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Analysis of Arguments Favoring Vaccine Resistance

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ABSTRACT: This study uses data collected from an internet message board to analyze arguments favoring vaccine resistance. The results replicate previous research into vaccine-resistant groups and identify three themes in vaccine-resistance discussion. The themes identified were: first, feelings of persecution and conspiracy theories; second, feelings of guilt; and third, community-building strategies.

KEYWORDS: vaccine resistance, message boards, persecution, conspiracy, guilt, community.

1. INTRODUCTION

Vaccination is one of the most important and successful public health innovations in medical history. The word vaccine derives from Edward Jenner's work using the vaccinia, or cowpox, virus to induce immunity against smallpox. Jenner's work in creating the smallpox vaccine allowed the complete eradication of the disease in 1979. Recently, vaccine-resistance has been a topic of debate. However, this resistance is not a new phenomenon. Resistance to compulsory public vaccination has existed since the first public vaccination program was begun in the United Kingdom.

The Vaccination Act of 1840 provided free vaccinations for the poor while the Vaccination Acts of 1853 and 1857 made smallpox vaccination compulsory for all children under the age of 14. The Vaccination Act of 1853 sparked violent public protests and led to the formation of the Anti-Vaccination League. Resistance to compulsory vaccination increased within the United Kingdom and eventually, the Vaccination Act of 1898 allowed for the first certificates of exemption (Sharpe & Wolfe, 2002). Public vaccination programs also incited protest in the United States. The Anti-Vaccination Society of America was founded in 1879 and anti-vaccination activists were able to repeal compulsory vaccination laws in a number of states (Sharpe & Wolfe, 2002).

While most parents in the United States now choose to follow the recommended childhood vaccination schedule, there remains a community of parents who question the safety of these vaccines. This vaccine-critical community rose to prominence once again as the result of a 1998 study by Andrew Wakefield, et al. Wakefield and twelve other authors published an article in the British medical journal The Lancet suggesting a possible link between the MMR vaccination, gastrointestinal disease, and the onset of autism in children (Wakefield, et al., 1998). The assertion of a causal link between the MMR vaccine and autism was retracted in 2004 by eleven of Wakefield's twelve coauthors and the entire article was retracted by the editors of The Lancet in 2010 (Murch et al., 2004; The Editors of the Lancet, 2010). However, the phenomenon of vaccine-resistance continues today.
In this study, online conversations regarding vaccine-resistance were collected and analyzed for overarching themes. Findings from previous literature were supported by the data in this study and three further themes were identified: first, feelings of persecution and conspiracy arguments; second, feelings of guilt; and third, community-building.

2. PARENTS' DECISION TO VACCINATE OR NOT

In the United States, vaccinations begin at birth and continue throughout childhood. Very young children receive a large number of vaccinations during their early doctor's visits. For some parents, the practice of injecting a young child with such a large number of vaccines all at once is frightening. They may question the safety of the vaccines, the wisdom of administering many vaccines at once, or the necessity of vaccines to protect against relatively uncommon diseases. Ultimately, each parent must decide whether or not to adhere to the recommended vaccination schedule and understanding the ways parents think about vaccination, the factors that influence their decisions, and their evaluation of information sources should illuminate that decision.

Parents have been shown to display attentional biases to risk information regarding vaccines (Gardner, Davies, McAteer, & Mitchie, 2010). A 2003 British study conducted of parents whose children had not received the complete recommended course of immunizations revealed that, although most (82%) associated vaccines with disease prevention, only 6% reported having no concerns about the safety of vaccination and 34% reported a belief that some vaccines were more risky than the disease they protect against (Smailbegovic, Laing, & Bedford, 2003). Petts and Niemeyer (2004) analyzed group discussions of parents in England's West Midlands area who either had already immunized or intended to immunize their children with the MMR vaccine. They reported that mothers in particular felt a responsibility to make the right medical decisions for their children and that these mothers attempted to balance the risks of disease and vaccination (Petts & Niemeyer, 2004). Vaccination in general presents a problematic decision for parents because they are acting on behalf of their children. The need to make the right choice is paramount and competing messages regarding vaccination risks makes that choice extremely difficult.

