

7 Trust and the public vaccine debate in Finland before and during the COVID-19 pandemic

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Introduction

Societal discussions consist of and incorporate a large spectrum of vaccine-related attitudes, ranging from anti- to pro-vaccination standpoints endorsed by supporters and opponents of immunisation programmes and related public health campaigns. Citizens are affected by these public discourses, which can shape their views about vaccines. The COVID-19 pandemic and the vaccines developed to fight the disease have brought vaccination to the forefront of societal discussions all over the world. This is true even in contexts like Finland, where vaccines have historically sparked little controversy and vaccine-critical sentiments have been marginal. This chapter analyses vaccine-related discourses presented in both mainstream media and in a campaign promoting an alternative view, i.e., the *Let's Save the Children of Finland* campaign.

Finland is a Nordic country characterised by high levels of trust in national institutions and high vaccine uptake (Finnish Science Barometer 2019): only 0.7% of school-aged children have not received the basic vaccinations included in the national vaccination programme (THL 2022), despite all vaccines being voluntary for the general public. During the COVID-19 pandemic in Finland, as in many high-income countries (Esaiasson et al. 2021; Goldfinch et al. 2021), strong or even increasing levels of trust in scientific institutions and the government were witnessed, along with a simultaneous increase in the challenging of expert advice and public measures (e.g., mask recommendations, restrictions on events and gatherings, vaccination) related to the pandemic (Jallinoja & Väliverronen 2021; Jallinoja et al. 2021; Väliverronen & Jallinoja 2021).

Suspicious regarding COVID-19 vaccines in Finland were prominently voiced by the *Let's Save the Children of Finland* campaign, a movement started by doctors and other healthcare professionals who sought to prevent and end COVID-19 vaccinations for children. The campaign started its operation with the publication of a petition signed by the founding professionals in June 2021, at which time the expansion of COVID-19 vaccinations to children was being publicly discussed. While this campaign was mainly national, movements started by medical professionals critical of COVID-19 vaccinations are both a

Nordic and a global phenomenon (e.g., Läkarpappropet in Sweden, NZDSOS in New Zealand, Doctors for COVID Ethics internationally).

In research on vaccine refusal and hesitancy, lack of trust is one of the key reasons identified to explain criticism and questioning of expert advice on vaccination. However, these explanations often presume a simplistic dichotomy of trust vs. lack of trust and tend to frame lack of trust as a problem of hesitant individuals (see Leach & Fairhead 2007: 21) and compliance with vaccination systems as morally right (Heller 2008: 22–23). An alternative perspective is to see vaccine hesitancy as a sign of poor public trust in scientific and governmental institutions, as an institutional failure to engender and maintain public trust (e.g., Goldenberg 2021: 136). Trust in vaccination and in the actors implementing vaccination policies can thus be understood as a part of generalised trust, or trust in abstract systems (Leach & Fairhead 2007: 18; see also Giddens 1990; Luhmann 1988). When examining trust in relation to vaccination, it is important to clarify conceptually the different types of attitudes towards and engagements with health systems, institutions, and vaccine technologies that are expressed or promoted in public discussion. Relevant concepts for the analysis of publics' relationship with health systems such as vaccination include trust, confidence, mistrust, and distrust.

Smith (2005) has emphasised an analytical distinction between confidence and trust (see Table 7.1) in health and social care, with confidence centring on rational choice and risk calculation and trust centring on morals and uncertainty. Trust, in fact, can be understood as an alternative to rational prediction (Luhmann 1979: 4). While confidence relies on technical or ethical competence, trust is more reliant on moral and affective competence (Smith 2005). Both concepts have been central in research on vaccine attitudes and vaccine hesitancy, and they are sometimes used interchangeably (e.g., Goldenberg 2021: 114; Karafillakis et al. 2021). Smith (2005) argues that trust and confidence both contribute to different areas of healthcare, but that health systems have been emphasising confidence over trust. Health systems have thus been developing “confidence in systems rather than trust in the moral capacities of

Table 7.1 Differentiating between theoretical concepts

<i>Confidence</i>	<i>Trust</i>	<i>Mistrust</i>	<i>Distrust</i>
Predictability, rational choice, risk calculation	Uncertainty, morals	Caution, scepticism, doubt, questioning	Suspicion, cynicism,
Technical competence and ethical codes of conduct	Moral and affective competence	Sensitivity to new information	Settled belief of untrustworthiness
In the functioning of systems	In the moral capabilities of individuals	Hesitation, updating, assessment	Avoiding, distancing

individuals who are responsible for delivering health and social care” (Smith 2005: 310). This has promoted predictability and risk analysis, but offered fewer tools in developing trust.

