

INTERVIEW WITH DEBORAH LUPTON

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Sociocultural dimensions of health: contributions to studies on risk, digital sociology, and disinformation

Dimensões socioculturais da saúde: contribuições para os estudos sobre risco, sociologia digital e desinformação

Dimensiones socioculturales de la salud: contribuciones a los estudios sobre riesgo, sociología digital y desinformación



Deborah Lupton is a renowned academic whose research has made significant contributions to the field of digital sociology and the sociocultural dimensions of medicine and public health. In an interview with Reciis, Lupton discusses one of the main contemporary challenges - misinformation and fake news - through the lens of digital sociology and addresses the sociocultural perspectives of risk based on the release of the third edition of her book *Risk*. In this edition, she includes a new chapter on the issues related to risk and the spread of misinformation during the COVID-19 pandemic. With comments on the Australian and Brazilian scenarios, Lupton delves into the issues of anti-science, denialism, and the role played by populist governments in combating the disease. Finally, she explores the potential of creative methods in qualitative studies, especially those that seek to understand people's rationalities, logics, and feelings.

Keywords: Digital sociology; Risk; Sociocultural dimensions of medicine and public health; Misinformation; COVID-19.

Deborah Lupton é uma renomada acadêmica, cuja trajetória trouxe grandes contribuições para os estudos da sociologia digital e das dimensões socioculturais da medicina e da saúde pública. Em entrevista à Reciis, Lupton comenta sobre um dos principais desafios da contemporaneidade – a desinformação e as *fake news* – por meio da sociologia digital e aborda as perspectivas socioculturais do risco a partir do lançamento da terceira edição de seu livro *Risk*, em que traz um capítulo inédito sobre as problemáticas envolvendo o risco e a disseminação de desinformação durante a pandemia de covid-19. Com comentários sobre os cenários australiano e brasileiro, Lupton discorre sobre a questão do anticientificismo, do negacionismo e do papel ocasionado por governos populistas no combate à doença. Por fim, ela discorre sobre as potencialidades dos métodos criativos para os estudos qualitativos, especialmente naqueles que buscam entender as racionalidades, as lógicas e os sentimentos das pessoas.

Palavras-chave: Sociologia digital; Risco; Dimensões socioculturais da medicina e da saúde; Desinformação; Covid-19.

Deborah Lupton es una académica de renombre, cuya trayectoria ha aportado grandes contribuciones a los estudios de sociología digital y a las dimensiones socioculturales de la medicina y la salud pública. En una entrevista con Reciis, Lupton comenta uno de los principales desafíos contemporáneos - la desinformación y las noticias falsas -, a través de la sociología digital, y aborda las perspectivas socioculturales del riesgo a partir del lanzamiento de la tercera edición de su libro *Risk*, en el que incluye un capítulo inédito sobre los problemas relacionados con el riesgo y la difusión de desinformación durante la pandemia de covid-19. Con comentarios sobre las situaciones en Australia y Brasil, Lupton habla sobre la cuestión del anticientificismo, el negacionismo y el papel desempeñado por los gobiernos populistas en la lucha contra la enfermedad. Finalmente, ella reflexiona sobre las posibilidades de los métodos creativos en los estudios cualitativos, especialmente en aquellos que buscan comprender las racionalidades, lógicas y sentimientos de las personas.

Palabras clave: Sociología digital; Riesgo; Dimensiones socioculturales de la medicina y la salud pública; Desinformación; Covid-19.

INFORMATIONS

Interviewer: Ana Carolina Monari.

Photo: Deborah Lupton/personal archive.

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Reciis: Professor, you have a vast academic production at the confluence of social sciences and health, with significant research about the sociocultural dimensions of medicine and public health. How would you describe and define your academic journey?

Deborah Lupton: Well, I began with doing a Bachelor of Arts, majoring in sociology and biological anthropology, so from the start, I was always interested in the social aspects of humans' experiences and their biological aspects. At school, I studied biology until year 12 and really enjoyed it, but I was also doing well in the humanities. I wanted to pursue both those interests at university and that included biological anthropology. For that major, I completed an initial subject in human biology in the science faculty, involving lab classes doing experiments and dissections and so on. I was always interested in the way that human bodies and health and well-being and disease are experienced, both physically and socially, and the intersections between those experiences.