Gellatly, McVittie, and Tiliopoulos (2005) surveyed parents in Edinburgh, UK in order to identify factors that would predict the decision to vaccinate or not. All parents listed the same factors as important, regardless of vaccination status, but rated the factors' relative importance differently. Factors that predicted a decision not to vaccinate were perceived adverse reactions of the vaccine (including autism and bowel disease) and current research (Gellatly, McVittie, & Tiliopoulos, 2005). This suggests that parents may not be convinced of their doctors' expertise regarding MMR and erroneously believe that current research still suggests the possibility of an MMR-autism link. Thus, parents who choose not to vaccinate rate the perceived risks of vaccination as more important than the perceived risks of not vaccinating. Factors that predicted a decision to administer the MMR vaccine were leaflets and information packs provided by health professionals and information regarding the risks of contracting rubella. In other words, parents who chose to vaccinate did so because of the perceived risk of not vaccinating.

Petts and Niemeyer (2004) reported that information about possible side effects of measles, mumps, and rubella was new to many parents and was generally regarded as very persuasive information. Combined with the Gellatly et al. (2005) finding that rubella
information predicted immunization, it appears that parents who choose to vaccinate do so because the perceived risk of not vaccinating is higher than the perceived risk of vaccinating.

2.1. Information Seeking Behavior

Acquiring and understanding information regarding vaccination is a primary goal for parents. Parents report using multiple sources when gathering information, with most parents reporting that health professionals are their primary source (Smailbegovic et al., 2003). However, one common complaint from parents wondering about vaccine safety is the feeling that their children's doctors do not provide adequate information. Some report that they feel uncomfortable asking doctors for help out of a fear of wasting the doctor's time (Petts & Niemeyer, 2004). Others feel that the doctors are too busy to provide the necessary information and that there was no opportunity to talk to health professionals about safety concerns (Smailbegovic et al., 2003; Gardner et al., 2010). Despite a willingness and desire to discuss concerns with or seek information from health professionals, many parents are still unable to obtain the information that they need to make a confident decision.

While health professionals are the most common source of information, other sources do exist. Parents report using the internet to find information, but also report treating such information with suspicion (Gardner et al., 2010). A further source of information is advice from other parents. Many suggest that information received from other parents is extremely trustworthy as these parents are considered to be honest and unbiased.

2.2. Evaluation of Trustworthiness.

Most parents in the UK do rate health professionals as the most helpful sources of information, but those who do not often cite concerns that these professionals are biased by government policy and may withhold information about vaccine risks (Smailbegovic et al., 2003)—a concern perpetuated by vaccine-critical groups and anti-vaccination arguments. In interviews with parents who had their children immunized but who still expressed concerns with the MMR vaccine, information provided by health professionals was rated as being of poor quality. This poor rating was due to a lack of information about vaccine testing and about research concerning negative side effects of the MMR vaccine (Smailbegovic et al., 2003). Gardner et al. (2010) also found that parents considered more “balanced” information regarding MMR to be more trustworthy. A balanced MMR message was considered to be one that included information both for and against the administration of the vaccine, despite the preponderance of research supporting the vaccine's safety (Gardner et al., 2010). This shows that parents are not content with a simple reinforcement of one message or the other; rather they attempt to evaluate the risks of both pro- and anti-vaccination appeals.

In addition to governmental policy, parents may perceive officials to have financial incentives to vaccinate their children. In the United Kingdom, government sources are especially distrusted for this reason (Petts & Niemeyer, 2004; Gardner et al., 2010). Occasionally this distrust is extended to doctors and other health officials (Gardner et al., 2010). Thus, even when information is made available to parents, it is sometimes not trusted.
3. CHARACTERISTICS OF VACCINE-CRITICAL DISCUSSIONS

A 2007 study by Pru Hobson-West identified a number of vaccine-critical groups in the United Kingdom, categorized them, and characterized their shared and differentiating features. Vaccine-critical groups tend to be small and geographically diverse. They do not necessarily meet in person but use websites usually run by one or a small number of parents. Their discussion of risk and trust is of particular interest when investigating the anti-vaccination fear appeals.

