfills are the affirmation of belonging to a category that is truistically characterized by love, epistemic and moral responsibility. Thus, the right to make any decision regarding the child is recovered. The construction of this category as embodying the social norm and self- classification in this category represents a discursive work that allows the person to legitimize his decision regarding the vaccination of children.

Balanced medical decisions repertoire: “I will take him to the hospital if needed.”

A similarity of content that appears throughout the interviews is represented by the depiction of a balanced position regarding medical decisions. In these types of discursive interventions, the dominant note is the denial/ rejection of extreme positioning. Thus, this type of positioning allows the interviewees to carry out a discursive work oriented towards acquiring the identity of a balanced and rational parent, who does not exaggerate and knows the limits of the alternative medical orientations.

- (1) I used as much as I could in the sense that when...
- (2) I do not think there is a child in his class that was hospitalized in his class more than he was, whenever I see that he has high fever I will not just wait around, I have a subscription, I go to the emergency room, if the doctor tells me that he needs to be supervised, I will immediately hospitalize him..
- (3) I do not give him homeopathic pills and leave him with fever.
- (4) Of course, I am also with allopathic medicine, with antibiotics...

From the beginning, in line 1, the parent distances himself from the idea of the exclusive use of alternative medicine. On the other hand, the introduction of the expression as much as I could suggests the idea of a selective and reluctant use. In line 2, a narrative example is provided, from the informant's own life, in order to strengthen his

positional claim to accept allopathic medicine and thus of a balanced perspective. In the same way, in line 3, he/ she emphasizes the absurdity of recourse in certain situations to homeopathic medicine in order to conclude its own position of acceptance of allopathic medicine. From the point of view of the discursive functions pursued by the speaker, one can distinguish the effort to present oneself in a balanced and responsible manner.

The proper documentation repertoire: “I go to the source, I don’t rely on the Internet.”

A discursive resource for constructing the rationality of the decision and of the rational parent identity is the description of the documentation process. The nature and source of information is also one of the most discussed and contested decision-making components, especially regarding decisions such as vaccination. All the interviews taken contained detailed and careful depictions of research and documentation processes regarding vaccines and vaccination. These repertoires allow the rational justification of the decision not to vaccinate and to build an identity of a responsible and informed parent.

- (1) *You are beginning to look for... and I think there is enough information*
- (2) *I also think that I have a healthy judgment,*
- (3) *many books, conferences, journals are out there...*
- (4) *internet ... there is a lot of valuable information on the internet and there is also a lot of questionable information on the internet.*

In this excerpt, the interviewee displays a balanced approach in which he presents himself as being able to distinguish between the types of information by listing legitimate sources (line 3) as well as the possibility that certain sources have a questionable reliability (line 4). The aspects that are highlighted are the multitude of information, the accessibility of the relevant information but also the stated ability to select them. Thus, the identity work performed by the interviewed parent is oriented to the construction of a parent that is knowingly and actively searching for information, that is able to evaluate its quality, and to distinguish legitimate sources.

- (1) *I try to go to the source as much as possible*
- (2) *I look for the clear sources and I want arguments on studies, on sources like this.*
- (3) *The issue of opinions..., your experience... probably that was the case with you, but it is your experience. That doesn't mean you choose the best. the internet.*

In this second fragment, the interviewee discursively demonstrates the ability to select the sources and type of information as well as the need to base the decision on rational-scientific grounds. In this way he/ she manages to present an identity of a parent who is informed and uses scientific criteria, thus a rational parent.

Rejecting any risk out of love repertoire: “I will not risk the love of my life.”

Another category of discourses that highlights rational positions is that in which the interviewees reject the risks associated with vaccination by highlighting its unacceptable character when it comes to their own child. This time, what from a rational point of view may seem reasonable is surpassed by the parent's affection, the only legitimate source for cancelling the risk accounting process. In this way parents who have chosen not to vaccinate their children demonstrate on the one hand that they are aware of their risks and their magnitude but on the other hand their affection and responsibility towards their own child does not allow them to accept it. This promotes a type of identity based on a social truism of the loving parent who rejects any risk that may be incurred on his own child.

