Are You with Us or Against Us?

Studying Conflicts Over Conspiracy Theories and Overcoming the Great Conspiratorial Divide

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Abstract: When the COVID-19 pandemic hit, two contrasting images quickly became representative of the crisis. On the one hand, there were heroic doctors working day and night with the novel virus, risking their lives and making sacrifices to save others. On the other, there were 'anti-maskers' and 'anti-vaxxers': people doubting if the virus is real, questioning the effectiveness of protective measures, suspicious that the crisis is nothing more than an elaborate plot, a scam aimed to redesign their world and to destroy the values they hold dear. Reflecting on research conducted in Ireland with people separated by the conspiratorial divide, this paper examines some methodological and analytical challenges of doing simultaneous research with opposing stakeholders. Analysing my own entanglements in the conflicts over vaccines and conspiracy theories in this paper I argue that the pandemic was not just a battle to secure the acceptability of specific medical technology (the COVID-19 vaccine) but was also about safeguarding respectability of science and maintaining the rule of experts. It was about preventing ontological turn, the end of the era of reason, a dawn of modernity.

Keywords: conspiracy theories, COVID-19 divide, dichotomies, laudability, moral panic, Ireland, Post-Truth, Pan-Truth

The COVID-19 pandemic promoted simple dichotomies of laudable doctors supported by the trusting science citizens vis-a-vis an irrational mob endorsing dangerous theories. Urgency enforced the need for taking a stand, and it left little space for hesitation or doubt. Everybody had to position themselves along the COVID-19 and vaccination divide. In Ireland, organised clapping became an important way to demonstrate appreciation for frontline workers. Children coloured rainbows and displayed them in their windows to express gratitude to healthcare services.. As the pandemic progressed, the gratitude towards medical professionals as well as scientists dedicated to combating the disease was expressed with 'trust science' T-shirts, pins and stickers. Once the vaccine was invented, merchandise endorsing vaccines became an important way to demonstrate own positionality in the COVID-19 divide.

On the other side, there was a 2020 lawsuit brought by Gemma O'Doherty and John Waters who unsuccessfully attempted to challenge the constitutionality of laws introduced in Ireland in response to the COVID-19 pandemic (Drążkiewicz 2022a). There were several protests, countless social media debates questioning the severity of lockdown measures and the push for the nationwide immunisation (Sobo and Drążkiewicz 2021). Even though the crisis was a highly complex event impacting people in myriads of ways and provoking diverse reactions (Manderson et al. 2021), between 2020 and

2022 there seemed to be only two positions available to take: to trust science or to turn to conspiracy theories (Hamilton and Safford 2021; Rutjens et al. 2021).

Without a doubt, the last two years were the largest medical crises we have experienced in the Western world since the HIV/AIDS epidemic. But this crisis seemed to be not just about saving lives but also about saving science. However, the concern regarding scientific knowledge and practice was not as novel as the COVID-19 virus. In academia, legitimate science wars between scientific realists and postmodernists took place at least since the 1990s. In the last few decades, Science, Technology and Society studies (STS) experienced unprecedented boom, and so did medical anthropology. Both subdisciplines were never hesitant to critique science, at least not until climate change denial became recognised as a serious issue (Latour 2004).

At the same time, outside of academia, another phenomenon appeared. Science-denying theories started proliferating, promoting different variants of Big Pharma or climate change conspiracy theories. The extent to which conspiracy theories have been seen as a major issue already before pandemic is reflected in the policy-making efforts. In 2015, the European Commission (EC) commenced The East StratCom Task Force to address this issue; since then it has also been working on a Digital Services Act. In 2020, the EC established a European Digital Media Observatory, whose main goal is dealing with disinformation. The European Democracy Action Plan was also established. Its key goals include countering disinformation and addressing the problem of conspiratorial theories. These concerns have been reflected in funding schemes, with EU institutions and national agencies offering funding for initiatives addressing the problem of disinformation and conspiracy theories. Many non-governmental organisations (NGOs) are now focusing specifically on preventing and combating fake news and conspiracy theories.