3.1. Talk About Risk

Vaccine-critical groups tend to reframe the concept of risk and portray it as unknown (Hobson-West, 2007). They portray risk information provided by health professionals as being strategic rather than objective. Thus, group members can easily discount it as untrue or incomplete. The ability of vaccinations to actually prevent disease is sometimes questioned while vaccines are simultaneously portrayed as introducing new health risks.

Vaccine-critical groups question the sufficiency of safety trials. For example, experiments testing new vaccines against old vaccines instead of against placebo are said to be irrelevant because they merely prove that the new vaccine has the same side-effects as the previous option. Members of vaccine-critical groups also cite the length of safety trials as being insufficient; side-effects that do not manifest until much later in life would be missed by most experimental designs. As a result of the perceived strategic nature of official risk statistics and the insufficient nature of safety trials, vaccine-critical groups portray officially provided risk information to be largely inaccurate or irrelevant (Hobson-West, 2007).

3.2. Talk About Trust

Trusting healthcare officials and complying with recommendations to vaccinate is considered the easiest option for busy parents, but is also portrayed as being dangerous to their children (Hobson-West, 2007). Parents are encouraged to be “free-thinkers” and to make their own choices. Vaccine-critical groups push members to become experts about vaccination and to make decisions specific to their own child. Educating oneself is positioned as the most important action a parent can take, more even than making any specific decision.

4. METHOD

This study sought to identify and analyze persistent themes in discussions among vaccine-critical individuals. A vaccine-critical message board from the BabyCenter Community forums provided the data for this study. BabyCenter.com is a website devoted to pregnancy and parenting and has an extensive and active message forum community. The None/Select/Delayed Vaccinations board has 3187 members, 6097 threads, and 48445 comments as of the time of this study (BabyCenter, L.L.C, 2012). Data consisted of every discussion thread active during a randomly selected week of February 2012. Conversation threads were excluded from the final analysis only if both the initial topic and the ensuing discussion were unrelated to vaccination or alternatives to vaccination. Thirteen discussion threads were excluded, leaving 66 threads consisting of 597 comments for analysis.
Data were analyzed using the grounded theory method (Corbin & Strauss, 2008). First data were open coded into separate concept units. Through a constant comparative method of rereading and reinterpreting the lists and descriptions of concepts, some of the initial topics were deleted from further consideration because they were not central enough to the corpus of material. Through applying axial coding to other initial topics, the relationships among individually coded concepts were grouped into themes, which are described in the next section.

5. RESULTS

The discussions included in this study supported previous research findings. The risks of vaccines were characterized as unknown and understudied. Parents were often encouraged to research vaccines and not to blindly trust medical advice. Government and pharmaceutical organizations were clearly considered untrustworthy and many parents expressed displeasure concerning their interactions with their doctors. This study will not discuss data that expressly replicates previous findings, however this data set expands the previous research by identifying the same themes in a primarily USA-based message board (most previous research had been conducted in the UK) and by replicating these findings in discussions not based primarily on MMR.

In addition to these expected findings, three new themes were identified: feelings of persecution and conspiracy arguments, feelings of guilt, and community-building. Feelings of persecution and conspiracy arguments work together to cast the vaccine-resistant community as the victim or the underdog. Feelings of guilt regarding previous decisions to vaccinate are addressed explicitly by the community while feelings of guilt regarding the choice not to vaccinate are carefully managed with discussions of vaccine alternatives. Finally, community-building is accomplished through both unifying and distancing language.

5.1 Feelings of Persecution and Conspiracy Arguments

The first and most striking theme to emerge from the discussions was a sense of persecution by pro-vaccination individuals and organizations. Group members often wrote of instances in which they felt attacked by pediatricians or family members. Members created discussion threads asking for advice in finding doctors in their area who were accepting of delaying or refusing vaccinations:

Any of you live in NYC? I am looking to switch pediatricians, and trying to find a good ped in NY (preferably Brooklyn) who is at least tolerant of no vaxing and is receptive to alternative medicine.