Situations where trust is not present can be described with concepts of distrust and mistrust (see Table 7.1) and, again, these concepts are often used interchangeably. Lenard (2008) has outlined a useful distinction between mistrust and distrust by characterising mistrust as more ambivalent and precarious than distrust, which is more of a fixed position. Mistrust is a cautious, doubtful, questioning, and sceptic mindset (Jennings et al. 2021; Lenard 2008). It is an attitude marked by hesitation and a “lack of clear expectations” (Sztompka 1999: 26) characterised by a “continuous process of feedback and updating” (Jennings et al. 2021: 1178) as the possible (un)trustworthiness of a person or an institution is constantly assessed. Distrust, on the other hand, refers to an established belief of untrustworthiness (Lenard 2008). Sztompka (1999: 26) described distrust as “the negative mirror-image of trust” that may lead to avoiding social commitment, or distancing.

Our focus is particularly on discourses relating to hesitant and critical views and the concept of trust. Firstly, we utilise the theoretical delineation between trust and confidence as we ask: (1) How do Finnish discourses on vaccines, both mainstream and alternative, use elements of trust and confidence when seeking to build trust towards their message? Secondly, we employ the concepts of mistrust and distrust in asking: (2) How do these discourses express mistrust and distrust in situations where trust is not present?

This analysis will offer insight into the interplay between a vaccine-critical discourse originating amongst medical and scientific experts and a mainstream discourse deeply rooted in the Finnish context, characterised by high vaccination coverage and strong public trust in science, healthcare organisations, and healthcare professionals (Finnish Science Barometer 2019). The alternative discourse we analyse is critical only of COVID-19 vaccines, not all vaccination. The people presented in said discourse, while on the alternative side on this issue, thus share the views of the mainstream medical establishment with regard to all other vaccines, making the interplay, relations, and differences between discourses even more interesting. This analytical context could be considered as something of an “ideal case” for studying the appearance and discursive use of the conceptualisations of trust discussed earlier: the presumably small distance between mainstream and alternative positions can enable an analysis to focus on minute differentiations and thus shed light on processes which can, in many contexts, be shrouded by more pronounced difference.

Research design

This study utilised a qualitative approach in analysing both mainstream and alternative Finnish discourses relating to vaccine hesitancy and criticism. Our focus was on how trust and confidence were built in the research materials and on orientations of mistrust and distrust expressed in situations where trust was

lacking. As we examine discourses that seek to affect the opinions of others, our analysis falls into the realm of rhetorical analysis in its broad definitions (see Perelman 1982). Our focus was further framed by the conceptual delineations between trust/confidence and mistrust/distrust discussed in the previous section.

The analysis was based on the Finnish media analysis for the EU-Horizon-funded research project *VAX-TRUST, Addressing Vaccine Hesitancy in Europe*, which incorporated semantic, rhetorical, and discourse analyses. The mainstream media data was coded using a codebook compiled for this project, while a separate coding scheme was designed and used for the alternative discourse data. For coding, we used the qualitative analysis software NVivo and ATLAS.ti. The analyses of both discourses were expanded and refocused on vaccine hesitancy and the concepts of trust, confidence, mistrust, and distrust. All presented quotations have been translated from the original Finnish by the authors of this chapter.

The data representing Finnish mainstream media discourse consisted of 607 articles from the time between 1 April 2019 and 10 April 2021 and were collected from three news portals: YLE, *Helsingin Sanomat*, and *Iltalehti*. The selection of news outlets was based on popularity and diversity, with the chosen portals representing the national public broadcasting company (YLE), the largest politically independent daily newspaper (*Helsingin Sanomat*), and one of the largest tabloid journals in Finland (*Iltalehti*). The data featured news articles and columns, but excluded materials like opinion pieces and comment sections. Quotations are marked with the news portal domain (yle.fi, hs.fi, or iltalehti.fi) and date of publication.

The alternative discourse was represented in this study by one of the more visible vaccine-critical movements active in Finland in recent years: the *Let's Save the Children of Finland* campaign. Data was collected between 1 November 2021 and 31 January 2022 from the campaign website, where the campaign published its materials, which included compilations of scientific information, open letters to policymakers and scientists, and reactions to current events. The analysed data consisted of all 55 pages viewable on the website at any given point during data collection. Quotations from these materials are marked in the analysis by a number arbitrarily assigned by the analysis software, which serves only to distinguish between materials.

Mainstream media discourse before and during COVID-19

The Finnish mainstream discourses we analysed relating to vaccines and vaccine hesitancy featured a wide variety of actors, viewpoints, and discursive threads. Vaccines were framed in an overwhelmingly positive way, with argumentation highlighting the benefits and necessity of vaccines and seeking to dispel any presumed fears or hesitations. This reporting was most commonly linked to COVID-19 vaccines, where statements from healthcare experts and officials regularly accentuated the seriousness of the pandemic and presented vaccines as the only way back to normal.

According to him [interviewed intensive care physician], the amount of intensive care required to treat the most serious forms of the disease speaks to the severity of corona. [The physician] emphasises that it is only through vaccination that we can get back to normal everyday life.

