Is Resilience Thinking a Form of Eugenics?

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LAURA JUNG, APR 10 2024

Resilience has long been touted as a means to endure turbulent times. Now, as Western countries reel from the compounded impact of Covid-19, the war in Ukraine[1], and the cost-of-living crisis, strategies for "bouncing back" are once again circulated by policymakers, businesses, international organizations, and self-help gurus. But is this really a good idea? As many scholars and activists have pointed out, resilience is a deeply ableist term. Often framed as individual capacity to function or even thrive in the face of adversity, resilience frameworks all too frequently rearticulate ableist norms of heroic individualism, autonomy, and self-reliance (Lavallee and Clearsky, 2006; Hutcheon and Wolbring, 2013; Hutcheon and Lashewicz, 2014). Many chronically ill and disabled people, who both rely on care and are barred from participation through inaccessible structures, are seen through this lens as inherently lacking in resilience. What is more, resilience frameworks are often harmful for disabled people, especially if they are BIPoC and survive under conditions of systemic precarity. Used to advance significant overhauls of labor, welfare, and social policies, ableist resilience norms are sometimes wielded to stigmatize people who don't work, receive welfare payments, and/or require care as lazy scroungers and a burden on "normal," hardworking citizens (Jung, 2023). Resilience frameworks thus tend to express what our society sees as worthy of praise: mustering one's inner strength to rise to a challenge, overcome, and perhaps even grow from it.

It is important to note that resilience means more than one thing. Multiple disciplinary histories have produced competing definitions of resilience (Bourbeau, 2018), and a number of fields, such as psychology, criminology, and social work, have worked for decades to replace harmful resilience approaches that are premised on individual capacity to overcome adversity (Schwarz, 2018). Resilience reconceptualized in relational terms, or as strength drawn from interpersonal relationships, networks of support, and availability of resources, can recast resilience as a tool of empowerment or even resistance (Runswick-Cole and Goodley, 2013; Ryan 2015). Nevertheless, resilience thinking can work as an enabler of eugenic policies. This can happen both when resilience is conceptualized in terms of individual fortitude, and when macro-economic stability is premised on individual autonomy and productivity. For individuals, states, and economies to be resilient, so the thinking goes, the burden of "costly," "dependent," and "non-productive" populations needs to be shed.

"Build Back Better": Crisis, Resilience, and the Promise of Renewal

How exactly was resilience thinking invoked during the cascading crises of Covid-19, the outbreak of war in Ukraine, and the ensuing cost-of-living crisis? During Covid, psychologists turned their attention to resilience to analyze how it helped people adjust to the stress of lockdowns. Likewise, consultancy firms and international organizations sought to build organizational resilience as forced closures and interrupted global supply chains adversely impacted businesses. McKinsey published a report on "strategic resilience," exploring methods for companies to withstand disruption, while the International Labour Organization disseminated advice aimed at enhancing resilience in business communities, drawing on lessons learned in the pandemic.

The biggest uptake of resilience thinking was arguably in the world of policymaking, where the shocks to the economy and healthcare systems were seized as an opportunity to "build back better." Many of these proposals initially centered green energy transitions and large-scale social spending in a marked departure from previous resilience budgets. The Biden administration's flagship policy under this name included many ambitious measures like major health care reform, universal pre-kindergarten child care, paid family leave, and dedicated funds to combat

climate change. Yet after being stalled in Congress and renamed the "Inflation Reduction Act," the Bill was stripped of many social spending measures and instead focused on reducing the federal deficit. The OECD published a "building back better" report outlining policy responses to Covid-19, aiming to create "more inclusive, more resilient societies with net-zero GHG (greenhouse gas) emissions and much reduced impacts on nature." By the same token, the UNDPR (United Nations Development Programme) emphasized the need to adopt a "systemic risk lens" to reduce the impact of future pandemics, and recommended measures to "bounce forward" by "building back better" through measures addressing climate change and reducing poverty and inequality.

The EU also invoked resilience thinking to formulate a post-pandemic recovery plan, centering both green energy investments and improved healthcare and working practices to stimulate "transformative resilience" (i.e., how not just to bounce *back* but *forward* after a crisis). Following Russia's invasion of Ukraine in 2022, this framework was expanded to include a military component. Faced with "growing instability, strategic competition and security threats," European leaders formulated a "new growth and investment model for 2030". While this model retained the commitment to "mak[ing] Europe's economic base more resilient," it also sought to strengthen defense capabilities and reduce energy dependencies.

Whether the world's major economies truly planned to implement transformative green, sustainable, socially conscious policies after the pandemic, or whether this was just another instance of "blah, blah, blah" is anyone's guess. What is certain, however, is that while these proposals emphasized "wellbeing" and "inclusiveness" and warned against simply returning to "business as usual" after the pandemic, actual post-Covid policies have gone in the opposite direction. Protective measures were rescinded, while the prevention of infections was largely made a matter of personal choice and responsibility. Mask mandates and social distancing measures were lifted in the UK in July 2021, while President Biden declared the pandemic over in September 2022. The following year, Covid-era insurance, vaccine, and testing coverage for groups of previously uninsured people were rolled back in the United States. Beginning in March 2024, the CDC no longer recommends that people stay home after a positive Covid-19 test result. Pandemic-era policies designed to limit the spread of infections, from recurring stimulus checks, to moratoriums on evictions, to extended sick leave were gradually phased out.