Other threads were devoted to stories of exceptionally negative or positive experiences with medical professionals:

So today we had our well check apt that I dred going to cause our dr pressures me to vaccinate and I say no every time. There are 3 dr in our office. I go to our apt today and our original dr had something come up and couldn't see us. So we went to one of the other drs. I llllooovvvveeee her. She didn't pressure me at all about not vaccinating and said that was fine with her. She didn't even make me sign the form that says I am putting my child at risk by not vaccinating. She even encourages her patients to try natural things instead of jumping to prescriptions. We switched to her and she is wonderful!!!!!!!!
Occasionally, a poster would ask advice regarding how to talk to a pediatrician or to a family member who disagreed with her decision to avoid vaccinations. Often, the advice given was to refuse to discuss the decision or even to lie about the reasons for the decision. In response to a question about refusing the Hepatitis B vaccine, one poster replied:

We didn't do it and I basically just lied and said our ped starts it at the 2 month visit. Which isn't entirely a lie. They do, we just don't get it.

Other suggestions were made to “unfriend” a Facebook friend who argued in support of vaccination or to challenge family to research vaccine-safety with the reasoning that the family member would not do the research and that the challenge would effectively end the conversation.

In addition to resistance from individuals, many group members alluded to persecution from organizations. Many group members accused the government of infringing too far into their private lives. Posters commented that “people are violating our rights as parents” and “our rights are eroding every day.” References to parental rights generally appeared in discussions concerning school vaccination requirements or governmental programs, such as WIC (a government program that helps pregnant women and parents of young children buy healthy foods), that require up-to-date vaccinations for children. Other references to parental rights appeared in discussions surrounding parents' groups devoted to lobbying state governments to allow philosophical exemptions to vaccination.

Some members of the discussion group also leveled accusations of outright conspiracy against the government, medical community, and the media. Posters wrote of frightening encounters with CDC or public health officials paying visits to their homes:

Hi there-
Today I receive a letter today:
[letter text]
Clearly, I won't be participating or "helping" in anyway, BUT this does incite a bit of paranoia in me. Has anyone else received this letter?

Responses to these stories again suggested that parents lie to the officials or simply refuse to answer any questions. It was even suggested that children might be taken by Child Protective Services if the parents admitted to choosing not to vaccinate. In response to the above story about a letter from the CDC/NIS, a poster wrote the following:

On Monday afternoon I caught the tail end of a radio program discussing this very issue. I have no idea who the man being interviewed was but he said he is normally very verbal about his non-vaxing and fights for our rights but that to the CDC he will outright lie. He suggested going as far as having a list of the recommended vaccines next to your phone and to even have the corresponding dates written of when your LO would have had each vaccine. So, I didn't catch whether he knew this for a fact or if it was just a fear but he said those who responded to the survey that they did not vax would be reported to CPS.

Along with the government, the healthcare and pharmaceutical industries were also subject to accusations of conspiracy. One commenter wrote:

I think vaccines are used for population control too, and to shorten our lifespans/make us sick with lifelong illness (because that makes the pharm. and healthcare industry money).
Another comment suggested that doctors vaccinate other people's children because:

They must know the world is a competitive place and want their kids to get ahead of everyone else's by destroying them while collecting fees for their 'services'.

While previous research has suggested that vaccine-critical parents often question the trustworthiness of the pharmaceutical and healthcare industries, the level of malice attributed to them in the above examples is worthy of note.

A third target for conspiracy accusations is the popular media. One discussion thread concerning a television company inviting vaccine-critical parents to comment on an upcoming program revealed the community's belief that the media cannot be trusted to present their arguments accurately. In advising group members not to appear on the program, one poster wrote:

They will just portray you as a nutjob in any media piece for not vaccinating—they will quote something you said out of context and contrast it to something Paul Offit said to make you look awfully stupid and dangerous. The media has no interest in decently reporting about vaccine issues or even remotely reporting anything that faintly might criticize vaccines or even mention that there might be bad side effects. Stay away people.

While these conspiracy theories are by no means universal within the community, they do appear in a range of discussion threads. Comments following accusations of conspiracy sometimes ignore the assertion but no comment in the data set directly challenges the accusation. Often, as in the case of the popular media discussion and the comment suggesting that vaccines are a form of population control, subsequent posters expressly agree with the accusation.