Public health is a space where these issues are particularly visible. Since the Andrew Wakefield controversy, countless efforts have been dedicated to increasing people's knowledge on vaccinations to counter the misinformation regarding immunisation programmes. In spite of all the efforts, vaccination uptake has become increasingly problematic in certain areas, so much so, that the World Health Organisation (WHO) announced vaccination hesitancy as one of its main challenges for the year 2019.

It is at this moment that COVID-19 hit. It is not surprising, then, that when the first conspiracy theories regarding the virus started to emerge, the WHO alarmed that 'infodemic' might be the biggest threat to the successful management of the pandemic (WHO 2020a). It also expressed concern that the crisis and conspiracy theories and misinformation connected to it might present a serious threat to the acceptability of routine vaccines (WHO 2020b). Consequently, while scholars representing biomedicine were delegated to the global-wide search for vaccine or cure for the COVID-19, scholars in social sciences were tasked with 'fighting', 'countering', 'combating', 'confronting' or 'preventing' disinformation. Within a few weeks since COVID-19 arrived in Europe, conspiracy theories became branded as the key social enemy. Simultaneously, once the fight against the virus started, a battle for a vote of confidence in science commenced. The next two years became a two-year long referendum on science and biomedicine.

Researching Conflicts over Vaccines

So where do you stand? Do you vaccinate? Some variation of this question, asked explicitly or implicitly, has been a daily reality of my research in the last few years. I started studying conspiracy theories surrounding vaccinations around the year 2018 (Drążkiewicz 2021). It was the staff of the Irish Health Protection and Surveillance Centre that directed my attention towards the problems surrounding the acceptability of the HPV vaccine. At first, the programme was very successful, reaching an 86.9 per cent uptake. But during the 2016–2017 school year, the numbers went down to 51 per cent, raising questions about the cause of this significant drop (Corcoran et al. 2018). In my research, I talked to both public health professionals who supported vaccination programme and women who believed that their daughters experienced side effects from the vaccine and argued that the whole immunisation programme is a national scandal, a scam. Both sides asked *Do you believe in vaccines?*, and my answer determined my respectability as a researcher and people's willingness to participate in a study. There was no doubt that both sides had also certain expectations regarding my work. Women who expressed concerns regarding the HPV vaccine expressed hope that my work will represent their perspective but also that I would reveal the truth about Irish healthcare system and the supposed entanglements of the Irish state with Big Pharma. Medical professionals were hoping that I would help them reveal the truth about REGRET—an informal association of parents who claim that their daughters

experienced severe side effects from the HPV vaccine. They also hoped that I would help them to understand why people opt out of vaccination schemes and why they chose an action which counters scientific knowledge. It quickly became clear to me that even though both sides were separated by the conflict over vaccines they shared the same interest in 'revealing the truth' about one another.

The conspiratorial presumptions of my informants who experience vaccination regret can be analysed on many pages. But while I strongly believe that research focusing on people who endorse conspiracy theories is very important, I am also of the view that understanding why some individuals and groups turn to conspiracy theories requires us to also understand why others do not and why some groups so strongly oppose them. Like all forms of knowledge, conspiracy theories are relational: they attach themselves to relations between people, emerging within a dialogical field (Hastrup 2004: 456). For those reasons, we have to explore not only the world of 'truthers' but also the world of 'truth defenders'. This requires working with laudable professionals: scientists involved in researching or countering conspiracy theories; public health professionals who are dedicated to enhancing confidence in vaccine schemes; and journalists who invest their time into debunking fake news and conducting investigations to reveal shams and inconstancies of the 'anti-vaxxers'.

This article reflects on my research experience of conducting such double research and working with two conflicted parties: individuals involved in campaigns questioning vaccination safety; and immunologists and epidemiologists working against those claims. Reflecting on research conducted with people entangled in the HPV vaccination conflicts in Ireland, in this article I will examine methodological, analytical, but also legal and professional implications of doing simultaneous research with opposing stakeholders. Dealing with the discomfort of positioning myself on the fence separating both camps (and occasionally falling down off it), in this article I demonstrate that regardless of whether our research participants are labelled as 'laudable' or 'despicable', the key issues that needs to be addressed remain the same. What is at stake? What is at stake for our informants, for the issues they fight for, but also for our research? What is the end goal of those research endeavours?

