



# Epistemic injustice, naturalism, and mental disorder: on the epistemic benefits of obscuring social factors

Dan Degerman<sup>1</sup> 

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## Abstract

Naturalistic understandings that frame human experiences and differences as biological dysfunctions have been identified as a key source of epistemic injustice. Critics argue that those understandings are epistemically harmful because they obscure social factors that might be involved in people's suffering; therefore, naturalistic understandings should be undermined. But those critics have overlooked the epistemic benefits such understandings can offer marginalised individuals. In this paper, I argue that the capacity of naturalistic understandings to obscure social factors does not necessarily cause epistemic injustice and can even help people to avoid some epistemic injustice. I do this by considering how some individuals with bipolar disorder deploy the neurobiological understanding of their disorder, highlighting three functions it fills for them: explanation, disclamation, and decontestation. In performing these functions, the neurobiological understanding does marginalise alternative, social perspectives on bipolar disorder. However, this can be understood as a feature rather than a bug. By marginalising alternative explanations, the neurobiological understanding can help individuals with bipolar disorder resist epistemic injustice, including, for example, the trivialisation of their experiences. Given this, critics seeking to undermine naturalistic understandings of mental disorder and other experiences in the pursuit of epistemic justice themselves risk exacerbating epistemic injustice.

**Keywords** Epistemic injustice · Social epistemology · Naturalism · Psychiatry · Mental disorder · Bipolar disorder · Neuroscience

## 1 Introduction

Epistemic injustice—injustice committed against people in their capacity as knowers—has become a focus of intense and productive scholarly attention since

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✉ Dan Degerman  
dan.degerman@bristol.ac.uk

<sup>1</sup> Department of Philosophy, University of Bristol, Bristol, England

Miranda Fricker (2007) coined the concept in the late 1990s. An important strand of this research has focused on identifying sources of epistemic injustice.

Many scholars have concluded that one key source of epistemic injustice is some naturalistic understandings of human experiences and differences (e.g. Hall, 2017; Haslanger, 2017; Lakeman, 2010).<sup>1</sup> Naturalistic understandings can be defined roughly as understandings that frame experiences and differences in terms of biological norms of function and dysfunction (e.g. Boorse, 1977). The biomedical model is often taken to be an example of this. It constitutes the dominant understanding of disease, disability, and mental disorder, which it frames as biological dysfunctions properly subject to medical and scientific expertise, concepts, and approaches (see Deacon, 2013). The biomedical model has been widely criticised from an epistemic injustice perspective. Focusing on chronic illness, Ian Kidd and Havi Carel (2019) have argued that due to the structure and dominance of the biomedical model of disease, alternative understandings that ‘fall outside the strictures of natural science tend to be excluded, marginalised, or derogated’ (165). The consequent impoverishment of the hermeneutical resources leaves many ill people less able or unable to make their experiences intelligible to themselves and others, inflicting what Kidd and Carel call ‘pathocentric hermeneutical injustice’ (153).

Others agree that the biomedical model is a source of hermeneutical injustice in relation to illness as well as disability and mental disorder. But whereas Kidd and Carel worry about the general narrowing of potentially useful hermeneutical resources, other commentators have stressed that the biomedical model targets a particular kind of hermeneutical resources, namely, those that allow individuals to perceive the social factors involved in creating their experiences. For example, David Peña-Guzmán and Joel Reynolds (2019) have argued that the biomedical model privileges an understanding of disability ‘as an objective lack’ while marginalising alternative understandings that frame disability ‘as a diverse set of phenomena that are thoroughly socially mediated’ (225). Similarly, Richard Lakeman (2010) has warned that the biomedical model of mental disorder may lead people to uncritically accept that their distress is due to a biochemical imbalance, blinding them to how social factors have contributed to their distress; as Alistair Wardrope (2015) has observed, critics of medicalisation have been arguing this, *avant la lettre* of epistemic injustice, for several decades. In fact, the concern that the biomedical model and other naturalistic understandings of experiences and differences obscures the social factors involved in engendering them extends beyond the critical literature on disease, disability, and mental disorder into social and political theory (e.g. Fisher, 2009; Honneth, 2003).

Those commentators would seemingly agree with Melinda Hall’s (2017) recent claim that the biomedical model and other naturalistic understandings obscure social

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<sup>1</sup> There are many different types of naturalistic understandings, which come in various strengths. I do not mean to suggest that the epistemic injustice scholars I discuss claim that all understandings of human experiences and differences that involve reference to ‘nature’ are problematic. Neither am I claiming that they are committed to a pure social constructionist account of such phenomena. All the examples I reference problematise the epistemic consequences of strong naturalistic conceptions. As I discuss later, a common problem with these critiques is that they fail to recognise the epistemic benefits of naturalistic understandings and the role they can play in protecting individuals against epistemic injustice. It is worth stressing that this paper is not concerned with resolving debates about what mental disorders are or whether we should favour a naturalistic, normativist, hybrid, or some other perspective.

factors related to the experiences and differences to which it is applied and that this constitutes a hermeneutical injustice. Notably, although Hall and company differ from Kidd and Carel in their analysis of the problem, they propose the same solution: In order to address the epistemic injustices identified, we must undermine dominant naturalistic understandings and create more pluralistic interpretive resources. However, these philosophers appear to have overlooked the epistemic benefits that naturalistic understandings can have for marginalised individuals.

In this paper, I address that gap by exploring some of the epistemic benefits of naturalistic understandings of experiences and differences. I make two key arguments. The first and more modest claim is that such understandings do not necessarily contribute to epistemic injustice, *even though* they obscure social factors. The second and stronger claim is that naturalistic understandings can counter epistemic injustice *because* they obscure social factors. I support these claims by examining some uses of the neurobiological understanding of mental disorder among individuals with bipolar disorder.

In so doing, my aim is not to show that the neurobiological understanding of mental disorder, or naturalistic understandings of experiences and differences in general, are preferable to alternative understandings. Instead, it is to suggest that we need to think more carefully about the positive role that the neurobiological and other naturalistic understandings play for marginalised individuals before we set about dismantling them.

By ‘the neurobiological understanding of mental disorder’, I mean the understanding that mental disorders are brain dysfunctions to which an individual may be genetically predisposed and which may be triggered by certain life events (cf. Loughman & Haslam, 2018: p. 10, n1).

