

Philosophy of Medicine

Letter

Epistemic Injustice Should Matter to Psychiatrists

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The relevance of epistemic injustice to psychiatry has generated a lively literature, and only a few critical pushbacks, a recent example being an article by Brent M. Kiouss, Benjamin R. Lewis, and Scott Y.H. Kim (2023). They question the usefulness of the concept of epistemic injustice to psychiatry. We would like to offer the following responses.

We worry that the authors operate with a too-narrow conception of epistemic injustice, which they define as “unfairly discriminating against a person with respect to their ability to know things.” At best, this includes the paradigmatic forms of what philosophers call *discriminative epistemic injustice*. However, this omits other importantly different kinds, such as *distributive epistemic injustices*, the wrongs of which involve injustices in the distribution of epistemic goods, such as credibility, which need not involve specific acts of discrimination. If we are to assess the relevance of the concept of epistemic injustice, we need a proper view of the richness of the concept. This should include acknowledging the diversity of kinds of epistemic injustice and avoiding a narrowly moral framing of their wrongs.

Kiouss, Lewis, and Kim (2023) also complain that “allegations of psychiatric EI [epistemic injustice]” are too focused on single cases that are insufficient to motivate a *generalized* pessimism about psychiatric practice. A handful of isolated cases would not, of course, justify broader claims about the ubiquity of epistemic injustices. Moreover, not all negative epistemic experiences will be cases of epistemic injustice, and we, too, worry about the indiscriminate use of the concept. However, an abundance of such evidence exists insofar as there is an enormous literature testifying to negative epistemic experiences that are often interpretable as epistemic injustices—a recent survey, for example, can be found in an article by Ian James Kidd, Lucienne Spencer, and Havi Carel (2022). In addition, Kiouss, Lewis, and Kim overlook the complex nature of the examples they draw upon, such as Abdi Sanati and Michalis Kyratsous’s case study of “J.N.” (2015), whose fears about her husband’s fidelity were wrongly assumed to be the product of delusion. Kiouss, Lewis, and Kim question whether this can be understood as ethically problematic, rather than just as a simple mistake. However, they fail to highlight the epistemic power imbalances and



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intersectional prejudices that may have influenced the decision to dismiss J.N.'s claim. Significantly, the decision to downgrade her testimony rested upon a credibility excess attributed to J.N.'s husband, who stated that his wife's accusations were delusional. It would be dangerous to overlook such cases as mere mistakes (Sanati and Kyratsous 2015).

Kious, Lewis, and Kim (2023) accept the possibility of localized instances of epistemic injustice in psychiatry, but argue that the psychiatric profession already has tools and clinical standards to deal with those cases. If so, there is no specific reason to take up the concept. However, first, reports of epistemic injustice have persisted despite those tools and standards. If a problem persists, the solutions are clearly not working. Second, the tools and standards could *themselves* inscribe or intensify epistemic injustices: what we take to be solutions can sometimes be part of the problem. If so, we should, at the least, scrutinize those tools and standards. Third, if there is a problem, having tools and standards *simpliciter* is not enough. We need to be sure we have well-crafted tools and standards that can deal with the problems at hand. Kious, Lewis, and Kim also suggest that "proponents of epistemic injustice also overlook the fact that psychiatry incorporates epistemic checks and balances." But this misstates the concern: existing checks and balances might be insufficient to protect against epistemic injustices.

Unfortunately, we have good reasons to think that many psychiatric concepts, practices, and systems in their current forms are insufficient for preventing epistemic injustice. Indeed, Kious, Lewis, and Kim (2023) argue that critiques based on epistemic injustices misunderstand the provision of psychiatric care (Harcourt 2021). This may be true in certain cases, but not every case. Moreover, their own account of psychiatric practice is not reassuring. We are told, for instance, that psychiatrists "are generally very interested in what their patients tell them" and "typically regard their testimony as reliable." However, *interest* in a person's testimony is insufficient to avoid epistemic injustice. To use a standard example from the philosophical literature, sexists may be *interested* in what women tell them, but also *deny* those women appropriate forms of credibility, testimonial uptake, and epistemic authority. Similarly, regarding a testifier as *reliable* is not equivalent to doing them epistemic justice—you might regard my testimony as reliable, but unfairly regard me as an idiot only capable of superficial banalities. These sorts of issues point toward a richer epistemology of testimony and a fuller conception of epistemic injustice.

As an example, Kious, Lewis, and Kim (2023) note the possibility of "frank disagreements" with those scholars sympathetic to epistemic injustice about whether "psychiatrists are obligated to 'believe' their patients." The verb "believe" is rightly put in scare quotes: *beliefs* are not heterogeneous and *believing* is not a single thing. Beliefs vary in all sorts of ways—in their sensitivity to counter-evidence, their revisability, and their existential and moral significance (compare "I believe $2 + 2 = 4$;" "I believe my parents love me;" "I believe the universe is about fifteen billion years old"). Moreover, "believing" refers to a whole range of diverse doxastic attitudes and practices and epistemic injustices can occur at multiple stages. A person could act in epistemically unjust ways prior to, during, and after an encounter with someone about whom they hold unfair prejudices. The ways we update our beliefs can be epistemically unjust all along the line. Given these points, one cannot talk simply and in singular terms about whether one person should *believe* another. Epistemic injustices can be dynamical and diachronic, rather than individual episodic failures. This is a case where engagement with the specialist work on epistemic injustice

would be valuable, such as Miranda Fricker’s concept of “testimonial sensibility” (2007) and Lucienne Spencer’s concept of a “communicative sensibility” (2022).

Alongside this worry about excessive credulity, Kious, Lewis, and Kim (2023) also warn that epistemic injustice, as a concept, might encourage certain psychiatrists to “act as though we believe everything patients tell us—which would be antithetical to appropriate clinical skepticism.” At the same time, patients might come to expect “uniform acceptance of their ideas about diagnosis and treatment.” Neither outcome is desirable, but also neither follows from a properly careful use of the concept of epistemic injustice (Bergen et al. 2022). No epistemic injustice scholar, to our knowledge, would recommend or endorse such radical strategies. The goal is not necessarily to take all testimony at face value, but to avoid confirmation bias, whereby the individual’s psychiatric identity encompasses all facets of their being, and all testimonies become a symptom of their condition (Bueter 2021; Gallagher, Little and Hooker 2021).

A main lesson of contemporary social epistemology is that our epistemic lives are complex in ways that strain any generalized policies of credulity, criticism, or skepticism. These complexities make epistemic injustices possible—alongside implicit biases, explicit prejudices, negative stereotypes, problematic diagnostic criteria, social and cultural constructions of mental illness and much else. We should not overlook the psychiatrist’s unique epistemic power, and the ways epistemic injustices in this domain can have serious consequences. We agree with Kious, Lewis, and Kim (2023) that there are many other problems within contemporary psychiatry—from patient recalcitrance to overreliance on pharmacotherapy and value judgments that are unavoidably contentious and disputable. However, none of that obviates the importance of epistemic injustice. Similarly, we agree when they speak of the need “to seek the delicate balance between trusting their patients most of the time, doubting their patients when they have good clinical reason to do so, and building relationships that are resilient enough to contain disagreement, doubt, misunderstanding, and even the occasional error.” However, we think this can only be done with the help of the resources offered by the concept of epistemic injustice.

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