A Normative Stand

Thalmann (2019) shows that scholarship examining conspiracy theories was frequently born out of a concern for the ways in which conspiracy theories were weaponised by totalitarian regimes. Adorno and his colleagues (2019) as well as Popper (2020) studied the topic because they were concerned that conspiracy theories were dangerous for democracy and for the peaceful coexistence of societies (Hristov 2019; Thalmann 2019). A similar motivation drove Hofstadter and Wilentz (2012); Hofstadter's intentional coinage of the term 'paranoid style' as a pejorative reflected his positionality on the issue. As McKenzie (2020) and Bratich (2008) point out, the context in which the concept of conspiracy theories emerges strongly influences the ways in which conspiracy theories are perceived. As many studies are born out of concern for the ways in which conspiracy theories might violate basic norms of democratic discourse, many scholars emphasise the dangerous character of the phenomenon (Byford 2015; Lewandowsky 2021; Lewandowsky and Cook 2020; Uscinski 2018). Researchers also tend to accentuate their falseness and logical fallacies (Lewandowsky and Cook 2020). This is particularly the case for the studies concerning vaccine acceptability which often argue that opting out of vaccination programmes is an anti-social act as refusal to participate in preventive medicine ruptures the solidarity approach to society.

But there is scholarship which approaches conspiracy theories a bit differently (Baden and Sharon 2020; Uscinski 2018). Some scholars have pointed out that conspiracy theories are sometimes mobilised by people who fight for positive causes, such as climate action (Wepfer 2021), or by groups who counter anti-democratic regimes (Keenan 2006; Sobo and Drążkiewicz 2021). Some notice that conspiracy theories might be actually true (Dentith 2018; Räikkä 2009) or prompt investigations that lead to the discovery of the truth (Culloty 2021). Others express concern that a focus on falseness might lead to the exclusion of certain forms of thought (Bratich 2008; Hellinger 2019; Husting and Orr 2007) and neglect the power relations involved in the truth arbitrages (Mathur 2015; McCarthy Brown 2003; Pelkmans and Machold 2011). To account for imbalances of power in conflicts over truth, some scholars postulate an approach to conspiracy theories as narratives contesting hegemonic knowledge (Boyer 2006; Keenan 2006). However, others point out that this approach cannot be sustained, as official, hegemonic truths can also include elements of conspiracy theory (Bilewicz et

al. 2013; Bilewicz et al. 2019; Caytas 2013; Imhoff and Lamberty 2020; Pelkmans and Machold 2011; Robinson 2017). Also medical anthropologists pointed out that discussion concerning vaccine attitudes should not be framed as a dichotomous anti- or pro-vaccine issue but rather as a dynamic and complex issue, where people move on a spectrum of attitudes, depending on their specific situation and social context (Sobo 2015, 2016). Scholars also demonstrated that often vaccine anxieties are not a result of some paranoid thinking but instead are informed by historical or contemporary, structural or individual negative experiences with healthcare services, and therefore should be treated seriously (Fairhead and Leach 2012; Morales et al. 2022; Pop 2016).

Recognising these complexities, in the last two decades a body of new scholarship on conspiracy theories has begun to emerge in which scholars resist becoming arbiters of truth (Drążkiewicz 2021; Wilson 2004). In particular, anthropologists doubt whether the line between evidence-based and purely invented facts, between truth and error, can actually be easily drawn (Butt 2005; Fassin 2011; Højer 2020; Skinner 2000; West and Sanders 2003). Some also point out that, even if conspiracy theories do not contain truth, they sometimes offer a relatively good approximation, adding that even scientists do not always know what is 'really' going on and that they themselves have difficulty distinguishing between bogus conspiracy theories and genuinely conspiratorial politics (Bale 2007; Brown and Theodossopoulos 2000, 2003; Dentith 2018; Hagen 2018; Imhoff and Lamberty 2020).