There are three reasons I have chosen to focus on the narrower neurobiological understanding of mental disorder over the broader biomedical model of mental disorder. First, I take the neurobiological understanding of mental disorder to be a relatively uncontroversial example of a naturalistic understanding of human experiences since it implies that the key cause of disorder is a dysfunction of the individual’s brain. The meaning of a naturalistic understanding, naturalism, and related terms is sometimes unclear in the literature, as we shall see later on. For the purposes of this paper, I will take ‘a naturalistic understanding’ of disorder, disease or disability to be one defines the experience or difference in question in terms of a proximal biological cause.<sup>2</sup> This roughly maps onto the naturalism about disease articulated by Christopher Boorse (1977; see also Kidd & Carel, 2019: p. 163). The biomedical understanding of mental disorder is, arguably, not committed to naturalism in this sense (Wardrope, 2015).

The second reason is that neurobiological understanding of mental disorder does *prima facie* appear capable of obscuring alternative, more social understandings of mental disorder. The popularity of the neurobiological understanding of mental disorder in the UK and the US at the apparent expense of, for example, psychoanalytical

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<sup>2</sup> As I note, this is a strong definition of naturalistic understanding. It implies that valid diagnostic categories must at least in principle have a distinct biological cause, even if it has not yet been found, i.e. that diagnostic categories should carve nature by the joints. This is not a view that I agree with. But it is one that seems to be common in popular and scientific discourse, including in some of the service-user accounts I discuss later in the paper.

understandings that centre on upbringing seems like evidence of this (TNS BRMB, 2015; Pescosolido, 2010). Moreover, the confidence in the neurobiological understanding is not supported by the balance of recent research on the causes of mental disorder, which points to considerable causal diversity (Fellowes, 2019: pp. 475–476). However, while the critics are right that a naturalistic understanding of an experience can lead people to overlook relevant social factors, such an understanding does not—even on the strict definition I have provided—necessarily preclude the existence of relevant distal, social causes. Someone who believes that bipolar disorder is defined and caused by a neurochemical imbalance that can be corrected through lithium can also believe that without contradiction that the chemical imbalance itself might have been caused by abuse or deprivation.

The third reason the neurobiological understanding of mental disorder is an important case study is that stigma researchers have raised concerns about it as well. Studies suggest that people who hold a neurobiological understanding of mental disorder are more likely than those who do not to have some stigmatising beliefs about individuals with mental disorder, such as that they are unreliable (Loughman & Haslam, 2018). It is easy to see how such a belief could contribute to epistemic injustice. The stigma research could, therefore, be taken as another reason to undermine or abandon the neurobiological understanding of mental disorder. Later on, I explain why that research compatible with my argument.

The paper proceeds as follows. I begin by exploring the claim that obscured social construction—that is, treating something as natural when it is socially constructed—constitutes an epistemic injustice. While it seems right that naturalistic understandings of human suffering and difference can contribute to epistemic injustice, I posit that they do not always do so. In fact, such conceptions can constitute valuable hermeneutical resources for marginalised people. To support this claim, I explore three hermeneutical functions that the neurobiological understanding of mental disorder can have: explanation, disclamation, and decontestation. Drawing on first-person accounts from an ethnographic study of individuals with bipolar disorder, I show that even though these functions obscure social construction, they can help people with mental disorder understand and express their experiences and even resist epistemic injustice. In conclusion, I discuss some of the ethical and political implications of my analysis.

## 2 The epistemic harm of obscured social construction

The belief that an individual's suffering is due to some intrinsic quality of theirs when it is actually due to social or political factors can be bad both for them and for others who suffer due to the same factors. As a result of this belief, the real causes of their suffering may be left unaddressed, and their suffering may persist or even worsen. This may sound reasonable enough. Certain things may complicate this picture, however. Say someone is diagnosed with Major Depressive Disorder by a doctor who tells them their suffering is due to a neurochemical imbalance. The person is then given antidepressants, which prove to be effective in eliminating their suffering. Even if their suffering was caused by a social factor—perhaps they fell into depression after losing their job because of discrimination—it is not clear that this person is worse off because

of the mistaken belief or incomplete knowledge of their suffering. Indeed, believing that their suffering is due to a brain malfunction that pills can correct, rather than discrimination, may even make the treatment more effective since it can enhance the placebo effect of the medication. Once unencumbered by intractable negative feelings, the individual may be able to find a new job in which discrimination is not an issue and go on to live a happy and fulfilling life. This seems like a desirable outcome. Of course, we might think differently if it turns out that this person's lack of knowledge about the social causes of their suffering leads to more suffering further down the line, for example, if they continue to face discrimination at work. But, so long as this does not happen, perhaps all is well? Not necessarily.

There are several ways to argue that this is harmful to the sufferer, nevertheless. One such route is epistemic. Even if the neurobiologically-infused psychiatric diagnosis facilitates effective treatment of the person's symptoms, something has been lost in the process. The role of social factors in causing the individual's suffering has been obscured, and her ability to discover this knowledge has been hampered. Furthermore, the epistemic harm extends beyond the individual in question to activists who seek to combat it and researchers who seek to understand discrimination in the workplace and anyone else who might want to understand the non-biomedical factors at play.

That is effectively Melinda Hall's (2017) contention in a recent paper. She argues that naturalistic understandings of, for example, disability, gender, and mental disorder are epistemically harmful because they obscure the social factors involved in these experiences, or what she refers to as 'social construction'. Naturalistic understandings of human experiences and differences can create or perpetuate gaps in the hermeneutical resources that prevent people from considering certain questions and explanations about their own or other people's lived experiences. Thus, the central harm of obscured social construction is primarily one of hermeneutical injustice, according to Hall—though it seems liable to cause testimonial injustice as well for those who do manage to testify about social factors.

Hall's account has some problems. Saliently, it is not clear what she means by 'natural'. She contrasts it against matters that are socially, politically, or historically contingent, but that is not particularly helpful. Hall does not seem to consider that social and biological understandings of a phenomenon can coexist, at least on different levels of understanding, or, for that matter, that they could pertain to different aspects of the same experience. Consequently, she wrongly concludes that 'if one presumes that disability is natural and naturally bad or limiting, then a question like "Why are disabled people largely unemployed?"' is rendered nonsensical and obviously misguided' (353). But one can regard disability as a biological fact with inherent disadvantages and still worry about discrimination against disabled people. In fact, many people do. In a 2009 survey, 46% of disabled respondents said that health problems alone, rather than attitudes and barriers in society, could explain why 'disabled people can't live as full a life as non-disabled people', while 79% said that there was at least some discrimination towards disabled people (Staniland 2011). This indicates that holding a naturalistic understanding of disability does not necessarily prevent people from questioning and criticising social problems related to disability. In fact, according to Tom Shakespeare (2018: pp. 19–21), many disabled people find it unhelpful to dichotomise social and biological factors in the way that Hall and some other

proponents of the social model of disability do. Shakespeare instead espouses advocates a bio-psycho-social approach that integrates interventions on an array of different interventions—ranging from medical rehabilitation to improving welfare benefits to cultural change—in order to improve the lives of disabled people; he points to findings from the 2009 survey I mention as evidence that many disabled people may share this view.