5.2 Feelings of Guilt

The second general theme identified in the data set was parents' feelings of guilt regarding their decisions to vaccinate or not vaccinate. The most explicit feelings of guilt were expressed by parents who had already allowed their children to be partially vaccinated. However, many discussions served to alleviate or prevent guilt that might be felt by parents who chose not to vaccinate.

While the majority of group members appear to be expecting mothers or mothers to infants, many have only begun to question vaccinations after fully or partially vaccinating older children. As a result, they often write that they feel guilty for not researching vaccinations earlier. One member commented that her daughter "got hep b and I still regret it" while another began a discussion thread specifically asking if others also felt guilty over prior vaccinations. One poster responded:

yes, I do feel guilty that I vaxed DS [darling son], (although on a very selective and delayed schedule), my 1st child and that my other children are not vaxed. Even he told me a few times that it's so great that I found out about vaccines and that his sisters did not get any. :) It's kind of bitter-sweet because he first asked me why we gave him vaccines whey they are bad. :(

Other group members respond to this and other expressions of guilt by reassuring the original poster that they are making the right choice now and that they should consider themselves
good parents compared to others who continue to vaccinate. One commenter even declared that a feeling of guilt was the mark of a good parent.

While commenters rarely discussed feelings of guilt over not vaccinating, many discussions seem to serve the function of alleviating such guilt. Mothers were commonly advised that it is better to delay vaccinations because the decision not to vaccinate could be reversed but that “You can NOT undo vaccine damage!!” Other commenters reassured posters that “kids get sick, its part of life.” One of the most common arguments against vaccination centered on the beliefs that naturally-acquired immunity is superior to vaccine-acquired immunity, that children are supposed to get sick in order to strengthen their immune systems, and that if a child does catch a disease (like chickenpox or whooping cough), that they will recover safely. One poster asked for stories of others' experiences with whooping cough as a way to reassure her that the disease was not overly dangerous.

Many discussion threads serve to relieve guilt by seeking and providing alternatives to vaccination. Most of these conversations centered on the benefits of breastfeeding as well as normal hygiene practices. Instead of the DTaP (Diphtheria, Tetanus, and acellular Pertussis) vaccine, one poster recommended “[Breastfeeding], good hygiene, [and] lots of vitamin D.” Another declared that it is “Amazing what nutrition, indoor plumbing/handwashing and education can do!” Others suggested chiropractic, homeopathy, and herbal remedies. One person wrote that “What works best with any virus is homeopathy” while another directed a fellow commenter to a natural remedies discussion board with the suggestion that the people there “might suggest some anti-virals that are natural.” Multiple posters mentioned seeing homeopathic pediatricians and one stated that she and her husband began to question vaccine safety after attending a presentation from their chiropractor. In fact, as much discussion was devoted to vaccine alternatives and to natural remedies for vaccine-preventable-diseases as was devoted to the actual choice of whether or not to vaccinate.

5.3 Community-Building

A consequence of the popularity of the internet is the opportunity for individuals to form communities without regard to geographic constraints. While vaccine-resistance is still relatively rare, message boards such as the None/Select/Delayed Vaccinations board allows vaccine-resistant parents to gather in fairly large numbers. It is clear that in this group, at least, there is a strong sense of community among the group members. This community provides advice and emotional support to its members and likely helps to strengthen their resolve in the face of persecution as well as helping to assuage any feelings of guilt they might experience. The community is formed in two ways: first, by unifying group members, and second, by distancing the group from outsiders.

5.3.1 Unifying group members

A feature of the BabyCenter message boards is the ability to give “hugs” to individual posts. The number of hugs given to each post (most do not receive any) is displayed underneath the text of the message. In this way, group members can express affection for each other without necessarily needing to post a new response. The posts with the largest amount of hugs generally related personal stories about purported vaccine-reactions. For example, one poster received five hugs (the most any post received was six) for a story about her little sister's
developmental difficulties. Other posts received hugs for stories about a poster's own children. In addition to the hugs, many of the responses to these stories expressed sympathy, hope for the child, or the promise to pray for both the child and the poster.

Other comments that received multiple hugs served a less emotional community-building function. One member announced that she had been on the news as part of a group lobbying their state government for the right to file philosophical (rather than religious) exemptions to school vaccine requirements. This post received multiple hugs as well as comments supporting the original poster’s cause and thanking her for her work. In this instance, one group member was thanked for publicly pursuing the community's goals.

