
RESILIENCE: AN EXPLORATIVE WORKSHOP

June 30th, 2022; 12:00 – 15:00
ÖAW, UW, MUW

Short Description:

Resilience has become a buzz-word in our pandemic times. This explorative workshop brings together interdisciplinary researchers to talk about the concerns and possibilities that the concept of resilience carries with itself. Neil Vickers and Felix Tretter will approach the topic from the vantage points of Medical Humanities and psychology. We cordially invite everyone interested to take part in the discussion.

Neil Vickers (King's College, London)

Why Medical Humanists Need Concepts of Resilience

Abstract: One of the most remarkable things about the development of the medical humanities is how small the impact of the contemporary health sciences has been. Medicine is still widely understood by humanities scholars in terms of the tasks of doctors, especially hospital doctors treating patients for acute conditions. The social determinants of health seldom feature in medical humanities papers; neither do studies of childhood adversity. Yet studies in epidemiology, epigenetics and social neuroscience since the 1980s tell us that the history of our interpersonal engagements has a decisive, cumulative effect on human health. They indicate that social adversity can become embedded in the body physiologically, leading to greater risk of illness and death. Obviously, interpersonal engagements are not the only things that make us well or ill; biogenic causation is also real. But the contemporary health sciences tell us that, because of the centrality of the interpersonal and environmental context, resilience has a determining effect on health outcomes. If we are to understand illness as a social fact in the full Durkheimian sense we also need to understand resilience in everyday life. We cannot know what health *is* or what disease is without understanding resilience. Until recently the view prevailed that resilience is a trait that develops from an individual's experience with extreme adversity. The alternative, more universalising view has tended to be expressed in terms of 'good enough' parenting (Winnicott) or secure attachment (Bowlby, Schore, van der Kolk). In this talk I will explain why I believe the ongoing experience of 'supported autonomy' is the main source of resilience for most of us and will outline how Jerome Bruner's theory of narrative might help us to understand why this is so.

Neil Vickers is Professor of English Literature and the Health Humanities at King's College London where he also codirects the Centre for the Humanities and Health. He has had two careers, one in literature (at Oxford, Cambridge and King's London) and one in epidemiology (at UCL and at St George's Hospital Medical School). He has published widely on Coleridge and medical subjects and is the author of *Coleridge and the Doctors* (2004). He has just completed a book on the transpersonal dimensions of illness called *Shared Life and the Experience of Illness* which he hopes will appear in 2023. Recent articles of interest to medical humanities scholars include 'Winnicott's Notion of Holding as Applied to Serious Physical Illness' (2020), 'Illness and Femininity in Hilary Mantel's Giving Up the Ghost' (2019) and *Illness Narrative* (2016).

Felix Tretter (Bertalanffy Center for the Study of Systems Science, Vienna)
Epistemic trust and Infodemics - micro-/meso-/macro-level (systems view)

1. The social micro-level

- as developmental psychology and psychoanalysis shows, children develop several phases of extreme curiosity and exploratory behaviour; successful experiences in this action cycle might contribute to self-value formation
- it can also be seen as the anthropological basis of science
- in these phases the interaction with the parents (obviously mainly the mother) is essential: they provide the naming, explain mechanisms etc.; this can be seen as the basis of individual and socially mediated „epistemic trust“, also in the sense of P. Fonagy
- In adult phases, this basic experiential matrix of successful exploration could be a reference structure for further demands of social epistemic trust

2. Social macro-/meso-level:

- Science, in modern differentiated societies, is the institutionalized truth and knowledge producer with the mandatory “Follow the science” (=> evidence-based politics; N. Cartwright; e.g. climate change)
- In situations where science gives significant orientations for the population, their “epistemic trust” is relevant (follow the science)
- Trust in (or rejection of) science depends on several features of science as they are attributed by the respective individual / group (e.g. conspiracy believers)
- Mass media play an important role in transfer of scientific information
- Politics can have relevant influence, if they follow (or not) the science (masks wearing)
- In context of communications theoretical model, analyses of texts (in a wider sense: words, numbers, graphs) e.g. about incidence numbers are material for further empirical analysis

3. Corona – from description to explanation and forecasting ?

- Daily variation of incidence numbers makes confusion, but not to show them by conforming „cancel culture“ is also not a good idea
- the meaning of numbers is unclear as many error variables interfere, after a while of being exposed to these variations also reflecting recipients build their own opinion

- Hypothesis: the lack of theoretical framing: no epistemic circle model, no funnel model of disease course + supply, no multiple regression equation as result of big data analysis, no mechanistic model of pandemic and/or pathology.
This enhances distrust in science / media / politics.
Or the other way round: theoretical framing would enhance adherence

Compare for example:

Blood pressure or blood sugar values / depending on bio-psycho-social stress

Felix Tretter: see https://de.wikipedia.org/wiki/Felix_Tretter