Hall's analysis does highlight an important phenomenon that resonates with much scholarship on epistemic injustice. But the analysis requires some clarification. As mentioned, I take a naturalistic understanding to be one that takes an experience to have a proximal biological cause that defines and explains the experience or difference. While some understandings that could usefully be termed naturalistic may not fit this definition, it captures the kind of understandings that are often invoked in relation to disability, sexuality, gender identity, and mental disorder, and which, according to Hall and others, contribute to epistemic injustice.

A naturalistic understanding of an experience in this sense does not necessarily prevent the search for distal, social causes. Nevertheless, it can obscure social construction. Consider the neurobiological understanding of mental disorder, for example. It incorporates what Sally Haslanger (2017) calls essentialist assumptions—such that there is a natural way for human bodies to function—and normative assumptions—such as that malfunctioning brains are bad and that intervention is justified to adjust them to prevailing social conditions. These assumptions are taken for granted when the neurobiological understanding of mental disorder is deployed. So where this understanding of mental disorder prevails, questions about what it means to have a mental disorder, why it is bad, and why intervention on those who have it is justified are likely to be obscured and left unexamined (see also Rose, 2006, 12).

This reflects the kind of epistemic conditions that psychiatric survivors report that they were in before discovering alternative ways of understanding their experiences. For example, the writer Laura Delano (2013) describes how becoming diagnosed with bipolar disorder meant accepting that she had a neurochemical imbalance that made her different from normal people, unable to trust her thoughts and emotions, and rightly subject to the authority of doctors. All this changed after Delano read Robert Whitaker's book *The Anatomy of an Epidemic*, which introduced her to the idea that both her diagnosis and her experiences were social artefacts that the psychiatric establishment was responsible for manufacturing, and led her to abandon the belief that she had a chemical imbalance in her brain. Delano's experiences before this arguably testify to conditions of hermeneutical injustice. 'Something inside of me was desperate for change', she says, 'for a path that would lead me away from where I was in that moment'. The neurobiological understanding had blocked this path by obscuring alternative understandings of mental disorder that emphasised the social contingency of the diagnoses and the suffering they label. For Delano, then, discovering the contestability of the neurobiological understanding of mental disorder and being introduced to alternative hermeneutical resources for making sense of her experiences appears to have been epistemically empowering. But we shall see that this is not a universal experience, even among individuals diagnosed with bipolar disorder.

So, I recognise that obscured social construction *can* cause epistemic harm. But I want to argue that Hall is mistaken in claiming it *always* does. Indeed, in the strongest

formulation of her claim, she says that ‘obscured social construction involves epistemic harm for *all persons* for whom social construction is obscured’ (Hall, 2017, p. 356 [my emphasis]). I will argue that even naturalistic understandings of human experiences that obscure social construction constitute central and productive hermeneutical resources for some marginalised individuals and groups. In fact, the capacity of certain naturalistic concepts to obscure social and political factors can *enable* such people to resist epistemic injustice.

### 3 Finding intelligibility in neurobiology

This section contends that the neurobiological understanding of mental disorder does not necessarily cause hermeneutical injustice to mental health service users despite obscuring some social factors from them. In fact, it is a central hermeneutical resource to some service users. More specifically, I will illustrate that it can serve two important hermeneutical functions by drawing on accounts of service users with bipolar disorder. The first is explanation. It can enable people with mental disorder to explain behaviours that are considered problematic to themselves or others. The second is disclamation. It can enable people to transfer responsibility for their actions from themselves to their disorder, to believe and say coherently that, in certain situations, it is not they who are thinking or acting but their disorder. In other words, rather than harmfully preventing service users from making sense of central experiences in their lives (see Fricker, 2007: p. 151), the neurobiological understanding enables some service users to make sense of such experiences.

These two functions, along with the function of decontestation that I describe in the next section, offer several potential benefits. Some are prudential. But others are specifically epistemic in nature. The main epistemic benefit is that they support some service users’ epistemic agency by enabling them to articulate and share knowledge about personal or social experiences related to their illness that may otherwise have remained obscured.<sup>3</sup> That knowledge may not contribute toward our understanding of the aetiology of their disorder. But it can contribute to our understanding of that person and their needs as well as to our general understanding of what it is like to be ill in different circumstances (see Carel, 2016: esp. Ch. 9). Thereby, the neurobiological understanding can facilitate outcomes that are epistemically desirable beyond its usefulness to the individual agent.<sup>4</sup>

I have borrowed the terms for and definitions of the explanatory and disclamatory functions from Svend Brinkmann (2014). He describes them in relation to psychiatric diagnosis rather than the neurobiological understanding of mental disorder. However, Rebecca Lane’s (2018) fascinating ethnography of individuals with bipolar disorder

<sup>3</sup> Following Catala et al. (2021), I understand epistemic agency as the capacity of ‘an individual to produce, transmit, and use knowledge’.

<sup>4</sup> Despite providing these benefits, the neurobiological understanding may be epistemically disadvantageous in other ways. It may, for example, fail to support a thorough account of the causes of the disorder. This highlights that, in the real world, the social epistemic objective of creating conditions in which individuals are able to articulate and share situated knowledge effectively may come into conflict with the epistemic objective of creating comprehensive explanatory frameworks. Exploring this tension, however, is beyond the scope of this paper.

in the UK provides strong reasons to believe that the neurobiological understanding of mental disorder can function similarly.<sup>5</sup> Her study draws on observations from clinical interactions, support group meetings, and interviews with individuals diagnosed with bipolar disorder. As we shall see, it shows that the putative neurobiological nature of bipolar disorder can be a crucial source of personal and social intelligibility.