After I finished my Bachelor of Arts degree, I did an honors-level year. That was around the time that HIV and AIDS were erupting in Australia and worldwide. I did a small research thesis for my honors degree on people's attitudes toward HIV and AIDS in the late '80s. I then went to graduate school to qualify with a master's degree in public health, which provided me with professional training in epidemiology, biostatistics, health economics, and health promotion. This experience was really interesting because, as someone who was trained in sociology and anthropology, it was intriguing being in a cohort of students who are mostly from medical or health professional backgrounds, wanting to expand their knowledge in public health. I was really an unusual student among my peers in the School of Medicine and the School of Public Health because I had a social science degree and was studying for a master's degree in public health. I changed faculties from Humanities and Social Sciences to a Faculty of Medicine.

Then I decided to stay on and became a doctoral student in that same department of public health. My doctorate is therefore from a Faculty of Medicine but with a focus on a sociological topic. In my doctorate, I looked at how the print media in Australia covered HIV and AIDS across all major newspapers in the country. I traced the changes over time in the news reporting HIV and AIDS from the first report in 1981 in Australia through 1990 because that was when I started the research. It was like a social history of communication about HIV and AIDS and public communication, which highlighted some interesting sociological dimensions such as the way gay male sexuality was represented as deviant and pathological, and as inviting the disease.

I finished the PhD program and got my first lectureship in health communication. I was teaching students health communication subjects in a communication degree. That's my history up to my first academic lectureship job.

Reciis: In 2015, you published a book that approaches the foundations for what we understand about digital sociology (Lupton, 2015). In it, you addressed the issue of how people use digital technologies. After almost ten years, how do you see this issue, especially after a period of massive technology, internet, and social media use like the one that we have experienced during the COVID-19 pandemic?

Deborah Lupton: I became interested in computing technologies from my interest in health. I was a student when personal computing became available, basically as glorified word processors in university libraries. That was well before the age of mobile computing, so desktop computers were sitting on people's desks and the internet didn't exist. We're talking about the mid-1980s. By the early 1990s, when personal computing was expanding, people started having computers at home, not just at work. There were a few

laptops around as well, quite heavy ones that you could carry around, but mostly desktops. As academics, we started using personal computers just to do our writing and computing for those who did quantification/quantifiable methods/analyses. We also started using email to communicate with each other.

By this time, the term ‘viruses’ was beginning to be used to describe how computers could become so-called ‘infected’, basically by passing around floppy discs from one computer to another because this was still before the internet. I became quite interested in the metaphor of the virus and why this was being used to talk about computers. I began writing in the mid-‘90s about the intersections between how we understand the human body, health, and disease, and how we understand the so-called ‘health’ and ‘disease’ of computing technologies.

After the widespread use and development of the World Wide Web, the Internet, search engines, mobile computing, and apps started developing by 2010/2011. I started noticing how health promotion experts and medical professionals were beginning to use apps and wearable devices as a way of measuring people’s health and physical activity and monitoring compliance with drug regimes. Various applications in the health and medical space appeared around 2010, 2011, and 2012. I revived my interest in digital technologies and brought my interest in health with my interest in computing to look at digital health, which was really starting to gather pace at that point around 2010. Around this time, I also became aware that this new subdiscipline of sociology called digital sociology was beginning to get attention around this time as well. I think that was very much propelled by the expansion of the internet and mobile devices and apps. I’d already begun doing research in digital health but I thought it would be interesting to expand that into just more general issues around digital sociology. I became one of the proponents of digital sociology, I guess in the Anglophone world at least.

That’s why I thought it would be good to write the book called *Digital Sociology* (2015), bringing together all the interesting research that sociologists have been doing over the previous few years and the connection to this new interest in digital media and devices that I was noticing amongst my colleagues in sociology. In the book, I tried to use a sociological lens to look at both the issues to do with people’s identities and their group membership and how digital devices and media were contributing to this field. Of course, social media was huge too at that point because, since the early 2000s, it had really started to gather a lot of use and attention. That was something that had been happening over the past 15 years before I wrote the book and at that time it was really gathering pace. Hence, I wanted to spend a bit of time looking at how social relationships were negotiated with and through social media and platforms like Facebook in particular, because that has remained and still is, probably in the English-speaking world at least, the most universally used social media platform, despite all the controversies that we’ve seen about Facebook.

