

EIVIND ENGBRETSSEN, MONA BAKER

RETHINKING EVIDENCE IN THE TIME OF PANDEMICS.

***SCIENTIFIC VS NARRATIVE RATIONALITY AND
MEDICAL KNOWLEDGE PRACTICES***

Cambridge, New York, Port Melbourne, New Delhi, Singapore:
Cambridge University Press, 2022, 118 pp.
ISBN 978-1-316-51660-7, Online ISBN 978-1-009-03068-7

IRINA DIANA MĂDROANE

West University of Timișoara

In *Rethinking Evidence in the Time of Pandemics. Scientific vs Narrative Rationality and Medical Knowledge Practices* (2022), Eivind Engebretsen and Mona Baker join the scholarly conversation on the crisis caused by the COVID-19 pandemic in public communication and policies (see, among others, Oswald et al. 2022, Van Aelst and Blumler 2022). The authors address the limitations of scientific evidence use in the medical field, starting from the multiple public controversies about health policies, healthcare practices and medical expertise that surfaced during the pandemic. In their view, the reliance on randomized controlled trials as the chief source of knowledge, dominant in evidence-based medicine and, hence, in institutional decision-making and communication on health issues, can be problematic insofar as it reinforces an image of science as monolithic and marginalizes the lived experience of clinicians and lay people. As it became apparent in the course of the pandemic, practice and real-life situations often call into question traditional scientific evidence, and, if disregarded, may lead to mistrust in institutions and to forms of resistance. Against a backdrop of “tension and entanglement between science and politics” (1), the book aims to yield fresh insights into the considerable opposition to COVID-19-related healthcare policies and practices, and to facilitate public dialogue on values and matters of concern that various communities may conceive of differently. For these purposes, Engebretsen and Baker propose a “more socially responsive approach to expertise” (4), premised on the central notion that there are “different types of rationality, and hence plural conceptualizations of evidence” (8) that deserve consideration.

Taking as a point of departure Walter Fisher’s narrative paradigm, developed in his book, *Human Communication as Narration: Toward a Philosophy of Reason, Value, and Action* (1987), the two scholars advance “a modified and extended version” (81) thereof, presented in Chapters 2 and 6, as well as an analytical model, amply illustrated in Chapter 3, on the debate for and against face masks, Chapter 4, on the disagreements regarding mass public health measures (lockdowns, physical distancing), and Chapter 5, on the arguments for and against vaccination.

Following Fisher, Engebretsen and Baker conceptualize narrative as “a mode of being in the world” (10-11) and only secondarily as “a mode of discourse” (narration as a genre, alongside description, exposition and argumentation). Human beings make sense of the world through a narrative lens, by situating and interpreting events, as well as discourses about the events, within ongoing narratives about their selves and their communities, and within wider social narratives. From this perspective, scientific claims are themselves narratives that can be assessed according to “narrative rationality”, which rests upon “the logic of good reasons”: a values-based logic that brings to the fore people’s fundamental commitments, labelled “transcendental values” (25). Rationality, in this sense, encapsulates a “pre-reflective, practical aspect of being in the world in Heideggerian terms” (9) or “practical wisdom”, the Aristotelian concept of *phronesis* (10). The main instruments for understanding and evaluating stories adapted from Fisher’s paradigm are “narrative probability/coherence” and “narrative fidelity” (14ff.). The former comprises three elements: “structural or argumentative coherence” or the internal makeup of the story; “material coherence”, that is the “external consistency and completeness” of the story in connection to other stories; “characterological coherence”, referring to “the consistency and reliability of the characters involved”, primarily the narrator(s), but also the “sources of information and authority” in the story (15). The latter, “narrative fidelity”, has to do with the “truth qualities of a story”, with the resonance of the events narrated with the audience’s experiences, so that they appear authentic, and with the values they cherish (15). Understanding and interpreting narratives therefore involves identification, achieved through the assessment of narrative probability/coherence and fidelity.