Sitting on the Fence, and Falling Down

My own research on conspiracy theories has heavily influenced by this anti-normative stand and anthropological studies of vaccine acceptability (Drążkiewicz and Harambam 2021). After discussing conflicts over the HPV vaccine with people on both sides of the divide as well as following their presence in media and bureaucratic sphere, I came to the conclusion that a big part of the problem was not simply knowledge deficiency but a trust deficiency (Drążkiewicz 2021). In my view, while it is important to learn more about people who spread misinformation it is also important to consider what makes certain theories regarding vaccines believable. Why did so many people believe the rumours that vaccines were not safe? I argued that the answer to that

question is hidden in the messaging of the REGRET group. Of course, I was not first person to make that observation - my colleagues in medical professions also paid close attention to communications coming from REGRET and its followers. But importantly, my reading and the reading of medical professionals differed. The gaze of medical professionals focused on information directly linked to vaccines. Consequently, they focused on such problems as logical fallacies, outdated sources, half-truths, selective and manipulative use of evidence, and so on. As a result, many of them concluded that the key problem is knowledge deficiency, poor science literacy as well as gullibility of people who fell victim to misleading theories. What caught my attention were narratives concerning public health professionals and Irish healthcare system at large: complaints regarding patronising attitudes and lack of support for people reporting vaccine side effects. In my view, such stories resonated with more common narratives regarding Irish healthcare services: general poor quality of women's services, numerous scandals regarding the Health Services Executive (HSE) and other welfare services, as well as strong class inequality within Irish healthcare which provides preferential treatment for those with private health insurance. Thus, I noted that the decision to opt out of vaccination schemes might not only be driven by the 'facts' about vaccines spread by the REGRET group but also their statements about an unreliable system that (yet again) failed Irish girls and women.

My colleague from the HSE heard me presenting this argument at the Maynooth University and suggested that I should share these findings with her team. She quickly organised a talk in her institution. But even though now I was speaking to medical professionals, I did not alter my article and naively continued with a typical 'anthropological critique' style. I thought it went well. There were many questions and comments, most very positive. There might have been one or two more tricky questions, suggesting that perhaps I was underestimating the harm that misinformation and the REGRET group does to vaccine programmes, but overall no one made strong objections. Soon after, I was reassured that my talk was indeed appreciated and perhaps even considered a valuable contribution: I got invited to the Winter Scientific Meeting of the Public Health Department, one of the most prestigious platforms bringing together all the key stakeholders in the field.

This was really exciting. But soon my joy was disturbed by an email; one of the high-profile

HSE representatives couldn't attend my original presentation but heard about it and now had some questions that needed to be discussed. This did not sound good. *Was I disinvited?* We arranged an appointment, and soon I embarked on an almost two-hour-long meeting to explain, slide by slide, my presentation, my methodology, and my approach. It felt like a viva, a quiz by a senior expert on the research in which I am clearly considered a rookie. It also felt like an ethnography done backwards. The table was turned, and now it was me being interviewed as I had to answer questions of a key stakeholder in my research field. My vetting process (for that talk and for further collaborations) depended on my ability to understand the concerns of my HSE colleagues, the profession the represented and their positionality in the conflicts over vaccines. This conversation was not only about me proving to be a respectable researcher with the ability to collect data and analyse conspiracy theories and the world of people who endorse them. Our meeting seemed like a test for my ability to understand people who oppose conspiracy theories, their point of view, their perspective and their stakes in the conflicts over vaccines. Most importantly, it was also about my positionality and the expectation that I will be able to clearly choose my side in the conflict over vaccines and conspiracy theories. But my anti-normative stand was becoming a wedge between us. My suggestion that perhaps part of the problem of conspiracy theories are not just people who endorse them but also medical establishment whose actions sometimes undermine trust in public health was dangerously getting close to the narratives represented by the 'truthers'. I clearly had a compassion for people who experience vaccination doubt, but did I have empathy for people who dedicated their professional lives to disease prevention and health protection? It was time to pick a side: *are you with us or against us?*