(yle.fi 2021-01-15)

As seen earlier, vaccines were often construed as the solution to the threatening pandemic situation, but this conceptualisation also had a larger framing. Vaccine reporting before the onset of the pandemic had a similar tendency to represent vaccines as the solution to a host of ailments and often reported on vaccine development against a host of serious diseases, like HIV, Alzheimer's, and malaria. Reporting linked to vaccine side effects had a corresponding proclivity to emphasise the positive overall effects of vaccinations, despite acknowledging the seriousness of some adverse effects. This discourse theme was often linked to the cases of narcolepsy caused by the swine-flu vaccine Pandemrix in Finland in 2009–2010, but was also utilised in the COVID-19 context to dispel fears of emerging side effects, like the blood clots resulting from the AstraZeneca COVID-19 vaccine.

Concern [about blood clotting as a side effect] is understandable, but so far, all the data suggests that the risk of having a serious reaction from AstraZeneca, or any other vaccine, is very small compared to the benefits that this vaccine provides. I [interviewed chief physician of a regional public healthcare organisation] urge everyone to get the vaccine when it's their turn.

(yle.fi 2021-03-18)

Mainstream discourses strongly associated vaccines with biomedical knowledge and research, and vaccine-related reporting was often accompanied by technical medical language and terminology with detailed descriptions of the workings of RNA, DNA, adjuvant substances, and adenoviral vectors.

[This vaccine] utilises a gene vector, which imitates the early stages of the adenovirus, but transfers a gene producing the spike protein of the coronavirus to the cells of the vaccinated person.

(iltalehti.fi 2020-05-06)

Along similar lines, the research, development, and testing of vaccines was meticulously covered, and numbers such as the efficacy percentages of COVID-19 vaccines were thoroughly reported on. These threads of reporting focused on building confidence as opposed to trust, with argumentation seeking to downplay the risks associated with vaccines, enhance confidence in the predictability of vaccination outcomes, and highlight the benefits of vaccines on a population-wide level (see Smith 2005). Thus trust, which becomes active and is necessary precisely in conditions of uncertainty (Harrison & Smith 2004: 376),

was all but ignored by this focus on rendering the inherent indeterminacy of the pandemic calculable, predictable, and manageable by vaccines.

The appearance of voices critical of vaccinations was generally uncommon in Finnish mainstream media discourses. Where mentioned, reporting covering vaccine hesitancy had a tendency to focus on extreme forms of opposition – many articles addressing hesitant or critical viewpoints towards vaccination presented views and claims which were, in all likelihood, very marginal even amongst those most hesitant to take vaccines. These reports included conspiratorial descriptions of vaccines as means of population control with the aim of killing people and views linked to extreme religious interpretations:

[the COVID-19 vaccine] contains a microchip or the mark of the beast ...
This microchip enables mind control. A kind man can be made into a man-beast controlled from the outside, not by the Holy Ghost.
(hs.fi 2020-06-23)

The excerpt just shown is from a media report. It quotes a host from a national Christian TV network voicing views linking COVID-19 vaccines to mind control and the mark of the beast (see Fjell, chapter 12, this volume). This vein of reporting could be seen to function in a marginalising way in that it represented a view of vaccine criticism not easily amenable to logic and commonly held perceptions. It thus worked to create distance between the idea of (any) hesitancy or opposition towards vaccines and normal behaviour in society. The rarity with which vaccine-critical or hesitant views were mentioned further underscored this effect, as there were not a lot of news articles which would give context to the phenomenon of vaccine hesitancy to make it more comprehensive or relatable. Rather, media reporting was more likely to present any hesitancy regarding vaccines as anti-vaccination, leaving little room for a more encompassing view of vaccine hesitancy or any distinction between these concepts.

The number of anti-vaxxers has remained very stable over time since the smallpox vaccine. About 1 per cent of the population does not want any vaccines. Anti-vaxxers are a loud but small group.
(yle.fi 2019-06-16)

In the previous excerpt, a leading vaccination expert from the Finnish Institute for Health and Welfare emphasises the marginality of anti-vaccination attitudes when commenting on the effects on vaccine uptake caused by the vaccine-induced narcolepsy cases of 2009–2010. Thus, an equivalency was drawn between an effect on vaccination willingness and marginal anti-vax stances. Along the same lines, some reporting on vaccine-hesitant views contained labelling or mocking rhetoric using colourful expressions such as “the pro-epidemics”, which tended to further marginalise these views and call into question the morality of people choosing not to vaccinate. This line of argumentation was especially noticeable during the COVID-19 pandemic, and it

commonly insinuated that those not willing to vaccinate themselves against COVID-19 were selfish and did not care about other people in society.