TikTok is a more recent entrant to the social media scene and it’s hugely popular but only with a certain demographic (mostly younger people under the age of 30). Facebook continues to be incredibly popular compared with all the other social media platforms. I was really interested in discussing those issues and looking at the classic ways that sociologists think about people’s everyday lives and their experiences, their identities, and their group memberships, such as people’s age, social class, employment status, education status, and if they live in urban or rural communities. These aspects have always been interesting to sociologists looking at differences between people’s experiences. I covered all of that in the *Digital Sociology* book (Lupton, 2015).

Reciis: One of the recent challenges that we have in our field is misinformation, disinformation, and fake news. How do you perceive this issue, and how can digital sociology contribute to this debate in your opinion?

Deborah Lupton: We must make a distinction about the difference between misinformation and disinformation. Misinformation by my kind of reckoning of it or, how I see it, often can be the wrong information that might be disseminated using online platforms and devices. I mean, it might be a deliberate dissemination but often it might just be inadvertently wrong information. Whereas disinformation has a more deliberate aspect to it: it's a deliberate attempt to mislead people or even lie to people. When we're thinking about how digital devices are used to disseminate both misinformation and disinformation, we must look at the social groups. What their interests are, what their vested interests are, what are their power relations, and what kinds of audiences they are trying to attract or get engagement with or persuade or lie to.

The fact that we have social media, and we have messaging apps where people can very easily distribute disinformation, is a huge difference compared to 20 years ago when those social media and messaging apps did not exist. Or 30 years ago, when the internet was really in its infancy and so it was much harder to find a global audience. Now we have this misinformation being very easily spread around the world through social media and messaging apps. We're seeing that in Australia with the referendum¹ to allow our Indigenous people to advise our government about relevant matters – referred to as 'the Voice to Parliament'. From what I read, there's a lot of anti-Voice messaging on TikTok alone, not to mention what's going on on other social media platforms. Just disseminating a lot of racist ideologies to persuade Australians not to vote for our First Nations people to have a say in their affairs at the parliamentary level. That's just one terrible example of what's going on in terms of deliberate misinformation because it is just like propaganda.

We can also see it in the anti-public health and anti-science discourses that are spread on TikTok, YouTube, and other platforms such as messaging apps around COVID-19 and the ways that vested interests are involved in wanting to keep economies flowing because of capitalist interest such as fossil fuel industries who don't want to have lockdowns, they don't want people to stop traveling and using fossil fuels, and they don't want to shut down the tourism industry. They want to keep all that consumption, travel, and movement going because that generates profits for them. And we have seen that there's alignment between misinformation and the types of vested interests involved with the 'playbook' of the climate science denialists.

We see very similar strategies going on that have happened for decades now in terms of anti-science misinformation purveyors using media, but more recently digital media, to disseminate anti-science messages and to basically support the interests of big fossil fuel companies, because, of course, they don't want their profit-generating activities to be limited by government regulations brought in to control fossil fuel emissions. They also don't want to see alternative sustainable sources of energy generation brought in either, because that would mean far fewer profits for them. It's interesting to look at that alignment of climate science denialism and challenges to science and anti-science that's been going on for a few decades now with the anti-public health and anti-science approaches that we see in COVID-19 denialism or minimization.

¹ The 2023 Australian Indigenous Voice Referendum was held on October 14, 2023. According to the Australian Electoral Commission (2023), voters were asked to approve an alteration to the Australian Constitution that would recognize Indigenous Australians in the document through prescribing a body called the "Aboriginal and Torres Strait Islander Voice" that would have been able to make representation to the parliament and the executive government of the Commonwealth on matters relating to Aboriginal and Torres Strait Islander peoples. The proposal was rejected nationally and by a majority in every state – The Australian Capital Territory was the only state/territory to vote in favour of this amendment.

Reciis: How can sociology contribute to understanding the current use of social media, virtual communities, and digital echo chambers?

Deborah Lupton: Sociologists are very good at talking to people and learning about their lives, the ways that they think, the rationales that they have for their practices, and their beliefs and behaviors. I tend to be more of a qualitative sociologist, so I like to use lots of different methods to try and understand people's lives, to really understand why it is, for example, they might believe in conspiracy theories.