Setting up Boundaries in the Research Regarding Vaccinations

The positionality of HSE personnel and other medical professionals is not hard to understand. It is their daily responsibility to make sure that the outbreaks of communicable diseases are limited to a minimum and that our health is not at risk. Vaccines play a highly important role in achieving this goal, and on their acceptability depends the successful protection of whole populations. It is therefore of paramount importance to make sure that communication on vaccinations and issues surrounding them is clear, and

that includes my presentation at the HSE meetings. What is at stake is public health. But what is also at stake is the reputation of the medical profession in Ireland and professional trajectories and livelihoods of individual people.

As I mentioned earlier, since the 1990s, conspiracy theories and people who endorse them became identified as the main culprit damaging the public's trust in health services and harming the respectability of the medical profession. This is because conspiracy theories mimic science while also criticising it and contesting its epistemic authority (Drążkiewicz 2022b; Roth 2005). They engage ideas of cognitive deviance in science and the moral perversion of medicine and medical professionals (Fassin 2011). This unsurprisingly results in strong opposition and self-defence from scientific communities (Harambam 2020; Harambam and Aupers 2015; Lewandowsky 2021; Peters 2020). But this specific positionality and a need for boundary-making (McKenzie-McHarg 2020; Pigden 1995) impacts the ways in which research on conspiracy theories, especially those concerning medicine is done, the questions that are asked, the framing that is promoted.

Of course, this is understandable and unavoidable. But researchers must be aware how their own biases can influence the questions they ask and their analysis. A currently dominant paradigm promotes framing of 'our' vs. 'their' knowledge, where people who endorse conspiracy theories are seen as an enemy. Before the pandemic, researchers already established that engagement with conspiracy theories is a widespread phenomenon, that no one is immune to some kind of conspiratorial theorising, and that conspiracy theories are endorsed and used by people on all sides of the political spectrum: from anarchists to the far right. They are mobilised by people in power as well as by underdogs, by those who fight for social justice and change, and by those who protect the status quo. Yet the pandemic once again brought the old hope that we can create a profile of *those people* who engage with conspiracy theories. That we will be able to identify the Other who enters the social body of our own societies undermining our own structures by spreading false information, accusations and fear (Drążkiewicz 2022b).

This pathologising approach is not new nor unique to Ireland and the conflicts over vaccines. In Western scholarship it was thriving between the 1950s and the late 1990s, and it conceptualised conspiracy theories as irrational, utterly simplistic, paranoid and harmful meaning-making practice. This framing influenced the strong interest – especially in early psychological

research – in finding out specific 'personality traits' of conspiracy theory believers, who were labelled as suspicious, untrusting, eccentric or narcissistic. The need to identify conspiracy theory believers stemmed from a concern with the damaging influence of conspiracy theories and a hope that once their profile, is known it will be possible to design specific interventions to prevent or counter their activities. The key here was a need to protect democracy and public good, and in the case of medical conspiracy theories, public health.

But since the early 2000s and the cultural turn in the studies of conspiracy theories, this approach has become a subject of criticism (Dentith 2018; Harambam 2020). Between 2016 and 2020, a COST network 'Comparative Analysis of Conspiracy Theories' led by Michael Butter and Peter Knight brought together an interdisciplinary cohort of scholars who jointly were trying to find new, more nuanced ways of approaching the topic and bridging the great divide between normative and culturalist approaches (Butter and Knight 2015). I was involved in that network. But before we had a chance to organise our last meeting in March 2020 and celebrate the progress of the subdiscipline, the pandemic emergency was declared. Soon after, the WHO announced that the infodemic was equally threatening to the global health as the COVID-19 virus (World Health Organisation 2020a). Even though some scholars voiced criticism of this simplifying metaphor, warning against a 'moral panic' (Bratich 2020), the 'combative' approach prevailed (Altay et.a. 2023). Since then, scholars, NGO leaders and policy makers concerned with the damaging influence of conspiracy theories on democratic space argue that conspiracy theories have to be acted upon: defused, debunked, countered (Betsch and Sachse 2013; Drążkiewicz and Harambam 2021; Dunbar et al. 2011; Leonard and Philippe 2021; van Prooijen 2021).