In many of the rare cases where critical views and/or actors were presented, they tended to become objects of discussion, rather than active participants in discussions. Critical viewpoints were often reported as third-hand accounts, after which biomedical experts were brought in to comment and reject these claims with statistical and research data, while those expressing hesitant or critical views were left without a direct voice in discussions. The following excerpt from a news article exemplifies this tendency and features a Twitter message expressing an unwillingness to take COVID-19 vaccines, after which the leader of the Finnish Vaccine Research Centre is brought in to comment:

[The Twitter message] Will I risk my healthy life on an experimental vaccine for a non-lethal disease? Of course not ... [The expert] The death rate is not zero even in younger age groups, and even young people can suffer from serious long-term effects of the disease. On the other hand, no serious side-effects have been found to result from vaccinations in extensive testing on humans ... Vaccines with sales permits are no longer experimental.

(hs.fi 2020-12-03)

Many of the previous quotations exemplify the general proclivity of mainstream media reporting to serve as a direct communication channel for experts representing relevant healthcare organisations. The inherent credibility of these actors was exemplified by the tendency to leave their views unchallenged and by the publishing of their views as the facts to end discussion. These experts further served as direct conduits from which the scientific view was derived and were imbued with the authority to proclaim what the data, research and science indicated. From a trust/confidence standpoint (Smith 2005: 309), these actors, who constituted the dominant discourse on vaccines, mostly argued within a confidence framework, as the knowledge deemed relevant and published in news reports was almost exclusively linked to risk calculations and cost-benefit analyses performed on a population-wide level.

Trust, incorporating a moral component and relating to the particularities of concrete situations (Smith 2005), while seemingly overridden by the reliance on expert knowledge and risk calculations inherent to confidence, was not entirely missing in the observed mainstream discourse. In particular, some of the labelling and mocking lines of reporting related to vaccine-critical actors tended not to focus on the erroneous nature of their arguments, but rather on their lack of social responsibility and morals. It could thus be said that while the building of trust, i.e., argumentation seeking to increase belief in the good intentions and moral competencies of officials in charge of vaccination programmes (see Smith 2005), was minimal to non-existent in mainstream discourses, the undermining of trust in vaccine-critical or hesitant actors was not.

The articles analysed in this chapter covered time periods both before and during the COVID-19 pandemic and thus reflect a shift in which vaccines, as topics of reporting, changed from a rather marginal issue to one on the forefront of societal discussion. There were some differences in how vaccines were reported on between the data from different times: vaccine-related reports after the onset of the COVID-19 pandemic were often closer to the immediate national context and more laden with emotions. Despite these differences, and relevant to the context of this analysis, the distinct positive undertone of vaccine-related reporting persevered, as did the focus on risk calculation and scientific rationale. If anything, these foci were more pronounced in media discourse following the onset of the pandemic. Mainstream vaccination discussion was likewise equally dismissive of critical voices both before and after the pandemic, while the host of official and trusted sources was even expanded after the onset of COVID-19 to include actors such as chief physicians of regional healthcare organisations.

Overall, the voices present in vaccine-related Finnish mainstream media reports were overwhelmingly those of organisations and experts working in biomedical fields. Biomedical knowledge formed the basis of argumentation and imbued actors with credibility, as did formal positions in relevant healthcare organisations. The hegemonic positions occupied by these actors were constructed most prominently by the omission of critical voices from discussions: even where critical viewpoints were reported on, they could be mocked and/or presented as objects of, rather than participants in, discussions. The mainstream media discourse could thus be seen to reflect a certain presumption of trust, or rather, confidence, in vaccines, and presented hesitancy as a marginal and extreme phenomenon which should be immediately corrected and dismissed where encountered.

Alternative discourse during the pandemic

In this analysis, alternative discourses were exemplified by the *Let's Save the Children of Finland* campaign, which was a vaccine-critical campaign started in Finland during the COVID-19 pandemic. Although mentions of the campaign in mainstream media were marginal, even the relatively small amount of publicity it received can be seen as exceptional for a vaccine-critical movement in the Finnish context. The campaign originated in June 2021 with the publication of a petition to prevent COVID-19 vaccinations from being given to children. At the time, Finnish public discussion revolved around the possibility of expanding COVID-19 vaccinations to the 12- to 15-year age group.

In its materials, the *Let's Save the Children of Finland* campaign sought to question and dispute the safety and effectiveness of (as well as the need for) COVID-19 vaccinations, while being careful to stress the campaign's acceptance of other vaccines as critically important tools of preventive healthcare. The most prominent themes in the campaign's argumentation were very reminiscent of the mainstream discourse: scientific studies, expert statements, and

statistical information formed the basis of discourse. For example, the campaign used scientific referencing in much of its correspondence with health officials and regularly presented their argumentation as backed by studies and scientific evidence. Campaign materials featured a myriad of scientific sources ranging from highly reputable journals, such as *Vaccines* and *Nature*, to references to redacted studies and websites with little scientific credibility. The outspoken attachment to scientific reasoning was regularly reinforced by the exhaustive use of technical medical terminology in describing the processes causing alarm in those running the campaign:

The mRNA encoding the S protein is stabilised and humanised (N-methyl-pseudo uridine, extra prolines at positions 986 and 987, which weaken the adhesion of S proteins to ACE2 receptors; humanised triplets that encode the viral S protein). This construction makes the mRNA stable, and it can remain inside and outside the cell for a long time.