I think the whole echo chambers kind of theory has been pretty much debunked. I don't really think that's what's happening. I know there's been a bit of a moral panic about echo chambers on social media and how people only see what's algorithmically promoted to them on social media. Maybe there's a little bit of truth in that but that somewhat implies that there's no agency from users of social media. Users of social media also go out and they actively search for information or search for people who have similar beliefs to them. Sometimes they also actively search out people who have very different beliefs from theirs and you can see that on Twitter all the time, which is now called X. The platform X is where people like me who are COVID-safe activists and advocates get trolled all the time by people who deliberately find us and deliberately challenge our beliefs. So, they're not in an echo chamber, are they? They're not just talking to each other because they're deliberately inserting themselves into the feeds of people like me to actively have a disagreement or a debate or in some cases just criticize us and fling very abusive terms at us.

What's interesting for me as a sociologist is the emotional reactions that people are having. The anti-vaccination people, the conspiracy theory people – there are a lot of these people who believe in very extreme views. In the case of the referendum about giving our Indigenous people an advisory voice in parliament, we're seeing that the same people who are anti-vaccination, that believe in a sort of conspiracy theories, and think that the end of the world is coming. They're also the same people who are often against the voice to parliament. They're incredibly racist, they don't want our indigenous people to have more of a say in how their lives are dealt with by parliament.

You're getting an interesting confluence of very extreme right-wing and often fundamentalist Christian conspiracy theorists. There's no logic to it whatsoever, and it's very, very emotionally driven. It's very driven in many cases by, and I write about this in the *Risk* book (2023a), disenfranchised people who feel as if they're being left behind by the wealthy, by the privileged, by Big Pharma, or whomever they see as being the villains. In many cases, to be fair, there are people on the fringes of society, including here in Australia, who are underemployed or unemployed, don't have many chances in life, and the government hasn't necessarily provided them with enough support. Sometimes, but not always, a small proportion of these very underprivileged and marginalized people are just looking for an answer, they're looking for a future or something that they can believe in. They are often the ones who jump onto these conspiracy theories because in some cases it gives them some feeling of support even if they're not religious, it's almost like a religious belief. It just gives them some kind of certainty about what's going on in their world, which seems a very chaotic and unfair world. As a sociologist, I can kind of understand the way they think. I'm not saying it's a good way to think at all. I'm not trying to justify it, but I'm just trying to provide a social explanation of what I think's going on.

Unfortunately, what we're seeing is privileged people, you know, professors at top universities in the world such as Oxford University and Stanford University for example, who are among the most egregious deniers of COVID risk – in some cases, deniers of climate science. These academics, and powerful politicians, try to persuade these great numbers of disenfranchised, marginalized, underserved people and use them. I think they're using them to get political power, to sell their own remedies, or their own books, or to get other benefits. People vote for them if they're a politician. People vote for people like this, like former President

Donald Trump and former President Jair Bolsonaro. They do get power, they do get fame, they do get, in some cases, voted into the top leadership jobs or as part of parliament. It works for these people, but they are really using misinformation and using a populist sort of politics to just drive their own power. The same goes for the fossil fuel industries. The big fossil fuel companies are doing the same thing, relying on populist support to make sure that governments can't get through legislation that will control the emissions from fossil fuels as effectively as they need to in order to deal with our climate crisis.

Reciis: You released the third edition of *Risk* (2023a) this year and included a new chapter. What motivated you to write this new edition almost 25 years after the first and a decade after the second, and what changes have you noticed in society's perception of risk during this time?

Deborah Lupton: It's interesting to look at the difference between the first and the second edition. The first edition came out in 1999, the second edition came out in 2013, so there were about 14 years between writing them. I guess when I was thinking about what had changed over those fourteen years, I realized that *Risk* (2023a) is actually more of a social theory book than anything else. It's focused on different social theories of risk because it's part of what's called the Key Ideas in Sociology series. I first thought of writing the first edition because the risk theory was big in the '90s. Ulrich Beck's work (1992a, 1992b, 1994, 1995, 1996a, 1996b; Beck, Beck-Gernsheim, 1995), Mary Douglas's work (1966/1969, 1985, 1992. Douglas; Wildvsky, 1982), and people using Michel Foucault's work (1984, 1988, 1991) presented a very popular approach in social theory, sociology, anthropology, and other social sciences in the '90s.