Consider the following reflections of a service user identified as Bridget:

I know it's all chemical. [...] And I think that helps me, in both understanding and coming to terms with it because I know that it's not mental as such [...] You know, the brain is an organ, just like the liver is, or the heart [...] [H]eart disease is a physical illness, but bipolar is as well because it's a problem with the chemicals in the brain. [...] So, mental illness, it, it shouldn't really be used as a term actually. It is a physical illness as far as I am concerned. [...] I imagine that phrase is never ever going to be stopped being used, but it's physical, you know. It's not, I mean, yes, it changes the way I behave sometimes, but that's all down to chemicals. It's not me. (159–160)

The neurobiological understanding of bipolar disorder helps Bridget make sense of her experiences, specifically, by facilitating explanation ('it's all chemical') and disclamation ('it's not me'). Its importance is underlined by Bridget rejecting the term 'mental illness' because it fails to capture her suffering's thoroughly physical nature. Lane suggests that many others she spoke to relied on the neurobiological understanding in a similar way. It enabled them to constitute their disorder as an entity they could separate from themselves and use to explain and disclaim some experiences and behaviours (see also Buchman et al., 2013).

Pharmaceuticals, another frequent object of political and philosophical criticism, can also support these hermeneutical functions. Another mental health service user with bipolar disorder, identified as David, suggests the diagnosis itself was insufficient for him:

The diagnosis was a little bit uncertain—but the proof in the pudding was that the lithium was effective—at least for a time. [...] the sort of positive response of the drugs I was given indicates that it's a chemical dysfunction. (154)

Critics can point out that David's reasoning is mistaken. The efficacy of lithium in controlling his moods does not show that his distress is caused by a chemical dysfunction, just as the efficacy of ibuprofen in suppressing my toothache does not show that my pain is caused by a chemical dysfunction (see also Charney et al., 2020). This is beside the point, however. For David and others Lane spoke to, and likely many more people, the perceived efficacy of drugs forms part of the neurobiological conception that makes their disorder more than mere subjective distress. It helps to give their distress an intersubjective shape that they and others can understand, talk about, and act on in meaningful ways.

Yet, the neurobiological understanding of bipolar disorder and the way some sufferers are deploying it do seem to obscure elements of social construction. The balance

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<sup>5</sup> The remainder of the papers owes much to Lane's research and analysis.



of evidence does not support Bridget's and David's apparent certainty that a neurochemical malfunction is the cause of their distress. Neurochemicals, brain structure, genes, life experiences, and social factors have all been implicated as causes of bipolar disorder (Greenberg et al., 2014). One does not exclude the others, of course. Even if it turned out that a particular brain dysfunction is the proximal cause of bipolar disorder, life experiences and poverty could still be important distal causes of the dysfunction. Someone committed to the idea that all mental disorders are brain disorders could recognise this and conclude that addressing the distal causes would be a more effective treatment than targeting the neurological cause. But critics have argued that by locating the cause of the disorder in the sufferer's brain or genes, the neurobiological understanding of mental disorder detracts attention from other potentially relevant causes and treatments. Bridget's reflections on her disorder illustrate this. For her, the neurobiological understanding of bipolar seems to imply that the mental understanding is irrelevant, and that could conceal that the emotions associated with her diagnosis could be understandable reactions to events in her life (see Degerman, 2022).

Perhaps more saliently for Hall and other social constructionists, the neurobiological understanding of bipolar disorder also obscures the historical, economic, and political contingency of the diagnosis. After all, bipolar disorder is a relatively new diagnosis, the uptake of which has benefitted pharmaceutical companies (Healy, 2008) and which arguably pathologises behaviours and individuals who fail to conform to the norms of late-capitalist societies (Gibbons and O'Leary, 2015). As we shall see later on, for another of Lane's participants, the putative neurobiological basis of bipolar disorder confirms that, unlike depression, it is not a political disease. Hence, the neurobiological understanding does appear to foreclose some questions about and interpretations of suffering.

But does this constitute hermeneutical injustice? What we have here is not a lacuna of interpretive resources. Instead, what we have is a presence, specifically, the presence of the neurobiological understanding of mental disorder. Presences may be no less problematic than gaps, of course, as stressed by a growing body of recent scholarship (e.g. Dotson, 2014; Peña-Guzmán and Reynolds, 2019; Spencer & Carel, 2021). A particular hermeneutical resource can become so dominant that alternative resources are marginalised or suppressed. However, the mere dominance of such a resource does not constitute a hermeneutical injustice to anyone. It might, after all, be an excellent resource that serves well anyone who uses it. A hermeneutical injustice only results if the dominant resource does not permit members of a group to adequately make sense of and express their experiences.

As we have seen, the neurobiological understanding of bipolar disorder does not leave Bridget unable to make sense of her experiences. I shall have more to say about how it shapes her ability to express these experiences to others. But, for now, I will just highlight that by supporting Bridget's interpretation of her suffering as something that has been explained and for which she cannot be held responsible, the neurobiological understanding may enable Bridget to focus on other aspects of her experience in interactions with her family, friends, or employer. For instance, how she feels, what she can and cannot do, and what kinds of support she could use or is owed by those around her.

Hall, along with many critics of psychiatry, seemingly worry about a different issue, however. Sometimes, there may only be one viable hermeneutical resource or set of resources for describing particular experiences. People may therefore be compelled to use it to interpret and express their experiences even though another resource might have served them better, perhaps by helping them to discover and address the real causes of their suffering. Under such conditions, individuals might not know or feel that the resource is unequal to their epistemic needs. Nonetheless, they could be said to suffer hermeneutical injustice because this resource facilitates interpretations that maintain their epistemic disadvantage in relation to specific contexts, issues, or people. Accordingly, critics argue that the neurobiological understanding of mental disorder is epistemically harmful because it leads the individual to understand her mental distress as a sign of a bodily malfunction curable through medical intervention (e.g. LeBlanc & Kinsella, 2016). This is as opposed to understanding mental distress as, say, the outcome of social inequalities that must be addressed through political action. So, although Bridget might say that the neurobiological understanding of bipolar disorder is helpful to her, a critic of psychiatry could respond by saying that this is only because she has been duped by the medical frame.

There are two problems with this approach. Firstly, by dismissing Bridget's first-person testimony, the critic of psychiatry herself appears to be committing testimonial injustice. To the critic, Bridget's endorsement of the benefits of the neurobiological understanding of bipolar disorder is an effect of oppressive hermeneutical conditions. Her endorsement is hence 'inauthentic' and can be disregarded in favour of pursuing her 'authentic' interests. In other words, the critic prejudicially dismisses Bridget's testimony without considering whether it might be true in her case.<sup>6</sup>

The second and more important problem is that it is not clear that the neurobiological understanding of mental disorder does contribute to hermeneutical injustice in the first place. While the neurobiological understanding of mental disorder eliminates some meaningful interpretations of suffering, it opens up others. It may have disabused Bridget of the idea that her suffering could be the result of discrimination, but it also helped her understand herself as blameless for her suffering. Conversely, a social understanding of mental disorder might not only bring some social problems into view but also force unmanageable responsibilities onto the diagnosed person, which may add to their suffering (see Lane, 2018, pp. 182–184). In situations where trade-offs of this kind seem unavoidable, how do we tell which hermeneutical circumstance is more epistemically just or unjust? There might be a good answer. But, until we have one, we cannot conclude that the neurobiological understanding of bipolar disorder—or other mental disorders—produces hermeneutical injustice merely because it obscures some social factors involved in their suffering.