The prioritisation of this approach became particularly visible in the pandemic-related research funding streams. When in March 2020 Irish Research Council announced the COVID-19 Rapid Response Research and Innovation Funding Opportunity 2020, it listed among its priorities 'strategies to combat misinformation, stigma, and fear, to address their underlying drivers, and to improve public awareness, knowledge, and trust during the outbreak response' (IRC 2020). Similar framing was promoted in other agencies. Without a doubt, a sense of urgency helped elevate the position of conspiracy theory studies. Unprecedented resources were made available, the field attracted many new scholars. Yet at the same time,

the specific framing of conspiracy theories as the key 'social enemy' of the pandemic era also promoted approaches where the questions that were asked were often leading questions, whose goal was to support that specific action of debunking rather than to further the understanding of the phenomena. In certain areas it seemed like a situation in which a remedy (i.e. debunking) was prescribed before the condition (i.e. pandemic-related conspiratorial beliefs) was fully understood. Consequently, much of the work has been tainted by highly pathologising attitudes. It enforced sharp demarcation between laudable and admirable experts fighting to protect public health and suspicious, irrational scaremongers who spread disinformation and conspiracy theories. As Harambam (2020) noticed, this specific framing limited possibility for analysis, pushing even the most vocal STS scholars to suspend their usually highly critical stance. As the battle against COVID-19 and the fight for science was ongoing, it seemed like there was little space for critique and taking an anti-normative stand in the studies of conspiracy theories and vaccine acceptability.

There Is a Time and Place for Everything

As early as March 2020, it was prognosed that the only way to end the pandemic, or to at least minimise its scale, was through immunisation. At that time, the most optimistic predictions suggested that the vaccine would be available at best in 12–18 months (Cohen 2021). Yet already in March, HSE experts were starting to prepare for future immunisation campaigns out of concern (which I also shared) that due to growing misinformation as well as the constantly changing social context of the pandemic, the acceptability of the immunisation campaign might become an issue. The growing mistrust in vaccines in the years prior to the pandemic (as evident in the conflicts over the HPV vaccine) as well as the lessons learned from the 2009 pandemic (in 2019 the HSE, the Ministerof Health and Glaxosmithline Bilogicals SA were facing more than 80 High Court Cases over the administration of a swine flu vaccine which allegedly caused narcolepsy)(O'Flanagan et al. 2014) suggested that broad popular support for immunisation campaigns, even at a time of such a huge crisis, should not be taken for granted.

The additional concern presented increased visibility of conspiracy theories and the fears they provoked. Even though some scholars were signalling that contrary to the popular perception, this

was not a gold era for conspiracy theories, still the overwhelming feeling was that the era of reason was ending and if this madness is not stopped, we will soon all fall off the conspiratorial cliff (Uscinski 2021). The situation was exacerbated by proliferating media accounts of conspiracy theories. It seemed, that when the world stopped due to pandemic, conspiracy theories became the only (except for the virus itself) hot topic available. As unprecedented sources were poured into the studies of conspiracy theories and misinformation, research concerning the issue also raised significantly. As much of the work was done through quantitative means, statistics and big data were easily mobilised to stoke alarming tones warning that conspiracy theories present a major threat to social cohesion (Altay et.a. 2023).

But for the HSE staff who was at the frontline of the pandemic management, the concern regarding conspiracy theories was more than just fascinating phenomena worth researching. It was their decisions and actions that were subjected to conspiratorial interpretations. They were frequently painted as suspicious agents concealing the subversive activities of Big Pharma and other agents. They were key suspects in conspiratorial narratives (Drążkiewicz 2022b). The HSE staff and institutions were trolled on social media, they received abusive correspondence. Understandably this was causing a lot of stress. The gravity of the issue became clear to me when I was about to publish an article which reflected on the early pandemic response (Drążkiewicz 2020). It analysed the ways in which COVID-19 redefined the relationships that health professionals and the members of the public have with medical data. It explored how the context of the pandemic turned numbers from abstract, and sometimes boring, cognitive tools into important and affective tenets of social lives that dictated the moral values and conditions of sociality.