What I wanted to do with the first edition (Lupton, 1999) was to distinguish between those three approaches to risk; the Beck approach, which I called the "risk society approach", the Mary Douglas approach, which I called the "cultural/symbolic approach," and the Foucauldian approach, which I called the "governmentality approach". In the first edition (1999), I just spent a lot of time explaining those three different approaches and then I had chapters where I applied those approaches to look at various dimensions of risk. Whether it was the pleasures of risk-taking and what drives people to take risks, for example... looking at various social and cultural dimensions of risk practices. Fourteen years later when I revised *Risk* (2013) for the second edition, I had published some stuff about risk practices in the previous years. I included my stuff but also lots of other people's more recent risk research. I didn't really have to update the theoretical side much because those three approaches were still the most dominant, but I did include a bit more about the socio-material perspectives on risk.

I guess in that intervening time between 1999 and 2013 there'd been more terrorism like the 2001 September 11 attacks in New York City and various other kinds of risk-rated events that happened over those 14 years. Now in the decade between 2013 and 2023, which is when the current third edition of *Risk* has come out, the COVID-19 pandemic and other emerging pandemics such as Ebola, the first SARS (Severe acute respiratory syndrome), and MERS (Middle East respiratory syndrome) have happened. New and emerging or returning infectious diseases have become more prevalent in the world. One reason for that is the way that humans have encroached on animals' habitats by either using them for food or medications. Bringing them into wet markets, for example, capturing wild animals and bringing them in for sale or encroaching on their habitats by clearing land for agriculture or housing. Even just in the last ten years, there have been more human-animal interactions that led to the spread of zoonotic diseases. The vectors of these diseases have had more favorable conditions for spreading from wild animals to humans than in the past, which is how COVID-19 happened.

Given that I've been writing a lot about COVID, I wanted to update all the chapters to include references to this pandemic but also include one whole new chapter about it because of the misinformation and disinformation that I was seeing floating around. Moreover, I wanted to make those comparisons with what had happened with climate science as well.

What else had happened in those ten years? There was a bit more interesting empirical research on people's understanding of risks that I included in the last edition. I did include – I have myself been using what I call more-than-human theory – a lot more about the socio-material approach to understanding people's everyday lives. In the third edition (2023a), I did talk a lot more about the more-than-human theory and how it could be used to understand people's experiences of risk.

Reciis: I'm going to ask you about this specific new chapter. You've talked previously in our conversation about the relationship between people's tendency to deny climate change and COVID-19, and their engagement in specific social groups that share common factors such as economic status. How do you view the role of a sense of community in shaping risk perception?

Deborah Lupton: Well, there's been a lot of research ever since I wrote the first edition of *Risk* (1999) about what I do call these cultures. That is where Mary Douglas, who was a structuralist anthropologist, looked across cultures to see how different communities and different cultures understand risk. She wrote some interesting things about this, for example, HIV/AIDS, and about how different cultures understand the cultural boundaries between their community and what they see as "the other". The difference between self and other is something that Mary Douglas talked a lot about. I and lots of other people have found that binary distinction between self and other and the way that communities develop not only material boundaries -- whether that's a wall or, the stay-at-home orders for COVID, or similar conditions implemented for other infectious diseases like the plague – is how quarantine worked. People were kept within material boundaries. They weren't allowed to leave their houses, or they weren't allowed to leave the quarantine hospital or, in our case in Australia, we had quarantine hotels where people had to stay. So those are material boundaries, physical boundaries where people literally weren't allowed to leave that certain space.

Mary Douglas and other people who took up her work of risk communities and risk cultures talk about the symbolic borders that people make between self and other. By making those symbolic distinctions, risk communities often operate in terms of understanding how people in other social groups impose a risk on them. They make that cultural distinction between self and other. The other is the risky other that threatens our community so we must keep them out; whether it's through material borders, walls or buildings, prisons, or other ways to confine people and stop them from entering your space, or whether it's through laws preventing physical movements.

In the case of Australia, we closed our international borders. We didn't allow people to fly into Australia during the first two years of COVID. We also closed our internal borders on some occasions so that people couldn't even go for example from the state of New South Wales to Queensland or Victoria – where they had borders with those states. We had to stay within our own state borders. Those borders are less material but more symbolic, but they're enshrined in law, so they can control people's movements if legally required. It's interesting when I've talked to Australians about their experiences of COVID, they often did use this self versus other distinction. They said, "We in New South Wales, we were much more careful than people in another state" or "We in Western Australia, we didn't experience COVID because we didn't let anyone else into our state". It was interesting how people use that terminology to talk about the difference between self and other – even other citizens within their own nation.