As disability justice activists like Alice Wong sounded the alarm over infections spreading uncontrollably without these protective measures in place, abled society gradually settled into a new normal where masking was optional because it was assumed that everyone would get Covid eventually. In an interview with the BBC, Anthony Fauci proclaimed that while the "vulnerable will fall by the wayside," general immunity in the population was now so strong that even a surge in infections would not lead to the level of deaths seen previously. Reopening the economy and returning people to work was prioritized over broad-based and inclusive policies serving not just the normatively healthy. In sum, just like many other crisis-era policies framed in the language of resilience, "bouncing back" soon came to require the abandonment of populations seen as costly and inconvenient – or worse yet, their active stigmatization, debilitation, and precarization, sometimes with lethal consequences.

From WWI Trenches to Austerity Britain: 100 Years of Eugenic Resilience Thinking

The resurgence of resilience thinking and concurrent amplification of anti-disabled policies is not an accident. Not only is there a conceptual link between resilience and eugenic policies and practices, as I laid out above, but historically, there have been repeated instances of resilience discourse being invoked to justify violence against disabled people. This happens most frequently when calls to resilience are made in debates over welfare, social services, economic productivity, and the ability to work. Resilience, most commonly taken to mean the inherent or acquired capacity to rapidly recover from shock, is then used as a cudgel to berate those who are seen to be unable or unwilling to "bounce back."

Take the example of the trauma diagnosis. Until relatively late in the 20th century, there was near consensus among Western psychiatrists that "normal" people recovered quickly from shock. This was especially relevant in the context of war. German psychiatrists during World War I, for instance, used the notion of an "elastic psyche" to convey the idea that even soldiers suffering nervous breakdowns after exposure to severe shelling, gas attacks, and other near-death experiences would quickly recover, as long as they were in good psychic and physical health overall. Robert

Gaupp, an influential German psychiatrist at the time, wrote that "[t]he war has shown convincingly that man is so elastic that most participants overcame even the most harrowing experiences without permanent damage to their health" (Gaupp 1922, 82). Those who did develop long-term symptoms were considered to have a pre-existing, underlying condition – often something as vague as a generalized "nervousness" – that predisposed them to breakdown (Binswanger 1922, 51-2). But not just weakness but assumed greed and selfishness played a role in this diagnostic paradigm: many of the notorious "shell-shocked" soldiers of the period were understood to be driven by an unconscious desire for personal gain. The subliminal yearning to be removed from the line of fire, return to safety, and perhaps even claim a veteran's pension were considered by psychiatrists to be powerfully generative in the psyche, creating the types of symptoms that would require medical treatment and removal from the front lines (Bonhoeffer 1914, 1779).

The link between trauma diagnoses (known at different times by a number of competing terms) and welfare entitlements proved to be politically explosive. Germany was one of the first states to pass comprehensive social welfare policies in the 1880s, and psychic trauma was one of the conditions which entitled workers to disability benefits (Eghigian 2001). Yet psychiatrists whipped up a moral panic, suggesting that most of the claimants were lazy welfare scroungers using their trauma diagnosis as a way to stay home from work and receive disability checks. Notably, like with the WWI soldiers, psychiatrists usually did not suggest that patients were simulating these symptoms outright. Instead, they argued that these claimants had a weak psychic disposition, which made them susceptible to the lure of a pension (Bonhoeffer 1911, 373). Only those with a feeble psyche succumbed to the promise of compensation and developed the symptoms required to become eligible to receive it. Conversely, those who recovered quickly were understood to have the strength of will to overcome their symptoms, return to work, and independently earn their living. In this early 20th-centruy medical paradigm, we find ableist resilience discourse at its most pronounced.

Two factors combined to produce this impression. The first was the view that most pensions claimants were selfish, work-shy, and entitled, a group of 'troublemakers … whose thinking and yearning revolve only around their pension' (Bruns 1908, 1136). The second factor was the view that pensions themselves were causing these nervous conditions. In the psychiatric literature of the period, tales of workers returning themselves to health (and work) by sheer force of will before the introduction of comprehensive welfare legislation abound (Jolly 1897: 242-3). Without a pension, so the thinking went, there was no incentive to maintain traumatic symptoms, but the compulsion of returning to work instead would have a therapeutic effect. As a result, increasing cases of trauma patients were largely considered to be a direct result of welfare laws. As the psychiatrist Alfred Hoche writes, '[t]he law – and of this there can be no doubt – has caused this illness' (1935: 16).