At this point, however, drawing upon McClure (2009), Engebretsen and Baker depart from Fisher’s approach by expanding the notion of identification and by regarding it, in a poststructuralist vein, as a process of narrative co-production by the audience and of intertextual mediation among different meanings and narratives (Kristeva 1969), aspects detailed in Chapter 6. Similarly, the two authors point to the desirability of certain incoherences and contradictions that can challenge the audience to reflect upon new facets and possibilities of action (McClure 2009, Stroud 2002). The prospect of change is thus accommodated, in a move that breaks with the inevitable reproduction of narratives ensuing, according to critics, from Fisher’s concept of fidelity. Another point of novelty is the concept of “narrative accrual” (Bruner 1991, Baker 2006), introduced to explain how particular stories, and not others, become widely accepted and naturalized, namely through the audience’s “repeated exposure to a set of related narratives and their underlying values” (35). This framework, introduced in Chapter 2 and revisited in Chapter 6, by way of conclusion, is consistently applied to a wide range of (semi-) public communication sites that hosted controversies and debates on COVID-19 healthcare measures and recommendations.

The empirical chapters impress through the variety of domains (medicine, politics, traditional and new media, religion, everyday life) and cases covered, as well as through their geography, ranging from the UK and the US, where most examples come from, to other countries around the world that were affected by the pandemic in specific ways (see, for example, Brazil). They also cut across different scales, from international organizations, such as the World Health Organization (WHO), to presidential, governmental and national medical institutions, and to local communities. The examples take readers from official stances and scientific

narratives to the narratives of marginalized and historically discriminated against communities, and to the narratives of ordinary people. Cases, debates and controversies that attained a symbolic status in the public imaginary of the pandemic are brought to attention and put under the scrutiny of the narrative paradigm, with a focus on structural, material, and characterological coherence, followed by a discussion of transcendental values, as related primarily to freedom and social responsibility.

The three analytical chapters identify the source of the audiences' mistrust and confusion regarding medical expertise and public health policies in perceived inconsistencies, first, in the scientific arguments released to the public, and, second, between their own experiences and official or expert discourses. Read through the narrative lens, such inconsistencies are a matter of structural and material incoherence. Thus, the medical community produced "conflicting messages" on the benefits of wearing face masks (Chapter 3), including at the top level of the WHO and the U.S. Centers for Disease Control and Prevention, which "created a space for the UK's Boris Johnson, Brazil's Jair Bolsonaro, and other high-profile personalities to amplify values such as masculinity and personal liberty at the expense of public safety and social responsibility" (28). Such clashes originated in different understandings of what should be considered reliable scientific evidence in public health policies and in different approaches to dealing with scientific uncertainty. The experts' recommendations and the policies concerning lockdown and physical distancing (Chapter 4) were similarly fraught with structural and material incoherence. In the UK, for instance, the population's trust in lockdown measures was affected by political hesitancy and by a change in slogans, from "Stay home, protect the NHS, save lives" (March 2020) to the ambiguous "Stay alert, control the virus, save lives" a couple of months later (May 2020), and then back to "Stay home, protect the NHS, save lives" (January 2021), by which time "the argument supporting the need for lockdowns had lost much ground" (46). Overall, communication within the scientific community was negatively impacted, note the authors, by "a lack of acknowledgement of the values underpinning the adversary position" (47), as was the case with the Great Barrington Declaration (in favour of herd immunity, while protecting the most vulnerable) and the John Snow Memorandum (in favour of control and suppression of transmission). The latter engaged the former on the lack of scientific evidence, but failed to engage it on the issue of values, specifically on the concerns expressed about the social problems and inequalities accentuated by lockdowns. The vaccination debate (Chapter 5) presents yet the most fascinating case of the three, as, in addition to the structural and material incoherence that could be noticed, for example, in the public recommendations on the Oxford-AstraZeneca vaccine, what came into play was a longstanding history of resistance to inoculation.

The rejection of the COVID-19 vaccine by significant parts of the world's population can therefore be related to a lack of trust in state institutions, due to previous "repeated attempts" by governments to make vaccines mandatory when faced with opposition (66), a matter of characterological incoherence. It can also be attributed to already established public stances and movements against vaccination, such as those generated by Andrew Wakefield's notorious link between the MMR vaccine and autism, and by ideologies and values concerning the "purity of the body" (73) that also led to the perception of inconsistencies in policy-making. The incompatibility between the European restrictive policies on genetically modified organisms (GMOs) and the support for the COVID-19 vaccine, based on

equivalent technologies, is a case in point (76). The association with GMO technologies can further explain some of the population's fears that the vaccine might contain a microchip for surveillance (74). The media, in accordance with their role of watchdogs, circulated and magnified the contradictions and fissures in the official narratives, being the chief arenas for alternative "narrative accrual", in particular social media.

