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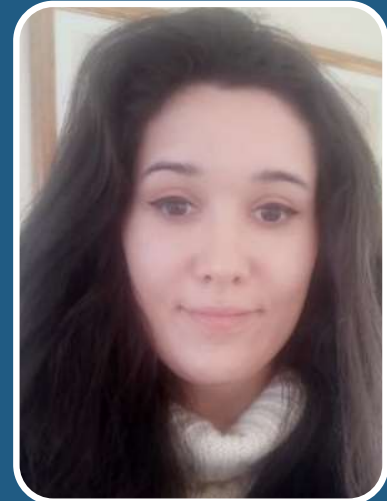


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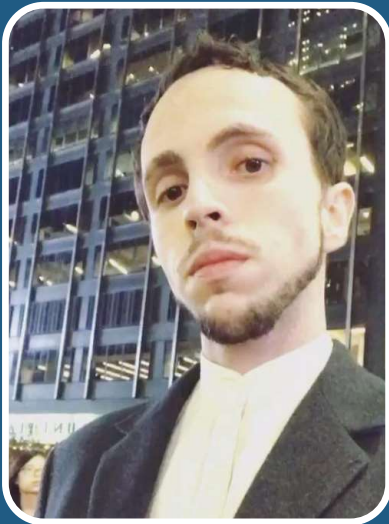


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Heather Marie Stewart
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Participants



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Alistair Wardrope
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Schedule: Day 1

November, 17, 2022

Registration 07:30 - 07:45 PST

07:45 PST

Welcome

10:45 EST

12:45 BRT

15:45 BST

Coffee and Pastries in HG 1002

08:00 - 09:25 PST

Session 1

11:00 EST

Speaker: Alistair Wardrope

13:00 BRT

Commentator: Heather Marie Stewart

16:00 BST

5 Min Break

09:30 - 10:55 PST

Session 2

12:30 EST

Speaker: Iam James Kidd

14:30 BRT

Commentator: Lucienne Spencer

17:30 BST

5 Min Break

11:00 - 12:25 PST

Session 3

14:00 EST

Speaker: Janyne Sattler

16:00 PM BRT

Commentator: Tanuj Raut

19:00 PM BST

5 Min Break

12:30 - 13:55 PST

Session 4

15:30 EST

Speaker: Annalisa Coliva

17:30 BRT

Commentator: Rebecca Anne Korf

20:30 BST

Closing 14:00 PST

Lunch for guests in attendance. RSVP required.

Schedule: Day 2

November, 18, 2022

Registration 07:30 - 07:45 PST

07:45 PST

10:45 EST

12:45 BRT

15:45 BST

Welcome

Coffee and Pastries in HG 1002

08:00 - 09:25 PST

11:00 EST

13:00 BRT

16:00 BST

Session 5

Speaker: Sven Bernecker

Commentator: Gustavo Velázquez-Quintanar

5 Min Break

09:30 - 10:55 PST

12:30 EST

14:30 BRT

17:30 BST

Session 6

Speaker: Anna Lewis

Commentator: Eric Bayruns Garica

5 Min Break

11:00 - 12:25 PST

14:00 EST

16:00 PM BRT

19:00 PM BST

Session 7

Speaker: Rena Beatrice Goldstein

Commentator: Natalia Nealon

Closing 14:00 PST

Lunch for guests in attendance. RSVP required.

Organized by Rena Beatrice Goldstein
with funding support from
The Center for Medical Humanities
The Humanities Center
The Department of Philosophy

Abstracts

Alistair Wardrope

Epistemic privilege, phenomenology, and symptomatology in functional/dissociative seizures

Work on testimonial exchange in the clinical encounter often assumes a neat division of epistemic labour: the patient alone has direct phenomenal knowledge of their illness experience, while the clinician brings the expertise to interpret the patient's phenomenal reports in symptomatic terms, and incorporate these symptoms in diagnostic reasoning. This model forms the backdrop to much discussion of epistemic injustice in medicine: because of the patient's uniquely privileged position, a clinician's failure to believe a patient's account of illness experience must be unwarranted.

This model presumes that none can know better than the patient what the patient is experiencing; I argue this presumption is unwarranted. In certain contexts, clinician expertise encompasses expertise in disease phenomenology, to the extent that clinician may know better than patient what a patient is experiencing or has experienced. I find evidence for this argument in clinician-patient interactions in describing the experience of functional/dissociative seizures (FDS). Analysis of conversations between clinicians and people with FDS show that initial phenomenological reports of FDS (what I shall call 'surface' phenomenology) are often inconsistent with the more fine-grained descriptions that can be produced with more detailed interrogation ('reflective' phenomenology). Assuming the patient's initial phenomenological reports are made in good faith, then, this process of interrogation involves the clinician showing the patient something about their experience they did not already (explicitly) know.

Failure to engage in this process can result in misdiagnosis and mistreatment. Thus uncritical acceptance of patient testimony regarding surface phenomenology – an unwarranted credibility excess – may be as harmful as its unwarranted dismissal. The epistemically just clinician cannot rely on expertise in *le corps objectif* alone; they must cultivate an understanding also of *le corps propre* for the patients they encounter – perhaps, even, more of an understanding than the patients themselves first have.