I sent a draft to a colleague in the HSE. Soon I received an email. The HSE staff did not share the enthusiasm of my peer reviewers and asked me to reconsider some parts of the paper. This was a firm request. *Am I at risk of being sued?* I wondered. This time there was no possibility of meeting to explain myself. We were in the midst of pandemic and travel was strictly prohibited. It went without saying that the HSE staff was also too busy to discuss my paper. It was spring of 2020 and a bare life (Agamben 1998) mattered the most. Having time for social theory seemed like a privilege at that time, a luxury.

But maybe it was precisely because saving lives was what mattered the most at that time and because the HSE could not afford any scandal that my article

was not left without response. Even though, in my view, my article was not critical of the HSE and had a milder tone than my earlier work on the HPV immunisation campaigns, it prompted a stronger reaction. It was clear that this time the stakes were much higher and there was no space for even the slightest mishap. This was time for protecting public health, public healthcare and science. This was no time for criticism. W*e were all in this together*, and there was no time for poly-truths or criticising the efforts of people and institutions saving our lives (Harambam et al. 2022). Respecting the wishes of my informants and the need to protect them I opted to make the changes they requested.

Are We There Yet? Is it the Right Time?

Two years forward, in January 2022, 94 per cent of the Irish adult population was fully vaccinated; among the population ages 12 and over, the uptake reached 92 per cent. This was a huge success. Ireland became one of the European leaders of COVID-19 immunisation. In spite of all the fears, it became clear that at the time of extreme crisis, Irish residents still trusted the advice of the Irish health professionals that vaccines are safe and their promise that vaccination will ease some of the most severe COVID-19 restrictions. A possibility that COVID-19 urgency might be coming to an end started to be real.

Around this time I received another email. It was from the editor of *Nature* who asked if I would be interested in writing a worldview piece for them (Drążkiewicz 2022b). The editor listened to one of my podcasts and found my approach interesting. Like most scientific journals, *Nature* published several articles regarding conspiracy theories during the pandemic (Caulfield 2020; Chan et al. 2021; Cichocka 2020; Pertwee et al. 2022), and they continued to search for new perspectives. I suggested an article which would advocate against a pathologising approach to the study of conspiracy theories. I was also arguing that scholars studying conspiracy theories should pay closer attention to the ways in which their own positionality—especially the need to defend science—shapes their research: the questions they ask, the angles they take. With my editor we worked out a final version and sent it off to the senior editor for the final approval. This was supposed to be straightforward procedure. But soon I received another email full of suggestions and questions. It took us few weeks before we landed on the final version. Like in the case of

the HPV talk and COVID-19 article, what seemed to be most confusing was my stand: Is it possible to study conspiracy theories with compassion and yet be on the side of science? Can you have empathy for people who experience vaccination doubt and be pro-immunisation at the same time? Should lack of strong language denouncing conspiracy theories as irrational and dangerous be understood as siding with the enemy? Paradoxically, while one of the goals of my work was to draw attention to the question of positionality in the research on conspiracy theories, it was my own positionality—or its ambiguity—that was causing tension.

As I noted at the beginning of this article, in the post-truth era there seems to be little space for ambiguity. Perhaps, that is why the whole idea of the post-truth should be replaced with the notion of *Pan-Truth*: a condition in which truth becomes the most important value, a notion subjected to constant investigations, debates and often conflicts. In the Pan-Truth era, just like in an emergency situation—when the herd immunity is at risk, when people are dying because of a novel virus—there is no time for sitting on the fence. In this context, my avoidance of taking a strong, explicit stand against people who endorse conspiracy theories was causing confusion and tension.