In every case, characterological incoherence added to the scepticism fostered by the structural and material inconsistencies in the coronavirus scientific and governmental narratives. Prominent politicians in executive positions, such as PM Boris Johnson, abused their citizens' trust when caught not wearing the face mask and not respecting physical distancing at times when the respective measures were being enforced for the general population (Chapter 3). The institutions imposing lockdowns (Chapter 4) or recommending vaccination (Chapter 5) were not regarded as trustworthy by many citizens, and neither were the big pharmaceutical companies accused of standing to gain immense profits from the COVID-19 vaccines (Chapter 5).

It was divergent views of transcendental values, however, that largely informed the disputes and controversies on mass public health policies. Chief among them was "a specific understanding of the balance between individual freedom and social responsibility, and hence the boundaries of legitimate intervention by the state" (56), with serious implications for freedoms such as freedom of movement, freedom of religious assembly, and, at a different level, freedom from poverty. The empirical chapters examine in depth the clashes of transcendental values in the public realm. They show an awareness of the challenges posed by COVID-19-related policies to the mainstream populations as well as to the disadvantaged communities and to the populations of developing countries around the globe, who found it hard or even impossible to identify with the official narratives, due to their particular histories and experiences, which had also shaped their concerns and commitments. Bringing to the fore the inequities, structural discrimination and mistreatment of minority communities, and the struggles for economic survival of the hardest-hit categories is a great achievement of the book, as it is precisely close attention to the narratives of these groups that has been absent from the expert and official narratives, and from public debate. Examples include the need for black Americans to find a way of coping with their mainstream perception as dangerous when wearing face masks (38-39), the acknowledged cases of minority population sterilization or contamination through vaccination in countries like the U.S., Israel or Nigeria (78-79), or the protest cries of Malawi street vendors, unable to make ends meet, "Lockdown more poisonous than corona" or "We'd rather die of corona than of hunger" (54).

As important caveats, the authors point out, first, that their approach is descriptive, not normative (89), in that it only seeks to illuminate diverse understandings of medical evidence, stemming from diverse values and ways of being in the world, so as to improve communication on public health issues, especially at times of crisis like the coronavirus pandemic. Second, they do not suggest that narrative rationality should replace traditional scientific rationality or that the critical appraisal carried out in evidence-based medicine should be discarded. They posit "only that such appraisal is incomplete" and that it is essential to grasp how people make sense of medical knowledge in their different, particular contexts, and why (91).

Eivind Engebretsen and Mona Baker succeed in making a thought-provoking, original, and engaging contribution to an ongoing academic and societal conversation on the role and status of medical expertise in public health policies and communication during the coronavirus pandemic. They put forward a theoretical-methodological framework and interpretations of findings that can be extended, beyond the COVID-19 pandemic, to other crises of the same kind. While the book is intended primarily for medical researchers, practitioners, and policy makers, it also speaks to scholars and decision makers in other areas, and to a general public interested in comprehending the complexities of public debate and policy-making at the time of pandemics.

References

- Baker, Mona. 2006. *Translation and Conflict: A Narrative Account*. New York: Routledge.
- Bruner, Jerome. 1991. "The Narrative Construction of Reality" in *Critical Inquiry* 18 (1), pp. 1-21.
- Fisher, W. R. 1987. *Human Communication as Narration: Toward a Philosophy of Reason, Value, and Action*. Columbia, South Carolina: University of South Carolina Press.
- Kristeva, Julia. 1969. *Semeiotiké: recherches pour une sémanalyse*. Paris: Points.
- McClure, Kevin. 2009. "Resurrecting the Narrative Paradigm: Identification and the Case of Young Earth Creationism" in *Rhetoric Society Quarterly* 39 (2), pp. 189-211.
- Oswald, Steve, Lewiński, Marcin, Greco, Sara and Serena Villata (eds.). 2022. *The Pandemic of Argumentation*. Cham: Springer.
- Stroud, Scott R. 2002. "Multivalent Narratives: Extending the Narrative Paradigm with Insights from Ancient Indian Philosophical Texts" in *Western Journal of Communication* 66 (3), pp. 369-393.
- Van Aelst, Peter and Jay G. Blumler (eds.). 2022. *Political Communication in the Time of Coronavirus*. New York, Oxon: Routledge.