- (1) *If you tell the doctor... you can tell the doctor... are you capable of bearing the risks of vaccination? How could I bear them? But me, as a parent, me as a parent, I have to suffer ... and the love of my life, right? How can you make me bear the risks? Am I the one to flip the coin? How's that?*

In the lines presented above, the interviewee evokes a rhetorical dialogue by means of which he pulls out a hypocritical identity of the doctor in contrast to an identity of the loving parent who must bear the risks of vaccination for his own child. The rhetoric of this construction allows once again the creation of the identity of a responsible and loving parent.

Disclaiming the anti-vaccine militancy repertoire: “I am not trying to convince anyone.”

A last category of discursive resources summoned is represented by the neutral positioning respective to any ideologically grounded anti-vaccine movement. The interviewed parents choose to distance from any kind of militant action, thus emphasizing the identity of a neutral parent in relation to the pro anti vaccine debates. This detachment from any ideological stance allows the reaffirmation of the right to one's own decision on vaccination, because it is a decision that is not tributary to any doctrines or ideological positions. Thus, this repertoire allows the interviewee to highlight the status of a parent who is concerned only with the well-being of his child. The contrast of the ideological decision vs. the decision made by the parent concerned with the child's well-being is used to mark the identity of the responsible, loving and rational parent that is not influenced by ideologies and/ or debates.

- (1) *I believe in the common sense of everyone and how well they are informed,*
(2) *I personally did not try to make proselytes; I think it is an extremely personal decision.*

In line 1 the interviewee asserts his confidence in the common sense and in the parent's ability to inform themselves, and thus he rejects the idea that this decision would be influenced or determined by persuasion strategies, reaffirming in this way his/ her

confidence in rationality. This first construction then allows the parent in line 2 to assert his/ her neutral position, the need to consider this decision as a personal one, and consequently a decision that should not be challenged.

A similar discursive display can also be seen in the lines below in which the interviewee also denies any form of militancy, emphasizing this type of positioning by a personal example. Through this type of discursive positioning, the author claims a rational, neutral and personal status of parenthood as opposed to an activist whose decisions are ideologically fueled.

- (1) *I do not try to convince anyone.*
- (2) *Even my sister has two children whom she has vaccinated. She asked me whenever she wanted to know something, I answered, but I do not make any propaganda neither anti nor pro vaccination.*

Pro and anti-vaccination debates, arguments, narratives and rhetorical resources are activated in many types of arenas. We can think of confrontational arenas, or arenas in which the participants are on the same side, other arenas in which the messages are sent to a diffuse audience, as well as arenas in which a positioning towards the topic under debate is requested from a more benign perspective. Such an arena, not without implications for the manner in which the discourse is constructed, is represented by the sociological interview. In this paper I have tried to observe what types of identities are constructed and claimed in a context such as the sociological interview, as well as the discursive resources that are mobilized for it. What I have observed is that there is a rather high similarity of positions and identities that indicates towards the interviewed parents' effort to display an identity of the responsible, loving and rational parent. For this purpose, several types of discursive approaches were used, which we considered to be identity sub-repertoires. Consequently, I identified the repertoires of: "becoming" based on the transition from the naive to the knowledgeable parent; the repertoire of the loving and responsible parent. Just like all parents are, the repertoire of balanced and responsible medical decisions; the repertoire of rejecting the militant affiliation; the repertoire of the informing/ informed parent; the repertoire of the parent who loves his child so much that he accepts no risks.

Based on the types of accusations that are brought against the anti-vaccine movement, the identity constructions depicted here as a sum of repertoires, have a restorative character. Thus, a significant amount of effort is put into recovering the identity of a loving, rational and responsible parent, just like all parents are. I also hypothesize that the reason why this type of identity was chosen is that it fulfills an important function of recovering the right of decision regarding vaccination, which should no longer be contested and contestable in the view of the parents that have been interviewed.

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