(D6)

The calculations and estimates of the safety, efficacy, and need of COVID-19 vaccinations were often packaged together in and crystallised by a medical cost-benefit analysis.

The cost-benefit ratio of COVID-19 vaccines is abnormal for children and young people. Children and young people have generally had COVID-19 in a milder form. They don't seem to spread corona either.

(D19)

These cost-benefit analyses were argued to show that administering COVID-19 vaccines was not in the best interest of children especially, though these reservations were expanded to the whole population in later campaign materials. These analyses, as forms of risk calculation characteristic of confidence (Smith 2005: 309), underscore the tendency of the campaign to focus large parts of its argumentation on the building of confidence instead of trust. This scientifically framed argumentation regularly had a distinctly questioning and inquisitive tone indicative of a mistrusting orientation (Lenard 2008: 313), with campaign materials and correspondence using wording such as “it seems likely” and “we would like your opinion on”.

Despite the clear and oft-outspoken allegiance to scientific truth, the campaign's relation to scientific knowledge was ambiguous and without qualifications. Campaign materials demonstrated varying degrees of scepticism towards research and organisations funded by the pharmaceutical industry, with some materials being devoted to the dissecting of specific studies relating to the efficacy and safety of COVID-19 vaccines published by vaccine manufacturers. At times, an evaluation of scientific reliability was made based solely on the perceived motivations of the actors producing said research.

We are against these vaccinations, or experimental and unfinished GMO injections, especially for children, until THL and FIMEA show with scientific investigations that they are safe. We cannot consider the research conducted by vaccine manufacturers to be scientifically reliable.

(D31)

This position is an example of a distrusting orientation, as the belief in the untrustworthiness of these actors was settled (Citrin & Stoker 2018: 50), and actors as well as the science they produced were deemed unreliable due to perceived conflicts of interest. These suspicious dispositions were somewhat variable, as actors like the Finnish Institute for Health and Welfare (THL) and the Finnish Medicines Agency (FIMEA) who, in the previous excerpt, were called upon to produce scientific inquiries into the safety of COVID-19 vaccines, were, in other instances, seen as compromised since they had received funding from vaccine developers – they were thus considered just as untrustworthy as the vaccine developers.

Doubts have arisen regarding insurmountable conflicts of interest and even corruption, as e.g. THL and the Vaccine Research Centre take millions of euros from vaccine manufacturers. Experts of theirs who have made public appearances have also been silent about the extensive and serious adverse effects and mainly spread the good news of these “vaccines” contrary to scientific evidence.

(D41)

The perceived conflicts of interest exemplified by the previous excerpts were used by the campaign as a means of moral positioning of actors. The implication was that the financial dependence of publicly visible experts on vaccine developers made them unwilling or unable to act in morally responsible ways or in the public’s interest (Goldenberg 2021: 125) and thus be worthy of trust. Here, the campaign’s argumentation was directed not towards the system of vaccination or its risk calculations, but rather towards the actions and morality of the individuals working within this system. This form of argumentation is characteristic of trust as opposed to confidence (Harrison & Smith 2004: 377).

Along with scientific studies and journals, statistical data was frequently used in the alternative discourse. The statistics referenced by the campaign were almost exclusively materials used, and indeed published, by healthcare authorities, but the interpretations of such materials could be markedly different from the official ones. The campaign thus offered an alternative version of the reality of the pandemic situation based on its own estimation, which was a common theme in the campaign’s rhetoric. For example, the campaign considered the number of cases and severity of side effects to be on a scale unprecedented in vaccine history. They described them as the greatest health catastrophe

of the century, even while using official side effect statistics from around the world.

We represent physicians from many different specialities, doctors, docents, other health care professionals and natural scientists, who have followed with great concern the international literature and information found on official websites, both here and elsewhere in the world, about the hundreds of thousands of cases of serious harm and incidents leading to death.

(D8)

Here, as in many cases, the argument was buttressed by references to the high academic and/or professional statuses of those involved in the campaign. Generally, expertise and credibility in vaccine-related issues was constructed along lines following achievement in formal educational and professional settings, and the campaign presented itself as a voice for marginalised and even censored scientists, doctors, and other concerned parties seeking to generate an open scientific debate on COVID-19 vaccines. The selflessness of this endeavour was often emphasised: doctors involved in the campaign were described as willingly using their own free time and personal savings to save children and people in general from harm. The possible consequences for individuals' careers were also invoked and were seen as the reason why many like-minded doctors and other professionals chose to stay silent or participate anonymously.

We now urge you to consider why hundreds of thousands of medical experts, doctors and researchers, including several Nobel laureates, take a huge personal risk and endanger their reputations and careers by rising up against the vaccine industry worldwide, by questioning the existence of the corona pandemic and by opposing vaccinations and the corona passport.