Another discussion centered around group members’ wish to have a similar vaccine-resistant parents' group outside of the internet. Many of the commenters in this thread wrote that they did not know anyone or only knew of one or two people outside of the internet who held similar views. More hugs were given to messages in a discussion asking how old group members were. This thread served the function of the “introduce yourself” threads found in many message boards but not in the None/Select/Delayed Vaccinations board.

5.3.2 Distancing from outsiders

The second community-building activity evident in the message boards is the distancing of the community from outsiders. Group members distance themselves from family, health professionals, and organizations through the persecution and conspiracy language outlined above. It is worth noting that the discussion of the media conspiracy was awarded multiple hugs. Stories of negative interactions with family members also received hugs and generally earned encouraging or sympathetic responses.

Group members also make efforts to distance themselves from parents who choose to vaccinate their children. Some posters declare that they feel sorry for parents who are tricked or pressured into vaccinating their children. Others express disbelief that any parent would choose to vaccinate. As one group member says:

People continue to inject their babies with poison vaccines and just follow what the doctors say like good little sheeple. It blows my mind!

References to “sheeple” or to “drinking the Kool-Aid” appear regularly. In expressing sympathy or disgust for pro-vaccination parents, the members of the vaccine-resistant group declare that they are not only different from but also superior to those parents who choose to vaccinate.

Finally, the feelings of persecution occasionally serve to differentiate the vaccine-resistant group from the pro-vaccine parents. Posters refer to “rabid provaxxers,” caution each other against engaging them in debate, and recount particularly offensive comments made by the “provaxxers.” Much like the belief that the media will never listen to a vaccine-resistant argument, group members declare that the pro-vaccination community refuses to listen to vaccine-resistant arguments. Once again, group members advise each other to avoid the conversation entirely.
6. CONCLUSIONS

The data collected from the None/Select/Delayed Vaccinations message board corroborated previous findings regarding vaccine-critical groups. These conversations, however, were not focused on a single objection to vaccination (like the MMR-Autism controversy) but existed independently of any particular safety question. Thus, previous findings primarily regarding MMR resistance in the United Kingdom have been replicated in a general vaccine-critical United States sample, some time after the Andrew Wakefield controversy has faded from public view.

Furthermore, three new themes of vaccine-critical groups have been identified. The first, feelings of persecution and conspiracy theories illuminate the community's sense of victimization. Second, feelings of guilt due to both vaccinating and not vaccinating are evident, however the first is explicitly addressed while the second is addressed by exchanging vaccine alternatives to lessen the severity or susceptibility of the disease. Finally, community-building language serves both to unify the community members (providing support for each individual's decision not to vaccinate) and to distance the community from outsiders. This distancing language is tied to the persecution and conspiracy discussions and allows the community to jointly develop arguments against the outsiders (e.g., the “rabid provaxxers” cannot be reasoned with or the government cannot be trusted to tell the truth.)

7. IMPLICATIONS

Current scientific research overwhelmingly supports vaccination as a “best practice” in public health. While this study primarily sought to identify themes within vaccine-resistant arguments, the findings do have implications for future attempts to counter vaccine-resistance.

First, the pervasive feeling that the government and healthcare officials are violating parents' rights should not be ignored. The question of individual rights versus the good of society is perhaps the most objectively legitimate argument made by vaccine-resistant groups. Future attempts to address vaccine-resistance are unlikely to succeed if the parents feel “forced” or “bullied” into compliance.

Second, it is clear from this text that alternatives to vaccines are just as much a part of the vaccine-resistance argument as the safety of the vaccine or the danger of the disease. The practice of comparing the vaccine and the disease may be insufficient. Future messages might focus on the efficacy of the vaccine versus naturally-acquired immunity, or versus breastfeeding, or versus simple handwashing.

Finally, the use of anecdotes in the vaccine-resistance argument should be more closely studied. While anecdotal evidence serves a persuasive purpose, it also serves a community-building function, allowing community members to forge closer emotional bonds with each other. Care should be taken to position healthcare officials as caring and part of the parent's community if they are to be persuasive.

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