EPISTEMIC INJUSTICE AND ASSESSMENTS OF DELUSIONS

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DEFINITIONS AND EPISTEMOLOGY OF DELUSIONS

•Despite their widespread use in psychopathology and psychiatric practice it has been a difficult task to define delusions.
•Fish defines delusion as 'false, unshakable belief, that is out of keeping with the patient's social and cultural background'.
•Kendler et al have suggested five different dimensions that can help conceptualize delusions: conviction, extension, bizarreness, disorganization, and, pressure.
•Sharfetter defines delusions as 'a man's private, overriding, isolating conviction about himself and his world. As a mode of private reality, a delusion becomes morbid only when it hampers the conduct of life. Its assessment therefore calls for an awareness of cultural and social reality'.
•Jaspers saw delusions as manifesting themselves in judgements and believed they could only arise in the process of thinking and judging. He also referred to three characteristics, which he posed as external to delusions' psychological nature: 1) they are held with extraordinary conviction and subjective certainty; 2) they are impervious to other experiences and to compelling counterargument; 3) their content is impossible.
•Some scholars have challenged the view that the delusions are beliefs. Berrios emphasises the pre-delusional state and finds it more informative, especially from the neurobiological point of view. He asserts that delusions are likely to be empty speech acts, whose informational content refers to neither world nor self.
•Research has identified elements of similarity between delusions and ordinary beliefs, focusing on reasoning biases, inaccurate judgements and performative errors.
•Delusions have retained their belief status and are typically conceived as 1) one of the main symptoms on basis of which people are seen as mentally ill, most commonly psychotic, and, 2) prime examples of violations of the epistemic norms of rationality.

ASSESSMENT OF DELUSIONS (CASE 1)

Ms. J.N. is a young Ghanian lady in her mid 20s. She is 2 weeks post-partum, having her first baby after 2 previous miscarriages. She was admitted to a Mother and Baby Unit, presenting with an acute onset of a wide range of psychotic phenomena: experiencing auditory and possibly olfactory hallucinations, general mistrust and forming persecutory delusions, a mood state of unease, apprehension and puzzlement, sometimes bewildered and agitated, rigidly accusing people and expressing ideas such as 'my belly and my baby have been infected by the doctors', 'they are now spying on us with these cameras that they installed in my room', 'they want me to have this awful smell' etc. In the next few days, these experiences were waxing and waning in salience and intensity; she generally seemed more able to accept counterevidence and disconfirm some of the above ideas, explaining that 'I am a Ghanian girl, I was never educated and this is why I made some mistakes'. At the same time, she started acting as if she had been receiving threats to her relationship with her partner. She was getting increasingly frustrated with female nurses, accusing them of not loving her and of trying to cover the fact that another young nurse 'has an affair with him, she is now with him'. J.N. was mentioning evidence that she thought was supporting her hypothesis, such as 'I just saw her calling someone, I know it was him by the tone of her voice', 'she locked my door last night and went out to sleep with him'. She remained preoccupied with her partner's infidelity, forming delusions of morbid jealousy. The psychiatric team wouldn't believe any of her claims, and professionals were surprised when they realized that: 1) her partner was indeed having an affair with another woman, as 2) according to their cultural beliefs, he was entitled to have a second wife if his first wife turned out to suffer from any sort of madness.

EPISTEMIC PRACTICES AND CREDIBILITY ECONOMY

• Miranda Fricker, in her compelling analysis of the concept of epistemic injustice, demonstrates the mutual entanglement between epistemology and ethics.
•She explores 'the idea that there is a distinctively epistemic kind of injustice', which consists 'most fundamentally, in a wrong done to someone specifically in their capacity as a knower'.
•The basic idea is that a speaker suffers a testimonial injustice if prejudice on the hearer's part causes him to give the speaker less credibility than he would otherwise have given.
•Credibility comes in various degrees and is crucially linked with social practices, in which hearers can typically exercise different degrees of sensitivity to the intelligibility of the speakers' account.
•Social stereotypes are typically used as heuristics in assessments of the speaker's credibility.
•Fricker asserts that 'if the stereotype embodies prejudice that works against the speaker, then two things follow: there is an epistemic dysfunction in the exchange - the hearer makes an unduly deflated judgement of the speaker's credibility, perhaps missing out on knowledge as a result; and the hearer does something ethically bad - the speaker is wrongfully undermined in her capacity as a knower'.
•Accordingly, assessments of delusions are epistemically loaded social practices, as 'hearer and speaker are engaged in a form of a social interaction, and they inevitably trade in social perceptions of each other'. Deluded subjects' state as knowers is already a highly debated issue, as delusions contain information that has been defined along such diverse lines.
•Delusions in clinical psychiatry are frequently *psychotic* delusions; *psychotic* subjects are part of a social group, associated with attributes with negative valence; we will see how the attribute of having a *cognitive deficit* or being *irrational* can distort credibility assessments, causing epistemic injustice.