Reciis: You mentioned in one of your recent works (Lupton, 2023b) that certain public health policy practices tend to invoke emotional elements of risk, which incite or reproduce stigma, marginalization, guilt, shame, fear, and the exclusion of certain groups – “the others”. How did you observe this issue during the COVID-19 pandemic, especially concerning vaccination?

Deborah Lupton: I have observed that phenomenon. One example that doesn't involve vaccination was before vaccination when we had closed borders between different states. It was when you had to get special permission sometimes to cross over borders into a different state; some people who didn't do that were caught driving their car - because there's no actual wall or gates or any other material border, you can just drive over into the border in Australia to a different state. The mass media found some people who had done that without getting permission and often named, shamed, and blamed them with postings like “these people are bringing risk into this state” and “we don't know if they might have COVID-19 and they might be contagious”.

Concerning vaccines – well I mean in Australia, because I know this is different in some other countries at least, Australians have been very accepting of vaccines. The one big problem for us was our government took a while to provide enough supplies for us. There was quite a bit of anger and resentment in the first half of 2021 when other countries seemed to be able to have vaccines available to them and we knew they existed, but we didn't have any available to us. When the government finally managed to get enough supplies, they put on a massive campaign for everyone to get the first two doses, which were the only two available at the time. We were all told that getting those first two doses would be the way out of the pandemic.

At that point, half of the population was in an extended lockdown, so that was also a motivating factor. We were told by both the federal and the state governments that if a certain proportion of that state's population got the first two doses of the vaccine, they would be able to come out of lockdown and not have to have another lockdown ever again. I mean, there were a lot of big promises made because everyone thought at the time that those first two doses of the vaccine would be enough to stop COVID-19 and prevent its transmission. Of course, now we know they couldn't, and they didn't, and we know now that the benefits of the immunity bestowed by vaccines wanes quite quickly as does that of an infection. We didn't know that at the time.

Australians went from being one of the lowest rates of fully vaccinated countries in the world, just because we hadn't had any vaccines available to us, to being one of the highest rates in a matter of months. We accepted vaccines really well, and as I said, it was because we were basically told that this would end the pandemic. I'm not saying that anyone was lying, because as I say, that was what the assumption was in health agencies. At the time the government truly believed that. I'm certainly not saying anyone was misled because that's what the belief was, that was what science was telling us. I think about 95% of eligible Australians (those aged over 16 years) eventually had the first two doses. An incredibly high number!

Then many of the COVID restrictions were loosened, and the lockdown was finished, which was all fine. We all thought we were all protected, But then the Omicron variant came along, and the vaccines didn't protect very well against its transmission or even severe disease from Omicron because the initial vaccines were based on the ancestral virus. Sadly, we then had the biggest wave of cases and deaths in Australia, even after we all went out and got vaccinated. I wouldn't say that was the only real blame going around, the only real stigma going around was people who weren't getting vaccinated of which there weren't many at all. We had some anti-vaccine protests, but they were such a fringe group, a real minority in Australia compared to the USA where there's a far greater anti-vaccination sentiment.

Reciis: In other recent articles, you explored the issue of risk perception among Australians during the COVID-19 pandemic. I was particularly intrigued by your explanation of “immunitary moralism” (Lupton, 2022). Could you elaborate more about it?

Deborah Lupton: There wasn't a lot of difference between the different states about attitudes to vaccination. Basically, as I mentioned, everyone just wanted to feel as if they could come out of lockdown or there wouldn't be any more lockdowns. If there was any moral judgment made, it was really on people who were anti-vaxxers, and they were seen as sort of letting the side down because we needed to reach certain vaccination benchmarks in the population. I think this benchmark was 80% in each state or at least in some of the states, to have had the first two doses before lockdown would be over.

At that point in 2021, Queensland, New South Wales, Victoria, and the Australian Capital Territory – effectively, half the population of Australia – were in lockdown. It was in those states that there were a lot of probably moralistic judgments about people who didn't get vaccinated hindering that state from reaching those targets. That's where the moralism would have come in; there was quite a bit of moral judgment about anti-vaxxers who were refusing to get vaccinated because in Australia's case, it was those people who were seen as letting the side down. AstraZeneca was one of the first vaccines available. At the time there was a bit of global concern about the risks of the AstraZeneca vaccine. This got a lot of publicity, but people went and got vaccinated anyway despite the small risks. Even younger people went and got the AstraZeneca vaccine because that was all that was available to them. People, for the most part, overcame their fear of the AstraZeneca vaccine risks that they'd heard about through the mass media and went and got vaccinated anyway because they were really just desperate to get any vaccination.