The danger of this kind of resilience thinking became clear after the war. In the depths of economic crisis and hyperinflation, many of the same German psychiatrists who had argued that "hysterical" soldiers simply suffered from weakness of the will and were angling for a pension, penned tracts calling for the sterilization and killing of disabled people (Bonhoeffer 1924, Gaupp 1926). The most notorious of these is a pamphlet written by Hoche and the criminologist Karl Binding titled *Die Freigabe der Vernichtung unwerten Lebens* [Permitting the Destruction on Life Unworthy of Living] (1920). In this text, which helped shape the Nazis' genocidal policies toward disabled people (Hammon 2010), the authors make the case that people who require a lifetime of care, have no prospect of recovery, and do not display any discernible stirrings of willpower are "ballast existences" who should be killed (Binding and Hoche 1920, 57). Read through the lens of resilience, these groups of people were seen to lack the capacity to rebound from their disability and would never be able to be live a fully autonomous life. For these authors, this lack of resilience consigned disabled people to disposability.

Throughout the past century, whenever questions of welfare, productivity, and disability were contentiously debated, resilience thinking was invoked to justify anti-disabled politics. Traumatized Holocaust survivors were denied compensation *en masse* by West Germany because examining psychiatrists judged their symptoms to have no connection to the camps (Jung, 2021). Around the same time, Vietnam War veterans breaking down after the war struggled for recognition of their condition as directly related to combat experiences (Scott 2014, 298). In both cases, psychiatrists, compensation bureaucracies, and insurance companies rooted their symptoms in pre-existing pathologies and assumed that healthy patients would recover from comparable strain relatively quickly.

In the early 2000s, the intensification of global wars saw not only an increase in PTSD diagnoses among troops deployed in the "war on terror" (Hines et al. 2014) but led to mounting treatment costs. As a result, the United States Army introduced a resilience training program which sought to train soldiers in "emotional, social, spiritual and family fitness" to help soldiers to "grow psychologically from the crucible of combat" (Seligman, quoted by Howell 2015, 20; 21). The annual savings in treatment costs from the implementation of resilience across services was projected by one study to exceed $1 billion (Vyas et al., 2016).

In the wake of the global financial crisis, the UK government turned to austerity by mobilizing the language of resilience. As Chancellor George Osborne explained, a resilient economy would not only be one that had the "flexibility to respond to external shocks" but would "cut the waste" by ending reliance on welfare. The ensuing spending cuts slashed more than £30 billion from welfare, social services, and housing over the ensuing decade, diminishing what was cast as an overly generous welfare system which locked potential workers out of productive jobs by keeping them at home. At the same time, disabled welfare recipients were subjected to increased scrutiny and suspicion. As government ministers and certain media outlets ran campaigns to "name and shame" supposed welfare cheats, the Department for Work and Pensions (DWP) introduced enhanced measures of welfare conditionality and sanctions which would gauge "fitness to work." Disabled people relying on out-of-work benefits were made to undergo demeaning capability assessments in which they were accused of exaggerating or outright simulating their disability (CRPD 2017). These resilience-enhancing austerity measures proved to be lethal, leading to increased rates of suicide, heightened mortality in care homes, and deaths from abandonment and starvation (Barr et al. 2016, Watkins et al. 2017).

Cripping Resilience

Critical disability scholars and activists have formulated ways of cripping resilience by recalibrating who and what can be seen as resilient, decentering individual skill and capacity, and instead championing communities and relationships bound by values like mutual aid (Hutcheon and Wolbring 2013). Pivotal to these approaches in a rejection of the view that disability is something to be cured or overcome, while nurturing a "desire to dwell with disability" (Chandler, cited by Hutcheon and Wolbring 2013). The survival, perseverance and thriving promised by traditional resilience frameworks thus becomes untethered from the cult of heroic individualism and mastery and is rearticulated as a *process* unfolding in networks of mutual responsibility and care.

What might cripping resilience look like in our current moment, especially in relation to the ongoing Covid pandemic? To start with, the robust social, healthcare, and environmental policies promised by "Build Back Better" programs must urgently be implemented. Universal health coverage, paid family and sick leave, the expansion of safe and affordable housing, free testing and vaccination, protective measures for essential workers, and widespread availability of masks in public spaces, coupled with the equitable global distribution of vaccines and medication, are effective measures for containing the present virus. A rapid transition to renewable energy and action to preserve biodiversity will reduce the risk of future pandemics. Research into the treatment of Long Covid must be made a priority, centering marginalized groups and BIPoC communities which continue to be most affected. There needs to be an end to the carceral policies which cage people in conditions where infections run rampant, like in camps, detention facilities, jails, and prisons. Funding priorities must shift away from policing, incarceration, border surveillance, and weapons production for an ongoing genocidal war and accelerating global arms race, and align with an appreciation of life as precious.

Instead of relying on individual grit, determination, and immune systems to survive our perilous present, we need to value and practice interdependence. As writer and activist Mia Mingus argues, "[i]nterdependence acknowledges that our survival is bound up together, that we are interconnected and what you do impacts others. […] If we do not understand that we are interdependent with the planet we as a species will not survive. […] Embrace interdependence and know it is the only way we will be able to end this pandemic."

[1] Note that while there is a thick and complex nexus of meanings and strategies to be explored around resilience, war, blockade, international aid, and resistance in Gaza and the West Bank, this is beyond the scope of this article.

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