The discussion so far has shown that the neurobiological understanding of mental disorder does not necessarily contribute to epistemic injustice and that it can be a valuable hermeneutical resource despite obscuring social factors. It can provide meaningful interpretations for some people, especially by facilitating explanation and disclamation. In the following two sections, I will show that these interpretations can

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<sup>6</sup> This discussion draws on Wardrope's (2015) excellent analysis of epistemic dimensions of the medicalisation critiques.

be both personally meaningful and socially powerful, enabling individuals to resist some kinds of testimonial injustice. Moreover, I argue that they are capable of this partly *because* they obscure some social factors.

#### 4 Mental disorder, neurobiology, and decontestation

We have seen that the neurobiological understanding of bipolar disorder can provide a meaningful shape to experiences associated with mental disorder and that this facilitates explanation and disclamation for some people. However, this does not differentiate it from some alternative ways of framing suffering that focus more directly on social factors. For example, psychoanalytic, psychosocial, externalist, and normativist conceptions of mental disorder all seem capable of performing these functions. Lane notes that the neurobiological conception of bipolar disorder appears to make disclamation easier since it places the disorder's essence firmly outside the sufferer's control. But the alternative accounts just mentioned can also facilitate disclamation, for example, by reference to abusive people or social injustice. Not only might such accounts increase the individual's epistemic agency; arguably, they also come with more hope for recovery or change. If so, then undermining the neurobiological understanding of mental disorder to make room in the hermeneutical toolbox for alternative understandings may contribute to diagnostic and therapeutic pluralism at little cost.

However, the neurobiological understanding of mental disorder supports another hermeneutical function that these alternatives do not seem to confer and which the pluralism mentioned above threatens, namely, decontestation. Decontestation occurs when one understanding of an experience or issue becomes accepted while other understandings, known or unknown, are rejected. Many scholars of epistemic injustice apparently regard decontestation as an unqualified epistemic harm, while contestation is considered an unqualified good (e.g. Allen, 2017; Hall, 2017; Haslanger, 2017; Medina, 2017). So, by focusing on decontestation, I am also responding to those who hold such views on their terms.

Mental disorders are sometimes characterised as 'contested illnesses' (Dumit, 2006; Stegna, 2018, pp. 87–89). This might seem difficult to square with the ubiquity of the slogan that mental disorder is a disease like any other. But survey evidence suggests that a substantive minority still disagree with this claim (Ipsos MORI and the Policy Institute 2019). At the same time, the success of books like Will Davies' *The Happiness Industry* (2015) and Mark Fisher's *Capitalist Realism* (2009), the rise of the Mad Pride and neurodiversity movements, and the lived experiences of individuals with mental disorders, all indicate that many people regard at least some mental disorders and the experiences they comprise as contestable and contested.

The contestedness of mental disorder benefits some groups epistemically. It facilitates what Jose Medina calls epistemic friction. This refers roughly to instances in which different understandings of some issues are confronted with one another, resulting in a reevaluation of one or both understandings (Medina, 2011, p. 21). While such confrontations could presumably occur between two understandings that are in some sense equally matched—e.g. in evidential support, prestige, popularity,

etc.—exemplars of epistemic friction usually involve a marginalised understanding challenging a dominant one, with the latter changing as a result.

Epistemic friction can be beneficial or detrimental, according to Medina (2013). It is beneficial if it engenders, for example, self-criticism, the reconsideration of pre-existing beliefs, or the discovery of knowledge gaps, but detrimental if it inhibits, for example, ‘the articulation of doubts’ or ‘the formulation of questions and lines of inquiry’ (50). For Mad Pride activists, who aim to upend prevailing psychiatric approaches to mental health, the epistemic friction enabled by the contestedness of mental disorder is beneficial. Persistent doubts about the nature and status of mental disorder have given Mad Pride activists a foothold in some debates from which they might otherwise have been excluded. It allows them to challenge the dominant psychiatric understanding of mental distress, often called the biomedical model, which conceives psychic suffering as something rooted in individual dysfunction that can and should be treated through medical intervention. Crucially, it also allows them to propose alternative understandings of mental distress, which may emphasise its social and political dimensions or even position it as something that, under the right circumstances, could be considered a gift.<sup>7</sup>

We should not exaggerate the epistemic friction surrounding mental disorder and the corresponding foothold of Mad Pride activists in some spaces. Views critical of dominant psychiatric approaches to diagnosis and treatment, such as those espoused by Mad Pride activists, remain marginal and easily dismissed (Degerman, 2020). Mental disorders may be more contested than other diseases, but they are still medical concepts backed up by the medical profession’s epistemic authority (Moncrieff, 2010). When deployed in the clinic, the home, the workplace, or the public sphere, they tend to decontest the individual’s suffering by signifying that it properly belongs within the conceptual and therapeutic scope of medicine. Hence, Mad Pride activists and other critics of psychiatry stand to benefit if the authority of the biomedical model of mental disorder were further undermined and the authority of alternative ways of understanding mental distress were enhanced. Notably, activists have long seen challenging neurobiological aetiologies of mental disorder as a means to this end (Coleman 2008, p. 355).

Yet, the epistemic friction arising from the contestedness of mental disorder is neither beneficial to nor welcomed by all service users. Many people with mental disorder are well aware of the contested status of certain diagnoses. Despite having a diagnosis, many struggle to convince family, friends, and health professionals that their suffering is real, and are forced to deflect alternative, non-medical explanations of their suffering. The epistemic friction leaves them mired in debates about the reality and nature of their suffering. It prevents them from pursuing lines of inquiry that matter to them, such as questions about how they are coping, what kind of help they need, and how their environment could be organised to reduce their suffering. As a result, they may prefer not to speak about their suffering at all. The contestedness of mental disorder might thus contribute to the testimonial smothering of individuals

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<sup>7</sup> For a comprehensive philosophical examination of the Mad Pride movement and its aims, see Mohammed Rashed’s book *Madness and the demand for recognition* (2019).

with psychiatric diagnoses (see Dotson, 2011). The neurobiological understanding of their disorder can provide them with an escape from this mire.