Now what's interesting though if you compare that very pro-vaccination sentiment in 2021 with what the current sentiment is in Australia in 2023, two years later. What we see now is that far fewer people are getting the booster vaccinations that are available to them and they are eligible for. There are various reasons for that. One is that the government hasn't really been promoting these boosters. Back in 2021, as I've said, the government basically said if everyone gets two doses, lockdown will be over, you'll never have another lockdown again, the pandemic will be finished, you'll all be protected, you'll all be safe from COVID-19. People in good faith went and had those first two doses that were eventually available to them.

What's happened since is that they have seen the fact that vaccines aren't perfect. They don't protect very well against transmission. They do protect well against death and severe disease but not completely. People are still dying. People still suffer from severe disease. Well, they do protect a little bit against long COVID. Even fully vaccinated people who've had five doses still died, got severely sick, or developed long COVID. The vaccines are not perfect, even though back in 2021 we hoped that they would be. I think people in Australia have become very disenchanted. They now think that vaccines aren't the end of the pandemic, and they've got good reasons to think that. We now know how quickly their effectiveness wanes, so you must keep getting boosted every six months because their effectiveness doesn't last very long. The government is having a lot of trouble persuading people to get further vaccines because people have become really disenchanted about it.

Reciis: Can social media exacerbate biases, prejudices, and generate exclusion? And can you identify applications of this “immunity moralism” in other contexts besides Australia and particularly in the Global South?

Deborah Lupton: I haven’t done a lot of research in the Global South, so I’m not really aware of a lot of research there about immunity moralism, and because of that I can’t really answer the second question. I’m trying to think even in the Global North, what would be some comparisons that could be made.

Understandings of the immune system have changed since the four years that COVID has been around. We’ve had so many different concepts around immunity that have been promoted by the government or being talked about in the mass media. More than any time in my lifetime, there’s been a huge amount of public discussion of immunity and what it means and how vaccines or infection affect it along with waning immunity and how long it lasts. As a health sociologist and a risk sociologist, I’d like to write a bit more about how people have learned a lot more about the immune system and how vaccines work on the immune system, and how infection works on the immune system to negotiate ideas of risk in the COVID pandemic. I’m really interested in exploring that further because I’ve looked at how the media is reporting COVID over time, but also specifically how they’re reporting immunity concerning COVID.

We’re now getting a whole lot of news media reporting about immunity in Australia and in places like the UK and other Anglophone media. In these reports, it’s really confusing how immunity is talked about in relation to COVID and people have been led to think, for example, that covid is no more serious than the flu or even just a common cold. Now that they’ve had one or more doses of vaccines and one or more infections, they think they got this hybrid immunity now. They believe they won’t be severely affected, even if they get COVID again it will be mild, and they’ll get over it quickly. However, medical science shows that that is not the case and in fact the protection offered by vaccines is partial at best and wanes quickly as well. Moreover, more COVID infections weaken your immune system and can make you more susceptible to infections from other infectious diseases or even to non-infectious diseases such as neurological deterioration, dementia, and cardiac disease. Medical science indicates that the more you’re infected with the COVID virus, the more you’re susceptible to all these kinds of deteriorations in your nervous system and your organs as well as to your immune system being damaged.

Now that is a message about immunity that doesn’t seem to be getting through to people because the mass media and governments aren’t telling them. So that’s where I would bring in the whole idea of misinformation. I don’t know if it’s deliberate disinformation but it’s misinformation by omission because there’s a silence there. They’re leaving out information that people need to know. That’s for me, as a sociologist, an interesting aspect of how the whole sort of immune system in general is understood and represented in popular culture at the moment. Both what’s visible, what’s promoted, what’s talked about in public or public forums, and what’s left out of the public conversation, to me this is incredibly interesting.

Reciis: As you mentioned Brazil, I was going to ask you if in your research you observed that the context faced by Australians during the COVID-19 pandemic was very different from that which Brazilians experienced? If so, what do you think caused this? What is the difference that you can see?

