**Epistemic Injustices in Psychiatric Research and Practice**

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**1. Introduction.**

Developments in epistemic injustice studies since Fricker’s 2007 book. The original Frickerian framework is central to *epistemic injustice studies* (cf. Kidd, Medina, and Pohlhaus):

1. critical refinement and elaboration of Fricker’s original account, by her and others.
2. identification of additional forms of epistemic injustice (Dotson).
3. appreciation of earlier studies of epistemic injustice (Berenstein).

Some problematic tendencies in epistemic injustice studies:

1. over-generalised uses of ‘epistemic injustice’ to cover ‘anything bad epistemically’.
2. under-articulated accounts of epistemic injustice.
3. focusing on Fricker’s framework without considering alternative possibilities.

 Carel and Kidd work on *pathocentric epistemic injustices* (focused on chronic somatic illness) and later gestures to psychiatric illness (Crichton, Carel, Kidd).

**2. Applying epistemic injustice to psychiatry.**

Early work used a minimally-modified Frickerian framework:

1. Crichton, Carel, and Kidd: persons with psychiatric illnesses are especially vulnerable to epistemic injustices – *contributory factors* include (i) effects of psychiatric illnesses, (ii) epistemic privileging of scientific evidence, (iii) entrenched negative stereotypes.
2. Scrutton: negative stereotyping and epistemic privileging: corrective strategies should include emphasising first-person authority concerning (i) the experience of psychiatric illness and (ii) what is best for the person.
3. Kurs and Grinshpoon: awareness of epistemic injustices in psychiatry should alter our (i) concepts of care and (ii) the ubiquity of injustices throughout clinical contexts and the social world.

General lessons:

1. Persons with psychiatric illnesses are highly vulnerable to forms of epistemic injustice.
2. Modelling these injustices requires adapting existing EI resources to the specific cases and contexts (eg sanist stereotypes).
3. Ameliorative responses *must* recognise and draw on the distinctive epistemic value of first-person testimonies of persons with psychiatric illnesses.

 But this early work said less about structural features of psychiatric science and practice and there was no real divergence from, or modification of, the original Frickerian framework.

**3. Contemporary work on epistemic injustice and psychiatry.**

Later work got specific in two ways: (a) *psychiatric illnesses* and (b) *psychiatric practices*.

**(A) Studies of specific psychiatric illnesses and mental disorders.**

1. Kyratsous and Sanati: distorting stereotypes about *delusions* (eg as manipulative) could be offset by adopting more holistic conceptions of delusions.
2. Spencer and Carel: psychiatric conditions can be subject to *wrongful depathologisation*, eg OCD symptoms reduced to (nonpathological) personality traits. WD is in a grey area between *trivialisation* and *stigmatisation* – too ill to be free of stigma but not ill enough to be taken seriously.
3. Jackson: epistemic injustices involve patronising attitudes/assumptions by neurotypical persons. Correcting these needs new conceptions of *empathy* (see Chapman and Carel).

 General lesson: an expanded *aetiology* of EI – more than negative stereotypes – eg deficient conceptions of delusions, wrongful depathologiation, and limited models of empathy. But too many specific psychiatric illnesses are yet to receive proper study ☹

**(B) Studies of epistemic injustices in psychiatric practice and research:**

EI can be studied at the level of *psychiatric practices* – at every stage of the process. Compare this to wider debate about strategies for promoting epistemic justice (cf. Samaržija 2021). Some emphasise roles for individual-level changes, others exclusively privilege institutional changes (eg Anderson 2012, Coady 2017, Sherman 2016).

* 1. Beuter: exclusion of patients from taxonomic decision-making in psychiatry represents a form of *pre-emptive testimonial injustice* (cf. Guidry-Grimes).

 Bad consequences: (a) exclusion of first-person knowledge that could correct bad diagnostic criteria sets and (b) narrowing the diversity of values informing psychiatric classificatory practices. (See, also, Spandler and Allen).

* 1. Miškulin: psychotherapeutic practice could be reformed to encourage epistemic justice. Strategies are (a) adopting a virtue-epistemic framing of psychotherapeutic practice and (b) critical awareness of the epistemic biases built into concepts of mental disorder.
	2. Weiste, Voutilainen, and Peräkylä: epistemic asymmetries in the psychotherapist-client relationship sustain epistemic injustices. Strategies involve a collaborative construction of (a) a mutually accepted evidence base and (b) a mutually accepted description of the client’s experiences. Worry: this may be impossible in some cases (eg some delusions).

Methodological lessons:

1. We must connect epistemic injustice studies with *specialist subdisciplines* (philosophy of science etc.) and *communities of concern* (patient activists etc.)
2. We must always customise generic philosophical resources to the specific practices and contexts in question – psychiatric nosology, psychotherapy, etc.

**(C) Ameliorative projects.**

Everyone emphasises (i) collaboration, dialogue, and trust and (ii) the epistemic humility which will help clinicians engage seriously with concepts developed by service user communities, including those that explicitly conflict with scientific-medical understandings (eg Ho, Miller).

 From *individual* to *cultural* levels:

1. Newbigging and Ridley: the liberatory potential of Frickerian epistemic injustice for advocates for people using health and social care services - independent mental health advisory (IMHA) services as a kind of epistemic justice advocacy.

1. Todd: administration of mental health legislation in Scotland is corrupted by epistemic injustices rooted in use of bad heuristics relied on by mental health tribunal panels. The solution may involve properly-trained Designated Medical Practitioners.
2. Jackson: Americans with mental illnesses suffer EI due to (a) culture-level confusions about mental illnesses and (B) systemic failures to provide mental healthcare.

 *Sanism* can be appropriated as a conceptual and as a social resource for advancing epistemic justice (Gosselin, Leblanc and Kinsella, Peña-Guzmán *et al*).

 - Allen on Foucault and EI –on EI and ableism.

General lessons: ameliorative projects must be:

1. *Collective*.
2. *Structural* – to (a) remove epistemically unjust features and (b) support the epistemic agency of persons with psychiatric illnesses (Carver *et al* 2016, Lee *et al* 2019).
3. *Cultural*– a systematic transformation of how psychiatric health and illness tends to be conceptualised (stereotypes, preconceptions, media representation, conceptions of the aims and nature of psychiatry etc.)

 Implications: ameliorative projects can have specific and local goals or general and systematic goals and are unavoidably and necessarily *political* (cf. Doan 2018 and Jongsma *et al* 2017).

**4. Into the future.**

One interesting, understudied option: epistemic injustices could be rooted in conceptions of the nature of psychiatric illness.

 Kidd and Carel: naturalistic accounts of health facilitate pathocentric epistemic injustice, independently of the imperfections of how they manifest in practices and institutions.

 I think something similar is true of at least some psychiatric illnesses. Consider the central claim of *phenomenological psychopathology*: at least some psychiatric illnesses involve radical disruptions to the structures of human experience (eg Ratcliffe).

 If so, we have a more complex conception of what it would mean to try to do hermeneutical justice to persons with those psychiatric illnesses – something far more radical insofar as what is lost are the ordinarily tacit and taken-for-granted background conditions for interpersonal or social intelligibility. It’s not that (a) the concepts don’t exist or that (b) the concepts are denied uptake by dominant social groups – it is that *the* *very possibility of mutual intelligibility* is lost.

**IJK**

**Resource.**

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https://tinyurl.com/du3dfuts

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