Consider the following four statements by participants in Lane's study:

Laura: [I]t seems like anything that can be treated with a talking treatment is now labelled personality disorder. And I don't like that—I hate that I find it all really contentious. And I feel really differently about that than I do about my bipolar diagnosis. (Lane, 2018, p. 138)

Dan: I just don't think [depression is] endogenous or an organic illness like bipolar is—I mean no one can deny that bipolar and schizophrenia really are diseases of the mind—whereas I think depression is a modern malaise. (155)

David: [When being diagnosed with bipolar, it] felt that I'd got a—there was an illness—an illness that was more—a more serious and more well defined [than depression] and I suppose it—somehow made it easier to explain myself to people—at work I needed to take things a bit easier or things like that it somehow felt easier having something like bipolar. (186–187)

Joshua: I usually say I've got brain problems—cos it's a lot easier and people don't generally ask... I think it's more acceptable—I think if you say you've got a brain problem people accept it more—people don't question it. (161)

The contestedness of mental disorder is a prominent concern for each of them. Rightly so, since alternative understandings of their experiences can be deeply destructive by subjecting them to accusations of, for example, attention-seeking, malingering, and laziness (see Conibear, 2021). If their diagnosis is contested, it means that their suffering is too. The reason they prefer the bipolar diagnosis over other diagnoses is that it is less contested. Crucially, their bipolar diagnosis dispels not just their own doubts, but they also believe it dispels the doubts of others. Each statement implies a hearer who might have disputed another disorder but would not or is at least less likely to do so with the bipolar diagnosis. Clearly, these people want to decontest their suffering.

However, that bipolar disorder is included in the diagnostic handbooks is not what confers its capacity for decontestation for Lane's participants. Although personality disorders and depression are also official diagnoses, neither category satisfied their need. Instead, this function appears to belong primarily to the neurobiological understanding of bipolar disorder. This is most evident in Dan's and Joshua's statements; it is their condition's organic nature that makes it undeniable. David's statement in the previous section suggests that this understanding is why he regards bipolar as an illness that is 'more serious and more well-defined' than depression. And while Laura does not explicitly mention neurobiology, it can be detected in the implication that bipolar disorder is less 'contentious' than personality disorders because it is treated with medications rather than talk therapy. Finally, Joshua went as far as to only describe his suffering neurobiologically to avoid situations in which people may contest it.

These service users' belief that a neurobiological understanding of their disorder enables decontestation finds support in empirical research. Experimental studies have

shown that non-experts are more likely to find an explanation of a psychological phenomenon satisfying if it invokes neuroscientific information, regardless of whether that information is relevant. It also seems like basic neuroscience literacy fails to inoculate against this ‘seductive allure effect of neuroscience’.<sup>8</sup> In the study that coined this term, Weisberg and colleagues (2008) found that while the neuroscience experts that participated in their experiments were unmoved by irrelevant neuroscientific information, participants who were students on an intermediate neuroscience course were more likely than participants with no neuroscience training to be swayed by the irrelevant information. This suggests that general knowledge of neuroscience without a critical understanding of the methods and limits of neuroscience—that is, the sort of knowledge we might expect people to gain from reading popular books and articles about neuroscience (see Racine et al., 2005)—makes people more receptive to the seductive allure effect.

The seductive allure effect of neuroscientific explanations has been replicated in several studies since (Fernandez-Duque et al., 2015; Minahan & Siedlecki, 2016; Rhodes et al., 2014; Weisberg et al., 2015; Hopkins et al., 2016; see also Buchman et al., 2013). These studies compare the effect of neuroscientific explanations against psychological explanations, indicating that the authority of psychology is comparatively weak. But it is also noteworthy that a follow-on study by Weisberg, Taylor and Hopkins (2015) indicated that the effect is specifically related to neuroscientific information rather than scientific jargon in general or the quantity of information. Meanwhile, other studies have suggested that the public authority of psychology, including psychotherapy, is generally poor (e.g. Lilienfeld, 2012). Deploying a neurobiological understanding of mental disorder in a social context, thus, appears to offer a comparative hermeneutical benefit over other understandings, at least in social interactions. It may, hence, enable service users to express their experiences in ways that other people are less likely to dispute by settling questions about the nature of mental disorder and marginalising competing understandings.<sup>9</sup>

The decontesting function of the neurobiological understanding of mental disorder is frequently acknowledged in academic literature critical of psychiatry. For example, Bradley Lewis (2017, p. 122) warns that the emphasis on neuroscience and genetics in psychiatry has come at the expense of ‘cultural and humanistic styles of inquiry’ into mental distress, while Joanna Moncrieff (2008) contends that the influence of neurobiological aetiologies leaves people unable to consider the possibility that their suffering might have social or political causes and solutions. Gabriella Coleman (2008) even suggests that accepting the neurochemical model of mental disorder is a prerequisite for being regarded as rational in some contexts. Lewis (2017, p. 134) makes a similar point, claiming that given neurobiological ‘facts’ about the nature of mental disorder, ‘Alternative opinions become just that, “opinions”’. Yet these critics see only how

<sup>8</sup> Others have referred to this phenomenon as neurorealism (e.g. Racine et al., 2005).

<sup>9</sup> This research could be used to argue that the neurobiological understanding also offers a comparative advantage over other understandings in explanation and disclamation. However, for the purposes of this paper, this is not necessary. I have highlighted those two functions to illustrate that the neurobiological understanding can perform important hermeneutical functions despite obscuring social factors, something which its epistemic critics fail to recognise. Whether it does so better than other understandings of mental disorder does not matter in that context.

decontestation exacerbates suffering and injustice, failing to perceive how it may help those diagnosed with a mental disorder understand and express their experiences to others, and overcome obstacles that might have prevented them from doing so.

The critics tend to exaggerate the hermeneutical dominance and social power of neurobiological understandings of mental disorder. Medical professionals, service users, and the public are not so mesmerised by neuro talk that they fail to consider that there might be more to people and their experiences than neurochemicals and genes (Pickersgill et al., 2011; Broer and Heerings, 2013). Nevertheless, when deployed, the neurobiological understanding is likely to marginalise some perspectives on mental distress and to prevent the articulation of some doubts about its nature and the pursuit of some lines of inquiry. But this is precisely what makes the neurobiological understanding valuable to people like Laura and others.

#### 4.1 Decontestation as a defence against epistemic injustice

In the previous section, I argued that critics are correct that neurobiological understanding is capable of decontesting mental disorder and marginalising alternative understandings in the process. But I also showed that this is part of what some service users find useful about the neurobiological understanding, highlighting that the neurobiological understanding can help service users make sense of their experiences to themselves and others.