Deborah Lupton: Between Brazil’s experience of COVID and Australia? My knowledge of the Brazilian situation is only very partial, particularly compared to the experience of a Brazilian living in the country. But the leadership of course was an issue... the fact that you had Jair Bolsonaro as president for a long time in the first few years of the pandemic, who from what I understand at least, had a very similar populist

approach to former president of the United States of America Donald Trump. Like Trump, Bolsonaro downplayed the risk of COVID, didn't want to introduce strong protections, and even promoted spurious treatments I gather. I think that's for me, as an outsider, as a non-Brazilian who can't read the Portuguese language in the Brazilian media, I've only relied on the Anglophone news media to see how Bolsonaro was reported and so I don't know how accurate that is. However, from my understanding, there were quite a lot of similarities between what was going on in Brazil under Bolsonaro and the United States of America under Trump.

I guess if we want to compare what was going on with political leadership in Australia during those first two years of the pandemic, even though we had a right-wing government in those two years, they weren't a far right-wing government. They weren't a populist government. Our prime minister at the time, Scott Morrison, even though he's universally disliked, he at least worked alongside his health minister and different states' leaderships. They all worked together in the first two years and our government did offer social support to people who lost their jobs and to businesses that closed during lockdowns. So people didn't go hungry, didn't lose their income, and had some welfare support that helped keep them at home when they were sick. They didn't feel they needed to go out and spread COVID when they were sick.

We closed our international borders very quickly, which had a huge impact on keeping COVID out of Australia. There were long periods in Australia, especially in the first two years of the pandemic, when there were no community cases at all, and people could just walk around safe in the knowledge that COVID wasn't around. It's not the case now, but it was for long periods, in 2020 and 2021 when we had eliminated COVID from the community. I think by comparing those different government responses with Brazil, at least to my knowledge of it, and the United States, and my lived experience of living in Australia, the scenarios show that there were very different government approaches to controlling the pandemic. From strong protections to the lack of strong protections and the lack of social welfare support, which I observed at least that was going on in Brazil and the United States of America versus in Australia. I mean the United Kingdom also did a terrible job.

Reciis: To conclude our interview, I would ask you how your interest in creative and innovative methods came about? What challenges and potentialities do you observe for this type of approach in studies in the humanities and social sciences, especially in this confluence with health? How can you find this type of methodology? What do you think about it?

Deborah Lupton: I'm really interested, as I mentioned earlier, in talking to people and understanding their lifeworlds, their rationales, and their logics but also their feelings. How they feel about things. Also, sometimes it's very hard when you just ask people direct questions about their experiences. It doesn't matter what it is, whether it's COVID or other risky issues or catastrophes or emergencies or just everyday life. It's sometimes hard to get how they feel about things just by directly asking them because that's a very dry way of asking people about situations and experiences or memories or even ideas about the future that are suffused with emotions.

I find that using creative methods such as arts-based methods, often loosens people up and stimulates their imaginations and creativity. It gets them talking about things in ways that asking them directly isn't always successful. I ask people to do a creative writing prompt or to make a collage or a zine or a drawing or do a hand-drawn map – lots of different ways can be used through arts-based methods. These are some of the ways I have used in the past, however, for me, the conversations are what is really interesting. If you ask people to do it as a group, and we often do it as a group activity, it's the discussions that arise as they're

making something that are the most interesting part, as they're using their hands, or as they're writing. There'll often be informal discussions where people will be talking about what they're doing that can be insightful and just hearing what they're talking about as they're making something is relevant.

But also, we always have a group discussion after people make something or write a creative response to a writing prompt or something like that. During these discussions, we ask people to talk about what they've written or what they've made and that's often again when you get really interesting conversations; people can sometimes surprise themselves with the insights they have by making a collage or drawing a map or writing a response to a creative prompt by chatting with each other and sort of building on what each other say. That's when I find that when you're engaging people to be creative, you're getting them to use a lot of their senses, and sometimes responding with their bodies to things because when you're working with your hands, making things, and being creative you are doing things. You're not just thinking, you're not just talking, so that's where I find using arts-based methods to be super interesting and super insightful.

Importantly, just to finish off, I often do find that participants really enjoy these activities. Filling in a dull survey or answering a whole bunch of questions is useful and there's still a place for that in social research, but I often get positive feedback from people when they're doing something creative because it's fun, engaging, unexpected, and they really enjoyed it.

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