This is not surprising. As I noted above, scientific institutions and individual scientists—especially those who are leading the fight against COVID-19—are frequently objectified as key suspects in conspiratorial narratives (Drążkiewicz 2022b). But they are more than just passive subjects of conspiratorial narratives. Frequently, they are also active agents as they design activities to defend themselves and 'the truth'. Collectively and individually, they take stands in conflicts over truth. This complicated relationship linking people who endorse conspiracy theories with those who counter them might be essential for better understanding conflicts over truth and why they are so antagonising. Borenstein (2019) notes that debunking a fallacy is not just a tool for persuasion; it is also an important rite confirming one's own worldview, and it can be an act of solidarity with other like-minded people.

This is particularly visible in the conflicts over vaccinations and conspiracy theories connected to them. For vaccine proponents, controversies regarding immunisation programmes were important opportunities to vocalise issues regarding social contract and the need to protect one another. In their view, the decision to opt out of vaccination schemes is perceived as an anti-social act (as it is endangering herd immunity and the effectiveness of immunisation programmes and puts at risk vulnerable individuals who cannot be immunised). The refusal to participate in preventive medicine is frequently interpreted as breaking the solidarist approach to society, rejecting the idea of a social debt and questioning the expectation that members of society must mutually protect each other against mutual risks, such as contiguous diseases. Conflicts over COVID-19 conspiracy theories were about all of this and more.

The work I conducted with Elisa Sobo (Sobo and Drążkiewicz 2021) at the early stages of the pandemic revealed that these conflicts were additionally about renegotiating acceptable and desirable degrees not only of social solidarity but also of the role of state in this process (Agamben 2020). These conflicts were not just about opting in or out of a vaccination scheme but also about different understandings of what is it that bonds us together and what responsibilities we have towards each other. Finally, the pandemic was not just a battle to secure the acceptability of specific medical technology (the COVID-19 vaccine) but also about safeguarding respectability of science and maintaining the rule of experts. It was about avoiding ontological turn, preventing the end of the era of reason, a dawn of modernity. It was about turning from the trajectory towards the post-truth era and instead taking a turn towards the pan-truth era.

It is not surprising then, that my talks and articles, written and shaped by this context received some pushback. While on the surface it appeared that these conflicts were about doing unthinkable—criticising a laudable profession—in fact, at the basis of these conflicts was insecurity concerning shared values. Paradoxically, in each case, once we established that we share common ground, that like other scientists I share concerns about public health, about democratic values and science, a tension was gone and a space for social critique, for debate and even for disagreements was made.

The predominant view is that conspiracy theories are dangerous because they are polarising and can erode social solidarity and other important social values (such as trust in science). Yet my own research trajectory also revealed that conflicts over conspiracy theories might also have a generative value. My disagreements with the representative of scientific establishment allowed me not only to better understand their perspective but also to clarify my own view and improve my analysis. These disagreements, opened a space between us for a productive conversation about the ways in which healthcare services can be improved. For me these were teachable moments.

But most importantly, in my view, conflicts over conspiracy theories can also have a transformative power at the societal level. If we move beyond an exclusive focus on conspiracy theories and take a holistic approach which considers jointly those who propagate narratives of suspicion and those who work against them, we can recognise that conflicts over conspiracy theories might also have a generative value and a power to strengthen social structures. Ireland entered COVID-19 shaken by the conflicts over the HPV immunisation programme and the High Court Cases concerning swine flu side-effects. In March 2020 a shared concern among healthcare workers was that acceptability of the pandemic restrictions and new vaccines might be limited. This concern was further stoked by a moral panic that we are entering a gold era of conspiracy theories. But sometimes interactions with a hostile and opposing social group—such as conspiracy theory believers—might strengthen the cohesiveness of society: it forces people to take a side, to commit to certain values (Pelkmans 2013). In Ireland, the louder anti-maskers and anti-vaxxers were, the louder the support for COVID-19 protection measures. Perhaps, in a way, the challenge of COVID-19 became beneficial, as (at least for a short moment) it invigorated faith in Irish healthcare and science—as evident in the 94 per cent vaccination uptake—a level that perhaps no one dared to dream of in March 2020.

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