Building on this, I now want to propose that the decontesting function of the neurobiological understanding can help service users resist epistemic injustice because it obscures some social factors. More specifically, by decontesting their suffering and thereby marginalising alternative explanations, the neurobiological understanding of mental disorder can help individuals resist epistemic injustice in the form of normalisation or trivialisation.

It is well-known that individuals with mental disorder often face normalising or trivialising responses to their diagnoses or complaints. Many of Lane's participants reported this, too (Lane, 2018, p. 144). Jake Jackson (2017) has argued that of trivialisation of mental disorder constitutes and perpetuates epistemic injustices (see also Spencer & Carel, 2021). Firstly, the trivialisation of mental disorder may involve wilful hermeneutic ignorance. When a hearer responds to the testimony of a person with mental disorder with a trivialising phrase like 'everybody feels down sometimes; it will pass', the hearer is effectively prioritising their own beliefs about the disorder over the account of the sufferer to avoid having to revise their beliefs. Secondly, in the process, the hearer is arguably committing a testimonial injustice against the speaker by treating the latter's testimony as lacking credibility. Finally, trivialisation breeds hermeneutical injustice by making the potential social costs of speaking up so high that sufferers remain silent.

Lane shows that some individuals with mental disorder invoke neurobiology to avoid trivialisation. For example, this is why Joshua, whom we encountered before, prefers to say that he has 'brain problems' rather than bipolar disorder. Following on from the statement above, he goes on to elaborate: '[W]ith bipolar[,] people generally think oh he's lazy—it's fashionable—a lot of people get misdiagnosed and you

know—but if I say brain disorder and my neurotransmitter[s] don't do what they're supposed to... people just leave it like that' (Lane, 2018, pp. 161–162). As Joshua suggests, trivialisation is enabled by the contestedness of mental disorder. It is enabled by the hearer's belief that psychiatric diagnoses are contestable and that there are credible alternative explanations for mental distress. However, by eschewing the label and deploying a purely neurobiological interpretation of his suffering, Joshua suppresses these alternative explanations and decontests his suffering. Differently put, the neurobiological understanding of mental disorder generates epistemic friction that is detrimental to the would-be trivialiser, preventing him from raising doubts or asking questions that would undermine Joshua's epistemic agency.

The decontesting function of the neurobiological understanding of mental disorder can thus be deployed defensively to avert epistemic injustice. But it does not have to lead to a discursive dead end, in which the sufferer has silenced those who might dispute the reality of their suffering. Like explanation and disclamation, decontestation can open up new lines of inquiry and exchanges of knowledge—this could, again, be questions about coping, support, etc. David's reflection above illustrates this. According to him, the seriousness and definitional clarity of bipolar disorder permitted him to express his suffering to others constructively. Decontestation, along with the other functions I have mentioned, can, in effect, contribute towards an epistemic framework that makes other matters intelligible and makes it possible for the suffering individual to act as a knower accorded appropriate epistemic authority on their condition.

A few clarifications and qualifications are needed before concluding this section. I am not denying that the neurobiological understanding of mental disorder or the biomedical model of mental disorder more generally is problematic. One recent meta-analysis of stigma research by Amy Loughman and Nick Haslam (2018) concluded that people who endorse a neurobiological understanding of mental disorder are more likely than those who do not to say that individuals with mental disorder are unreliable, as well as dangerous and incurable, and equally likely to blame such individuals for their behaviour. This should motivate us to think carefully about how and when the neurobiological understanding of mental disorder is deployed. But such findings do not show, as Şerife Tekin and Simon Outram (2018: p. 1118) have recently suggested, that this understanding provides no benefit in the lives of individuals with mental disorder. Nor does it show that Laura and the others are somehow mistaken about the value that this understanding has for them. Loughman and Haslam's study do not speak to how individuals with mental disorder use neurobiological understandings in their own lives and their interactions with others or what benefit they derive from this use, as I have tried to do here. Rather, their study shows us that there is a positive correlation between some kind of neurobiological understanding of mental disorder and stigmatising beliefs and, relatedly, that campaigns pushing slogans like 'mental disorders are brain disorders' may be ineffective in changing those beliefs. Notably, other research has shown that the connection between stigmatising beliefs and stigmatising behaviour is weak (Stuart et al. 2012: Ch. 8).

Given that such beliefs and behaviours often come apart, my analysis is compatible with the stigma research: the neurobiological understanding can help individuals with mental disorder prevent certain stigmatising behaviours, specifically by resisting some instances of direct epistemic injustice and creating productive knowledge exchanges.



Laura and the others apparently felt that the bipolar diagnosis and its neurobiological aetiology decontested their suffering in social interactions, indicating that it helped them avoid outright dismissal and that this was important to them. Other people may, of course, still doubt or disregard their claims in subtler ways, either by saying dismissive things about them to others when they are not around or judging them silently to be unreliable. In other words, the deployment of the neurobiological understanding may have no impact on the stigmatising beliefs of those around them; it could even exacerbate them. But none of that contradicts my claim that the neurobiological biological understanding can be a valuable hermeneutical resource for individuals with mental disorder and that its capacity to obscure some alternative, social interpretations of their suffering is part of what confers this value.<sup>10</sup>

That does not mean that the neurobiological understanding of mental disorder, regardless of whether it is accurate, is necessarily preferable to alternative understandings of mental disorder and that we should abandon the latter in favour of the former. My aim is to draw attention to the epistemic benefits that the neurobiological understanding can offer marginalised individuals, benefits that those who oppose naturalistic understandings on epistemic injustice grounds have overlooked. The recognition of those benefits has several important implications, as I highlight in the conclusion.

## 5 Conclusion

In this paper, I have argued that epistemic injustice critiques of strong naturalistic understandings of experience and difference are overstated and fail to recognise the epistemic benefits that such understandings can offer members of marginalised groups. Using the neurobiological understanding of mental disorder as an exemplar of such an understanding, I have made two claims. The first and more modest argument was that the neurobiological understanding of mental disorder can be a valuable hermeneutical resource *despite* obscuring social factors. It can enable people to interpret their experiences in personally meaningful and productive ways, especially by facilitating explanation and disclamation. The second and stronger claim was that the neurobiological understanding of mental disorder can help people resist epistemic injustice *because* it obscures social factors. It enables what I have called decontestation, a function that service users can use to avert testimonial injustices, like trivialisation.