Abstracts

Ian James Kidd

Depressions and Hermeneutical Injustice

The concept of an epistemic injustice, as developed by Miranda Fricker, has become popular to describe the epistemic predicament of persons with psychiatric conditions. I argue the concept of socially-sustained hermeneutical injustices – of gaps in, or refusal to employ, interpretive resources (a) fails to capture the structural differences between the experiential worlds of the depressed and those of other people and (b) fails to articulate the depths of the predicament of depressed persons. Features of that predicament include (a) the fact their experiential world is radically different from that of other people, due to (b) their inability to experience certain kinds of possibility, which (c) are still accessible to other people who (d) continue to tacitly, obviously presuppose that sense of belonging to a shared world. If so, the hermeneutical failures are actually generated by phenomenological differences, not the social absence of interpretive resources.

Janyne Sattler

Epistemic Injustice in the History of Philosophy of Medicine

This paper proposes an epistemological interpretative path of Trotula de Ruggiero's authorial figure in the context of the Modern textual history in the field of Philosophy of Medicine. As a starting point I take some perspectives in feminist epistemologies in view of reflecting about the exclusionary procedures led by the patriarchal-capitalist system and its wide spectrum of strategies of erasure, silencing and subjection of women, their knowledge, and their bodies. The main claim is that depriving women of any possibility of scientific knowledge is an essential part of these strategies, and that the debasement of women's medical knowledge affects our own contemporary conceptions regarding specific medical care devoted to female bodies.

Abstracts

Annalisa Coliva

Hysteria, hermeneutical injustice and Conceptual Engineering

In this paper, I look at Miranda Fricker's (2007) by now well-known notion of “hermeneutical injustice” and propose to partially re-engineer it. By drawing on the history of hysteria (§1), I argue that the very concept of hysteria (small caps are used to mention concepts as opposed to words) – particularly its use for diagnostic purposes – has been held in place by power structures affected by negative prejudice against women. In this sense, hysteria fits the central conditions of the concept of hermeneutical injustice, as characterized by Fricker. Yet, reflection on the case of hysteria also signals the need for widening the understanding of this concept. I thus engage in conceptual engineering to ameliorate the very concept of hermeneutical injustice and show how, once thus ameliorated, it can be used as a powerful tool to advocate for the amelioration of fraught concepts, such as woman (§§2-3). I then return to hysteria (§4) to argue that while in clinical contexts its use has been fixed, for that concept is no longer in use for diagnostic purposes, hysteria and the corresponding term and its cognates remain in use in colloquial contexts. I argue that, in those contexts, the use of that concept and the corresponding terms still embodies identity prejudice against women and constitutes a particularly pernicious form of put-down, which perpetrates hermeneutical and other forms of epistemic injustice. I conclude that also in that kind of context hysteria cannot be ameliorated and should in fact be abandoned. Like with other loaded concepts, the only admissible uses of hysteria would then be in contexts of reclaiming or re-appropriation.

Abstracts

Sven Bernecker

Epistemic Autonomy and Dependence – A Kantian Perspective

Given the epistemic inequality between medical staff and patients, it is often rational for patients to simply defer to medical authorities. At the same time, patients have the ultimate decision-making responsibility for their own treatment. How are patients supposed to be able to make informed and autonomous choices about their treatment if they lack (adequate) understanding of the relevant medical details? How can epistemic autonomy and epistemic dependence be reconciled? One way to tackle this question is explore the notion of epistemic autonomy. I interpret Kant as promoting an anti-individualist notion of epistemic autonomy which is perfectly compatible with epistemic dependence.

Anna Lewis

Indirect Harms From Research and Epistemic (In)Justice

This paper is an attempt to see if a particular issue arising in research ethics can productively borrow from the epistemic injustice literature. The issue is the case of indirect harms, that is, harms experienced by non-research subjects. These are typically characterized as “group harms”, and include the ways that research related to human groups can potentially harm those groups. While consideration of such harms have typically been explicitly excluded from research ethics oversight, there have been recent moves to pay better attention to them, and a patchwork of ethical reasoning has been deployed to this end. In other work aimed at geneticists in particular, co-workers and I have proposed a virtue ethics framework focusing on researchers’ intellectual responsibility. In this paper, I explore whether upholding some notion of epistemic justice can helpfully be appealed to as part of this responsibility.

Abstracts

Rena Beatrice Goldstein

Epistemic Disadvantage and Survivor Bias

The concept of epistemic disadvantage characterizes reasoning processes that are warranted, but can lead to epistemic harms (Goldstein 2022). One central aspect of epistemic disadvantage is that it is something that can be prompted by proper evidential reasons. In other words, when a knower commits an epistemic disadvantage against another, the lines of reasoning are those that, under conditions where harm does not occur, would be warranted. It is only in environments where such lines of reasoning do cause harm that we question its warrant.

Epistemic disadvantage fills a gap by categorizing a previously overlooked set of harms. A communicative exchange is epistemically disadvantageous only if harm occurs from the necessary structure of our knowledge practices. Expertise exemplifies a necessary epistemic structure. As limited, mortal beings, we require epistemic practices where knowledge is unevenly distributed; some people know more about a given topic than others. Some harms are not unjust—it is these kinds of harms that epistemic disadvantage ranges over. In this talk, I will introduce an instance of epistemic disadvantage called SURVIVOR BIAS. The concept of survivor bias is well-known among economists as a probability bias. I will explain this probability bias, and then show that survivor bias appears in how agents assess their own credibility. To demonstrate assessing one's own credibility, I draw on an interview I conducted as part of a project on equity in the STEM fields. I conclude by returning to the distinction I started from, between unjust and just epistemic harms, and how we might categorize the harms that can arise from survivor bias.