(D14)

This underscoring of the costs associated with participation in the campaign functioned as a way to link ideas of trustworthiness and moral virtue to the people participating in the campaign and generate an image of the campaign as a just cause any moral individual would gladly participate in. Here, the campaign's claim was thus not only that they have the expertise and biomedical knowledge to participate in public discussion and challenge other expert opinions, but also that they have the moral high ground and are indeed unbiased and trustworthy on a personal and moral level. This view was accentuated by frequent references to the campaign members' immunity to external influences, which contrasted favourably with the compromised image created around experts working within official organisational contexts. This theme of alternative

discourse was perhaps the clearest example of the building of trust rather than confidence; i.e., a trust in the moral capabilities, trustworthiness, and righteous motivation of the actors in question rather than a confidence in the accuracy of their risk calculations (Smith 2005: 309).

The perceived censorship and marginalisation of any views critical of COVID-19 vaccines, including and most notably of the campaign itself, was a key part of the campaign's argumentation. These practices attributed to the mainstream media and the forces controlling it were seen to exemplify the hold pharmaceutical companies and their interests had on public discussion and the experts visible in it. The public reactions of the media and representatives of key national organisations were closely reported on in campaign materials, which featured ample criticism towards the practices of the media and statements made by some notable figures in public discourse. As an example of the campaign's perceived marginalisation, the campaign references an article published in a newspaper in Helsinki, where a representative of the campaign was asked to elaborate on the campaign's concerns regarding COVID-19 vaccines.

[M]ainstream media and media representing the official view completely censor health professionals such as professors, doctors, docents and specialist physicians with differing views based on independent science, or at least distort and twist their message. Essential points are left unsaid, and the representatives of official organisations are always given the upper hand and an opportunity to repeat the same false mantras they have repeated since the beginning of the corona crisis.

(D10)

Criticism of this perceived deception and dishonesty was directed at the fact that the newspaper had published a simplified version of the scientific issues provided by the campaign's representative. Also, unbeknownst to the campaign representative, the newspaper had subsequently asked the chief physician of the Finnish Institute for Health and Welfare to comment on these claims without giving the campaign a chance to respond. As previously discussed, the practice of presenting vaccine-critical views as objects to be analysed and rejected by experts was not atypical for Finnish mainstream vaccine discourse. In this case, it served to provoke the campaign into providing answers marked by strong institutional suspicions and created a general distrusting orientation amongst those in the *Let's Save the Children of Finland* campaign. Along similar lines, other campaign materials took issue with and responded to derogatory statements made by the executive director of the Finnish Medical Association, which is the largest labour union for doctors in Finland:

– Paranoia is a mental illness. I [the executive director referring to campaign members] wonder why a paid official of the union publicly insults the honour of members who independently – without pursuing the

interests of any third party – draw attention to the risks of corona spike-protein-mRNA-injections based on scientific findings and the professional expertise of an experienced doctor. Bringing these risks to the fore is disadvantageous for pharmaceutical companies, and therefore these views are silenced.

(D15)

Here, as in other cases, these mocking, marginalising, and discrediting ways of reporting on vaccine criticism in the mainstream discourse were mirrored in campaign materials by further suspicions towards the motivations of such attacks. From campaign materials, it seems clear that the effect of these reporting practices was a refocusing of the campaign's argumentation from raising questions regarding the rationale and justification of COVID-19 vaccinations to a more generalised suspicion and distrust towards a host of actors, most notably the media and national healthcare officials. Conceptually this shift was twofold: firstly, from confidence to trust as the basis for argumentation; and secondly, from an orientation of mistrust to distrust, marked by increased suspicions and even cynicism (Lenard 2008: 313).

The alternative discourse exhibited an interesting temporal component that becomes clear when looking at the development of the campaign's argumentation from the publication of the initial petition in June 2021 to the end of data gathering in February 2022. In many of the materials published during or soon after the campaign's initial debut, the language of the campaign was prone to pose questions, call attention to identified issues, and generally exhibit a questioning and investigative – mistrusting – orientation, whereas later materials tended to feature increased certainty and accusative tones, or distrust. This shift was perhaps best exemplified by the broadening of reservations held related to COVID-19 vaccinations. Whereas the original petition and early materials expressed concern only towards children's vaccinations, later materials adopted a position in which COVID-19 vaccinations were seen as harmful and unnecessary for everyone.

To summarise, the alternative discourse sought to question and dispute the effectiveness, safety, and need for COVID-19 vaccines and regularly utilised argumentation referencing scientific evidence, statistics, and expert statements. This construction of confidence was accompanied or superseded at times by argumentation tied to the moral motivations and trustworthiness of actors, which reflected the trust side of the trust-confidence continuum. Perceived marginalisation and mistreatment of vaccine-critical voices in mainstream media, particularly of the campaign itself, were salient themes of the alternative discourse and provoked increased suspicions.