ASSESSMENT OF DELUSIONS (CASE 2)

Mr. M.G. is a young African-Carribean man in his late 20s. He has had a few years history of contact with the mental health services, with a diagnosis of schizoaffective disorder. One day he was picked by the police, following a threat to attack another person. The police officers thought that the ideas that he was expressing and the way he was generally behaving were possibly indicative of some sort of psychiatric disorder and they decide to bring him to a psychiatric hospital for further assessment. There, he was detained under the Mental Health Act, as he was found to be acutely psychotic and he refused to receive treatment on a voluntary basis. On assessment of his mental state, he was found to have irritable mood, some degree of pressured speech, delusions of reference from T.V. and was still expressing persecutory ideas with various contents. The one belief that was deemed delusional and was actually the initial reason why this person was brought to the attention of the police officers and the psychiatric team had the following content: the person that he was threatening to attack had abused a close relative of his. This was the belief that tested the testimonial sensitivity of his hearers. In further examination, it transpired that the belief about the abuse was factually true. However, as it was in the context of other irrational beliefs, such as delusions of reference and other persecutory ideas, it was assumed to be part of an extended delusional system. This assumption, along with the fact that he had a known history of expressing irrational thoughts and having erratic behaviours, clearly put him in a position of epistemic disadvantage, causing a credibility deficit; this speaker was assumed not to have the competence to know what he is talking about, and was subsequently treated in a coercive manner, on the grounds of both ethical and epistemic flaws.

EPISTEMIC INJUSTICE ON ASSESSING DELUSIONS, INCIDENTAL OR SYSTEMATIC?

•Broadly speaking, the presence of delusions seems to have a significant impact on the credibility that a hearer affords to the speaker. In both cases the deluded subjects were wronged specifically in their capacity as knowers, with the hearers 1) failing to recognize a veridical cultural belief that was endorsed by the subject and her partner but was expressed in a noncanonical way with improbable second-order, newly formed beliefs, which probably reflected motivational and attentional biases, and 2) making a mistaken judgement of the speaker's credibility, which was both ethically flawed and epistemically culpable, as the deluded subject was expressing a factual truth, one that by its content solely should be taken up seriously by professionals, even if they have their doubts about its status as a belief.

•Fricker contends that 'systematic testimonial injustices are produced not by prejudice simpliciter, but specifically by those prejudices that track the subject through different dimensions of social activity… being subject to a tracker prejudice renders one susceptible not only to testimonial injustice but to a gamut of different injustices'.

•We think that the basic prejudicial stereotype that can figure in credibility judgements of delusions is the empirical generalization that deluded people in the context of psychosis tend to be generally illogical and irrational; the fact that delusions are genuinely irrational is held as an attribute of the person's general psychic life; it can also be mistakenly grounded on some sort of competency deficit or cognitive failure that these people supposedly suffer from; the one that is called to interpret these mental states is practically denying them belief status, even when they can be argued for or acted upon or reported with various degrees of conviction.

•In both cases, the *prejudicial credibility deficit* that the *deluded* subjects sustained *due to their status as having a psychotic disorder,* is not a localized and incidental error; it is one with significant practical, legal, social and moral implications; it seems that the epistemic injustice that we are describing fits into the broader social activities and justice and therefore these complex mental states should not be considered in isolation. With regards to the understandability of delusions (see case 1), we will quote Lisa Bortolotti: in delusions 'it is plausible that the processes of hypothesis generation and evaluation can be attended in special circumstances, and this probably depends not just on the type of event to be explained, but also on individual differences and differences in epistemic features of the context in which false prediction and hypothesis evaluation takes place'.

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