My analysis has important implications for scholarship on epistemic injustice in healthcare and beyond. First, it raises an inconvenient question for those who believe that the neurobiological understanding of mental disorder necessarily constitutes or contributes to epistemic injustice. Can we impose epistemic injustice on some people in order to address the epistemic injustice faced by others? Presumably, the answer is

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<sup>10</sup> The service user testimonies explored in this paper suggest that the neurobiological understanding's capacity to marginalise alternative understandings can be helpful to individuals with mental disorder. That seems to be partly because other people regularly draw on alternative understandings of mental disorder to trivialise and depathologise their diagnoses. However, it is worth reiterating that many alternative social understandings of mental disorder are compatible with the neurobiological understanding I have discussed here or some versions of it. So, strictly speaking, it is not the mere existence of other frameworks that is the problem, but that some people assume they are exclusive. But, of course, this is precisely what many critics of the neurobiological understanding are guilty of.

no. But critics of psychiatry, and perhaps critical theorists in general, have been able to overlook or possibly ignore this question because they frame the conflict as being between the privileged—e.g. mental health professionals—and the marginalised—e.g. Mad Pride activists (e.g. Moncrieff, 2008; LeBlanc & Kinsella, 2016). Viewed in such a way, it may seem obvious that we should seek reforms that benefit the marginalised, such as undermining the neurobiological understanding of mental disorder. Yet, as we have seen, some marginalised people derive epistemic benefits from the neurobiological understanding of mental disorder and depriving them of that resource may exacerbate the epistemic injustices they face. Of course, what might be good for one individual or group might be bad for others. But these possibilities cut both ways. Advocates of radical psychiatric reform cannot assume their projects are justified simply because they might address the epistemic injustices faced by one group. So, at the very least, they must show that, on balance, their projects do not contribute to epistemic injustice. And since these critics are prosecuting the neurobiological understanding and asserting that it should be demolished, the burden of proof arguably rests with them.

My analysis also helps to explain why some individuals with mental disorder stridently oppose efforts to reframe mental disorder as something other than a physical illness akin to cancer (e.g. Allan, 2006). They are, at least in part, trying to protect what they experience as an indispensable hermeneutical resource, which helps them understand their suffering and make themselves heard and acknowledged as legitimate bearers of a disease. We need to take their objections seriously. If our goal is epistemic justice, it simply cannot do to ignore them and press on with projects seeking to undermine naturalistic conceptions of mental disorder or other experiences for that matter. By doing so, we would not only risk depriving vulnerable people of valuable hermeneutical resources and potentially exacerbating the epistemic injustices they already face. By denying the credibility of their objections, we are committing a testimonial injustice against them. We would not be the first to do so. Social theorists already tend to regard individuals who accept their psychiatric labels and treatments as manipulated mouthpieces of the powerful, as suffering from a kind of false consciousness and failure to see what is in their best interest (see Wardrope, 2015). It may be that the marginalised groups who rely on the neurobiological understanding—or other similar concepts—have failed to understand that the more pluralistic conceptual landscape will benefit everyone, including them, in the long run. But it still cannot be permissible to ignore them. Besides such moral reasons, there are also prudential or political reasons for taking such people seriously. Suppose we want to convince individuals diagnosed with mental disorders that they and others would benefit from a mental healthcare system that is less dominated by a biomedical model of mental disorder and is more pluralistic. In that case, we should try to understand what it is that they value about the *status quo* conception so that we can address the concerns they have about alternatives.

Finally, the analysis also has political implications. Though I can only briefly explore them here, they are important to mention since Hall and others claim that their projects to undermine naturalistic concepts and reveal social construction have significant political benefits. Certainly, naturalistic understandings of human experience and difference can be politically problematic. For example, the neurobiological

understanding of mental disorder can inform claims that ‘mental disorders are no one’s fault’. That provides cover for policymakers, who are happy to tinker around the edges of healthcare systems while avoiding hard questions about the structural reforms needed to address the epidemic of mental disorder.

However, some of the epistemic benefits of the neurobiological understanding transfer into politics as well. The epidemic of mental disorder in general, and the disproportionate prevalence of mental disorder among traditionally marginalised groups in particular, has become a powerful tool of social criticism. In *The Spirit Level* (2009), for example, Richard Wilkinson and Kate Pickett contend that rising inequality has driven an increase in the prevalence of mental disorder among the populations of advanced liberal-democratic states. While Wilkinson and Pickett’s proposal for addressing this problem does not involve a political revolution, their suggested reforms, including a significant redistribution of wealth, are quite radical. Beyond whatever substantive policy changes such critiques might promote, they also provide hermeneutical resources that can enhance the ability of marginalised groups to understand their suffering as having political causes and solutions. Political critiques like *The Spirit Level* benefit from the neurobiological understanding of mental disorder because it lends credibility to their analyses, which assume that the increasing prevalence of mental disorder in some countries corresponds to an increase in the prevalence of suffering.<sup>11</sup> In such analyses, the neurobiological understanding of mental disorder suggests that this assumption is correct, while, crucially, highlighting that the social and the neurobiological are connected.

A more constructivist perspective on mental disorder on the other hand might undermine that assumption. Allan Horwitz (2015), for example, argues that the apparent epidemic of depression is not the result of suffering becoming more common. Rather, social, economic, political, and technological changes have conspired over the last few decades to make us understand a growing range of suffering as depression. If his analysis is correct, it undercuts Wilkinson and Pickett’s analysis and policy recommendations, which, again, presume that the suffering associated mental disorder has increased, not just the use of psychiatric labels. More indirectly, arguments like that of *The Spirit Level*—that inequality causes mental disorder—can interact with the neurobiological understanding of mental disorder to create new interpretations of suffering. Wilkinson and Pickett effectively identify a distal cause—e.g. inequality—that contributes to the proximal cause—the neurobiological dysfunctions purportedly involved in mental disorder. Say then someone with mental disorder, who believes that their suffering is caused by a neurochemical imbalance, reads *The Spirit Level*. As a result, they might come to believe that had it not been for inequality, they would not have developed the imbalance that caused their mental disorder and, hence, realise the need to campaign for radical wealth redistribution.

It is perhaps true, to paraphrase Audre Lorde, that the master’s tools never will dismantle the master’s house. That is, the types of social critiques that rest on the neurobiological understanding of mental disorder or other naturalistic concepts may never produce the kinds of radical reforms that would eliminate deep structural injustice.

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<sup>11</sup> Notably, Wilkinson and Pickett (2009) do draw on neurobiology to support their argument (e.g. 86, 115, 210).

However, for some marginalised people, naturalistic understandings of their experiences belong not to the master but to them.

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## Declarations

**Conflict of interest** I declare no conflicting interests.

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