Discussion

This chapter has analysed mainstream and alternative vaccine-related discourses with a focus on expressions of vaccine criticism and conceptualisations

of trust, confidence, mistrust, and distrust. Confidence-based argumentation was the most prevalent in both discourses, although the alternative discourse also exhibited pronounced threads of discourse based on the trust side of the trust-confidence duality. From a mistrust/distrust perspective, the former was generally more descriptive of the alternative discourse's orientation. While distrust was visible especially towards mainstream media and the actors most visible in it, much of the campaign's argumentation assumed a questioning and inquisitive attitude, although there was a distinct temporal shift in focus from a predominantly mistrusting tone in the campaign's earlier materials to an increasingly distrusting orientation in the later ones.

Vaccine hesitancy and criticism were generally not very visible themes in mainstream media discourse, and reports covering these phenomena often featured marginalising, mocking, and dismissive tones. These practices left little room for expression of critical views and pushed those wishing to express such views to form alternative channels of communication, like the *Let's Save the Children of Finland* campaign. In all, much of the alternative channel's argumentation was notably similar to the mainstream discourse – the use of scientific references, statistics, and expert statements was commonplace in the building of confidence in both sets of materials. Central points of contention between official and alternative views of vaccine use and the pandemic situation were the selection of publications, studies, and experts which were deemed valid and credible, as well as their interpretations. Viewed as a whole, this interplay between discourses was a disagreement regarding confidence. The two parties generally sought to convince audiences of the accuracy and credibility of their data, estimates, and expertise. In other words, the technocratic framing generated by representatives of public health organisations – the prevalent actors in mainstream media – through the usage of scientific and biomedical research data (see Hausman 2019: 212) did not, in this particular case, form a barrier to understanding, but was responded to in kind in the alternative discourse.

The reactions exhibited by the *Let's Save the Children of Finland* campaign to the marginalising and dismissive reporting practices of the mainstream discourse are especially interesting when viewed through the conceptual lens applied in this chapter. As discussed earlier, the original orientation of the campaign was characterised most prominently by mistrust, an investigative attitude manifesting in a desire to assess the performance of the object of mistrust relative to expectations (Jennings et al. 2021: 1178). It seems that the campaign's responses to the marginalising reporting of mainstream media reflect the outcome of precisely this type of assessment. The corresponding deepening of reservations and hesitations can be further understood as “the negative effects of trust” (Smith 2005: 309), i.e., the results of an agent's reaction to untrustworthy behaviour. Thus, the campaign's original mistrusting orientation, a precarious attitude sensitive to available information (Lenard 2008: 318), was shifted, perhaps partly by these media practices, to the more settled attitude of distrust towards the mainstream media and the actors most prominent in its discourse.

Broadly speaking, a hegemonic discourse not responsive to dissident or critical voices can be inimical to the establishment of open discussion and the

building of trust. The treatment of critical actors and their messages as objects to be rejected by experts might be beneficial from a confidence standpoint (these practices can indeed work to reduce uncertainty), thus improving confidence in the predictability of vaccination outcomes (see Smith 2005), but they also neglect trust and leave critical actors ignored and without recourse. When a mistrusting agent, typically wavering between trust and distrust (Lenard 2008: 318), is met with these responses, they cannot be expected to feel much of the respect and understanding presupposed by trust (Harrison & Smith 2004: 376). Unfulfilled trust leads to feelings of betrayal, as well as avoidance of social engagement and co-operation (Smith 2005: 309), which further distances mistrusting and critical agents from trusting behaviour. Thus, an attitude of mistrust manifesting as criticism can develop into distrust when this criticism is rejected and ignored. This is especially concerning when taking into account that a questioning, careful, and cautious attitude is not necessarily a negative thing in and of itself. A mistrusting attitude has been seen as vital to democracy (Lenard 2008) and linked to a higher likelihood of behavioural adjustments with regard to COVID-19 responses (Jennings et al. 2021: 1192).

While inflammatory reporting practices regarding vaccine hesitancy and criticism are not necessarily novel phenomena (e.g., Hausman 2019: 39), our analysis, and its specific focus on mainstream and alternative discourses (which are not necessarily all that dissimilar), underscores the somewhat arbitrary nature of the delineations of trustworthiness made by the mainstream media. The academic qualifications or medical expertise of the actors behind the *Let's Save the Children of Finland* campaign did not seem to affect reporting practices, nor did the fact that the campaign's argumentation was often based on the same types of sources, risk calculations, and biomedical language used by representatives of official healthcare organisations in the mainstream discourse. Mainstream media thus reported on vaccine-critical views and actors with a certain inherent assumption of untrustworthiness, or distrust. One possible explanation for these reporting practices is the dominance of the cultural narrative of vaccination, which can lead to vaccine hesitancy being portrayed as ignorance and a threat to public health (Goldenberg 2021; Heller 2008). Whatever the causes, a discourse seeking to generate trust must necessarily account for the vulnerability inherent in any trusting relationship (Harrison & Smith 2004: 377), be ready to accept actors with differing viewpoints into the discussion, and be careful not to break trust where it is once, however tentatively, extended.

References

- Citrin, Jack & Laura Stoker. 2018. Political trust in a cynical age. *Annual Review of Political Science* 21(1): 49–70.
- Esaiasson, Peter, Jacob Sohlberg, Marina Ghersetti & Bengt Johansson. 2021. How the coronavirus crisis affects citizen trust in institutions and in unknown others: Evidence from “the Swedish experiment”. *European Journal of Political Research* 60(3): 748–760.

- Finnish Science Barometer. 2019. *A study of the Finns' attitudes towards science and their opinions on scientific and technological progress*. Helsinki: Tieteen Tiedotus ry.
- Fjell, Tove Ingebjørg. 2024. COVID-19, the mark of the beast, and the last days: A study on vaccine hesitancy in Norwegian Christian charismatic movements. In Lars Borin, Mia-Marie Hammarlin, Dimitrios Kokkinakis & Fredrik Miegel (eds.), *Vaccine hesitancy in the Nordic countries: Trust and distrust during the COVID-19 pandemic*. London: Routledge.
- Giddens, Anthony. 1990. *The consequences of modernity*. Cambridge: Polity Press.
- Goldenberg, Maya. 2021. *Vaccine hesitancy: Public trust, expertise, and the war on science*. Pittsburgh: University of Pittsburgh Press.
- Goldfinch, Shaun, Ross Taplin & Robin Gauld. 2021. Trust in government increased during the COVID-19 pandemic in Australia and New Zealand. *Australian Journal of Public Administration* 80(1): 3–11.
- Harrison, Stephen & Carole Smith. 2004. Trust and moral motivation: Redundant resources in health and social care? *Policy & Politics* 32(3): 371–386.
- Hausman, Bernice L. 2019. *AntilVax: Reframing the vaccination controversy*. Ithaca: Cornell University Press.
- Heller, Jacob. 2008. *The vaccine narrative*. Nashville: Vanderbilt University Press.
- Jallinoja, Piia, Jonas Sivelä & Esa Väliverronen. 2021. Valtavirtaa ja vastavirtaa – koronanäkemykset yhteydessä halukkuuteen ottaa koronarokotus [Mainstream and the counter current – corona views connected with the willingness to take a corona vaccination], *Lääketieteellinen aikakauskirja Duodecim* 137(19): 2061–2068.
- Jallinoja, Piia & Esa Väliverronen. 2021. Suomalaisten luottamus instituutioihin ja asiantuntijoihin COVID19-pandemiassa [Finns' trust in institutions and experts during the COVID-19 pandemic]. *Media & Viestintä* 44(1): 1–24.
- Jennings, Will, Gerry Stoker, Victor Valgarðsson, Daniel Devine & Jennifer Gaskell. 2021. How trust, mistrust and distrust shape the governance of the COVID-19 crisis. *Journal of European Public Policy* 28(8): 1174–1196.
- Karafilakis, Emilie, Mark R. Francis, Pauline Paterson & Heidi J. Larson. 2021. Trust, emotions and risks: Pregnant women's perceptions, confidence and decision-making practices around maternal vaccination in France. *Vaccine* 39(30): 4117–4125.
- Leach, Melissa & James Fairhead. 2007. *Vaccine anxieties: Global science, child health and society*. London: Earthscan.
- Lenard, Patti Tamara. 2008. Trust your compatriots, but count your change: The roles of trust, mistrust and distrust in democracy. *Political Studies* 56(2): 312–332.
- Luhmann, Niklas. 1979. *Trust and power: Two works*. Chichester: John Wiley.
- Luhmann, Niklas. 1988. Familiarity, confidence, trust: Problems and alternatives. In Diego Gambetta (ed.), *Trust: Making and breaking cooperative relations*, 94–107. New York: Basil Blackwell.
- Perelman, Chaïm. 1982. *The realm of rhetoric*. Notre Dame: University of Notre Dame Press.
- Smith, Carole. 2005. Understanding trust and confidence: Two paradigms and their significance for health and social care. *Journal of Applied Philosophy* 22(3): 299–316.
- Sztompka, Piotr. 1999. *Trust: A sociological theory*. Cambridge: Cambridge University Press.
- THL – Finnish Institute for Health and Welfare. 2022. *Lasten rokotuskattavuus* [Children's vaccine coverage][Online]. Available at: <https://thl.fi/fi/web/infektiotauditaja-rokotukset/tietoa-rokotuksista/kansallinen-rokotusohjelma/rokotuskattavuus/lasten-rokotuskattavuus> (Accessed 27 September 2022)
- Väliverronen, Esa & Piia Jallinoja. 2021. Suomalaisten näkemykset asiantuntijoista ja rokotuksista. Havainnot muutoksista ensimmäiseltä koronavuodelta [Finns' views on experts and vaccinations. Observations on changes from the first corona year]. *Yhteiskuntapolitiikka* 86(3): 323–333.